

Lifeways Inclusive Lifestyles Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Lifeways Inclusive Lifestyles Ltd provides personal care and support to adults living in their own houses and flats in the community.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

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

People were protected from avoidable harm and abuse. Relatives told us they felt their family member was safe and well protected. There were enough staff on duty with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely. Medications were safely managed, administered and stored. Infection control and prevention was managed well. Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.

People were assessed before they used Lifeways by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice. Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role. People were supported by staff to have sufficient food and fluid intake throughout the day and night. There was a clear process for referring people to external services where required and this was applied consistently to ensure care was safe. People lived in their own homes in the community, and were supported to live at home safely by Lifeways. The service fully met and complied with the principles of the MCA and no one was being unlawfully deprived of their liberty.

Staff treated people with respect, kindness, equality and dignity. Relatives spoke positively about the staff. People were included as much as possible in their day to day decision making and choices. People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.

A personalised care plan was developed for each person with their involvement or with their family members involvement if appropriate. Care plans included people's individual preferences and interests. The service actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs. People's interests and chosen activities were prioritised by staff. There was a complaints process in place which outlined response times and procedure. End of life care was discussed sensitively and with care and compassion.

The registered manager promoted a positive ethos and culture, which was centred around personalisation and inclusion. The registered manager and provider understood their responsibility to inform people when care fell short or did not meet expected standards. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service. The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements. The service was open and inclusive and fully considered people's equality needs. There were effective systems in place for checking and improving the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was last rated good. (Report Published June 2017).

Why we inspected

This was a planned inspection in line with the last rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to support the inspection.

Inspection activity started and ended on 24 January 2020.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events

which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our visit to the registered office we spoke with the registered manager, and two team managers. We contacted two staff by telephone. We looked at three people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service. We spoke over the telephone with three family members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas and some team meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Staff had all completed safeguarding training and knew how to raise concerns. The service had policies and procedures in place to ensure safeguarding concerns were managed promptly.
- Relatives told us they felt their family member was safe and well protected. Comments included, "I Feel [person] gets looked after well." Also "I've only got praise for the place."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were proactively assessed, recognised and managed.
- Strategies for risk management were clearly and concisely recorded. For example, positive behaviour support plans (PBS) were available and described in detail, how staff could adapt their approach and intervention to prevent incidents occurring in the first place.
- One PBS described how the person's complex mental health condition impacted their behaviour and how staff should respond if the person started to display behaviours or 'triggers.'

Staffing and recruitment

- There were enough staff on duty with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely.
- Family members and people who used the service were involved in the selection of staff. Each person completed a 'choosing my own support team' document which was kept in their care plans.

Using medicines safely

- Medications were safely managed, administered and stored.
- Staff kept accurate Medication Administration Records (MAR)s in relation to people's medications, including topical medications (Creams) and Controlled Drugs (CD)'s.

Preventing and controlling infection

- Infection control and prevention was managed well.
- Staff understood their roles with regards to infection control, and the importance of maintaining high standards of cleanliness.

Learning lessons when things go wrong

- Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.

- Appropriate reviews took place of all incidents by the registered manager, and any patterns or emerging trends were highlighted for discussion with team managers and other involved health and social care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before they started their support at Lifeways by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by team managers and other involved professionals and relatives to ensure the service continued to meet the needs of each person.

Staff support: induction, training, skills and experience

- Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role.
- All staff training, and induction was recorded which evidenced all training the provider had deemed mandatory had been completed. Additional training was also being sourced in line with some people's specific requirements.
- Staff discussed their roles and responsibilities and confirmed they felt well supported due to consistent supervision, and training.
- Relatives confirmed they felt staff had the right skill mix to support their family member. One relative said, "The staff always come across professional and knowledgeable."

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- Some people had guidance and support from outside organisations, such as Speech and Language Therapists (SALT), to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People chose their own menus and shopped for their own ingredients.

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

- There was a clear process for referring people to external services were required and this was applied consistently to ensure care was safe.
- Staff worked in collaboration with other agencies such as GP's and CPN's to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service fully met and complied with the principles of the MCA and no one was being unlawfully deprived of their liberty.
- Where appropriate people were involved in aspects of their daily living. For more complex decisions, the registered manager and the team manager had appropriately applied the principles of the MCA. Including a robust assessment of the persons understanding, best interest meeting, and referral to the Court of Protection if needed.
- Each capacity assessment was decision specific and included the person's advocate or relative in the process. Best interest meetings discussed the rationale for the decision and why it was in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect, kindness, equality and dignity. Caring and respectful relationships had been developed between staff, people who used the service and their relatives.
- Relatives spoke positively about the staff. Some of the comments included, "I honestly, have no issues at all, you would hear from me if I did, the staff are really kind and caring." Also "I only have praise for the place. 'I am very happy [person] is there. We can't be happier. "
- Consideration had been given to people's cultural and spiritual backgrounds.

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

- People were included as much as possible in their day to decision making and choices around their care and support needs.
- Care plans contained information around 'progress towards my goal' for each person which staff would completed once a person was moving towards a specific goal or outcome. People had signed their care plans if they were able.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.
- Each care plan was written in a way which focussed on tasks the person could do for themselves, rather than what they could not. For example, 'I can choose my own clothes.'
- The staff encouraged family to visit and be involved in their relatives care and support. Relatives confirmed this. One relative said, "I always go to hospital appointments with [person's name]."
- Confidential information was stored securely, and people's bedroom doors were kept closed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- A highly personalised care plan was developed for each person with their involvement or with their family members involvement if appropriate.
- This included a 'me at a glance' profile, which was written respectfully, and fully described each person's personality and humour.
- Care plans included people's individual preferences and interests, personal history, and staff understood these and gave people as much choice, control and independence as possible. One care plan stated, "I go the shop every morning and have a cuppa before I start my day."
- Family members told us they were involved in their relatives care plan, A family member said, "I have been involved in the reviews and updates."
- Care plans were regularly reviewed and quickly updated following any changes in people's support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs.
- Communication information was in place for people, if needed. This described how they chose to communicate and, if this was using non-verbal gestures such as Makaton, what their signs meant.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests and chosen activities were prioritised by staff.
- The registered manager, team manager and staff team worked creatively to ensure shift patterns reflected people's social lives and choices.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which outlined response times and procedure.
- There had been no formal complaints since the last inspection. Relatives told us they knew how to complain should they need to.

End of life care and support

- End of life care was discussed sensitively and with care and compassion.
- Staff had received training in end of life, however, there was no one currently receiving end of life support who used the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive ethos and culture, which was centred around personalisation and inclusion.
- Family members were involved in planning their relative's care and support and people experienced good outcomes and support towards their chosen goals.
- Staff told us they enjoyed their roles and felt valued and supported. One staff member said, "I love working for Lifeways."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility to inform people when care fell short or did not meet expected standards. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. The local authority and CQC and families had been notified when needed.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations.

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

- There registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements.
- Staff performance, learning and development was monitored through observations and regular contact with managers and senior staff with management responsibilities.
- The registered manager and staff understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was open and inclusive and fully considered people's equality needs.
- People, family members and others were provided with opportunities to provide feedback about the service through surveys, review meetings and regular discussions with managers and senior staff.

- Family member and staff felt involved and said there were good lines of communication. Their comments included "The staff will call me and fill me in on important things." and "I know I can call or drop in anytime."
- There was a positive approach to working in partnership with others including Clinical Commissioning Groups (CCG) and other health and social care professionals.

Continuous learning and improving care

- There were effective systems in place for checking and improving the quality and safety of the service.
- Action plans were developed for areas identified as needing to improve and the actions were completed in a timely way.
- The registered manager completed training and continuously sourced information to update their knowledge and learning, including implementing any feedback from recent inspections from other locations.