

Lifeways Community Care Limited

Lifeways Community Care (Dudley)

Inspection report

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07 March 2019

08 March 2019

13 March 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Lifeways Community Care (Dudley) provides personal care to people in their own homes within a supported living setting. 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. At the time of the inspection there were 67 people receiving personal care, some of whom may have a learning disability, autism, mental health or physical disability.

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.

People's experience of using this service:

Improvements had been made following our previous inspection to address the areas we identified as requiring improvement.

People felt safe and were supported by staff who understood how to report concerns and manage risks to keep people safe. The registered manager acted and reported safeguarding concerns when these were identified. Staff were recruited safely and people were supported by a regular team of staff. Medicines were given in a safe way and lessons were learnt when things went wrong.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted. Staff spoke positively about the support they received. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people.

People told us staff were kind and caring and treated them with dignity and respect. People had regular care staff who knew how they liked to be supported.

The provider had a system in place for responding to complaints. People knew who to contact if they had any concerns.

The provider had quality assurance systems in place, however they were not fully effective as they had failed to identify other areas requiring improvements.

Rating at last inspection: Requires Improvement (report published December 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning

information about the service.

Enforcement:

No enforcement action was required.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Lifeways Community Care (Dudley)

Detailed findings

Background to this inspection

The 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.

Inspection team: This consisted of one inspector.

Service and service type: This is a supported living service. It provides personal care to people living in their own homes. It provides a service to younger and older adults and people who may have a learning disability, autism, mental health or physical disability.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

What we did:

We visited the office location on 07 and 13 March 2019 to see the registered manager; and to review care records and policies and procedures. On the 07 and 08 March 2019 we spoke with people using the service and we made telephone calls to relatives on 11 March 2019.

Before our inspection visit, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which

may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also checked for feedback we received from members of the public and local authorities. We used all this information to plan our inspection.

During the inspection, we met with six people who used the service and spoke on the telephone with two relatives. We spoke with the registered manager, two service managers and six care staff and one agency staff. We reviewed a range of records. This included five people's care records, staff records, audits and records related to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection we rated this key question in Safe as Requires Improvement. This was because the provider did not ensure there was always enough care staff to support people safely and appropriate risk assessments were not always being carried out. At this inspection we found the improvements required had been made.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were aware of people's individual risks and how best to support people. Staff supported people in a way which kept them safe but maintained their independence. Environmental risks and potential hazards in people's homes were assessed.
- Staff escalated information about incidents and accidents. The registered manager and provider monitored and investigated these events to help prevent further occurrences.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Where medicines errors occurred, action was taken to reduce the risk of re-occurrence.
- Care staff received training in medicines administration and annual competency checks were completed to ensure they were safe to administer medicines.

Staffing levels and recruitment

- People told us there were enough staff on duty to meet their needs in a timely way.
- Staff told us there were sufficient numbers of staff on duty and one to one support for people was always covered.
- The registered manager understood people's individual support needs and what skill mix of their staff was required to keep people safe.
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service.

Safeguarding systems and processes

- People told us they continued to be kept safe by the staff who supported them. Comments included, "I feel safe here" and "I am not frightened of anyone, the staff are all good to me." Relatives did not raise any concerns about the current wellbeing of their family members.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager acted and reported safeguarding concerns when these were identified. Prior to the inspection, the registered manager notified us about concerns relating to potential financial abuse of two

people by a member of staff. This was a matter that the provider had established and had alerted the authorities about. This was under investigation by the police. At the time of the inspection, the service had implemented a revision of practices in relation to managing people's accounts where the provider was appointee for people's finances.

Preventing and controlling infection

- Care staff were aware of the importance of infection control and told us they had received the appropriate training.
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons when providing personal care.

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.

People's outcomes were consistently good and people's feedback confirmed this.

At our last inspection we rated this key question in Effective as Requires Improvement. This was because staff knowledge and understanding was limited in relation to the Mental Capacity Act. At this inspection we found the improvements required had been made.

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

- The provider completed an assessment of people's support needs before they started to support people. This gave people and their relatives opportunity to have an input into the care provided and for the provider to provide care based on people's individual needs and choices.
- The assessment included people's preferences and details about their health and their level of independence in relation to their activities of daily living.

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 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. We checked whether the service was working within the principles of the MCA.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP).
- The provider had identified during previous audits that some people may require a DoLS as they were subject to continuous supervision. They had contacted placing authorities to determine whether a DoLS application would be required.
- Staff told us they gained verbal consent before undertaking any support and people we spoke with confirmed this. People felt staff respected their wishes and listened to them.
- Decision specific mental capacity assessments were completed and a best interests process followed in relation to decisions about people's care and treatment.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about their role and told us they received sufficient training. Comments included: "Training is good, I have just had hoist refresher training today" and, "I get lots of training."
- Newly employed care workers received an induction to the service and training which helped them to carry out their roles effectively. A care staff told us, "Lifeways are good to work for, I had an induction and was allocated a buddy when I started."

- Some refresher training was overdue. The registered manager was aware of training that was required and we saw evidence of action being taken to address these gaps. Staff confirmed they had recently completed several areas of refresher training.
- Staff said they were well supported in their roles. They said they could discuss any concerns, progress or changing needs of people with the management team regularly.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them with their health care needs when required.
- Care staff were knowledgeable about people's support and healthcare needs and demonstrated they knew how to support them. People had health action plans. These detailed how staff would assist people to maintain their health and wellbeing through consistent health appointments and health monitoring.
- People were supported to attend healthcare appointments and care records contained evidence of people's visits to healthcare professionals.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat a healthy diet and to manage their dietary needs. People were able chose the food they wanted and were supported by staff to assist with food preparation.
- Staff were aware of people's individual dietary needs, people's likes and dislikes and any risks there may be to people's health such as choking.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they received good care that met their needs. One person told us, "Everything is okay, staff all do everything for me that I need."

People spoke positively about the kind and caring nature of staff that supported them. Comments included; "Staff are nice and kind" another person said "They [staff] are all good."

- During our visits to meet with people we observed kind and caring interactions from staff towards people.
- Staff spoken with had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.

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

- Care records showed people's views and preferences and those of their relatives had been considered. This helped to ensure that care was delivered in a way that met the needs of people using the service.
- Staff demonstrated that they knew how to care for people in a manner that reflected people's expressed wishes and preferences.
- Care records contained person centred information, for example things that were important to people, their likes and dislikes, important people in their lives and their relationships. They also contained details about the emotional support that people needed.
- People told us and we saw records that showed people using the service were involved in making decisions about their care and support.
- Some people had been involved in some aspects of the recruitment process of new members of staff. The registered manager told us this was an area that the service hoped to improve further.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be as independent as they could be.
- Staff we spoke with described ways how they promoted people's dignity.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were continually reviewed and assessed to ensure the care provided was in line with the person's support needs and wishes.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with could describe people's preferences and how they liked to be supported.
- Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone.
- People and relatives told us they were supported to do things they enjoyed. One person told us about a voluntary job they enjoyed doing. One relative told us that the provider had recruited additional drivers so their family member could go out more. Another relative told us access to activities had improved.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard.
- Some people using the service were not able to communicate verbally. Relatives told us that care staff communicated with their family members using appropriate techniques. Care plans included ways in which people communicated.
- Information was available in alternative formats that included 'easy to read' information and pictures.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- We looked at the complaints log and saw that complaints had been dealt with appropriately and responded to. It was good practice that the registered manager also followed up on complaints to make sure issues had improved.
- People knew who to speak to if they were not happy about something. Relatives told us that management response to concerns had improved and the registered manager was responsive when they raised issues. One relative told us, "They were not previously accountable for complaints, previously they were not taken on board, it's now changed."

End of life care and support

- The registered manager understood their responsibility to ask people about their end of life preferences and this was included in the care planning process. The service was not currently supporting people who were on palliative or end of life care.

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.

Service management and leadership may not consistently assure high quality care.

Leadership and management; Continuous learning and improving care

- The provider had quality assurance systems in place. Whilst the system was generally effective further development was needed to ensure areas for improvement were identified.
- Systems needed to improve to ensure records required for the management of the service were available at the location. Records must be accessible to authorised people as necessary in order to deliver people's care and treatment in a way that meets their needs and keeps them safe. Recent care records were not held at the location. We were told these were only returned to the location every six months. This meant we had to look at some people's records when we visited them in their own homes.
- New systems had been introduced in regards to the management of people's finances. We discussed with the Registered Manager further improvements that could be made in relation to the current auditing arrangements. The new systems needed to be embedded into current practice so that people could be assured they were effective.
- People using the service spoke positively about the support they received. Relatives told us that previously the service had not been well managed but improvements had been made since the registered manager had been in post. They told us that in recent months, "The place has turned around" and, "Accountability and structure were all previous issues, staff levels were previously a concern. These have improved." One relative told us, "I'm happy as long as [name of current registered manager] is there- but I don't have full confidence in the provider."
- Before our inspection visit, the registered manager completed a Provider Information Return. We identified that some of the information was not accurate as it referred to a different service operated by the provider.
- The management team observed staff practice through spot checks to ensure the care delivered was of the required standard and we saw action was taken where improvements were required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Management staff were clear about their roles, they monitored performance of staff and shared information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- The registered manager was aware of their legal obligations, for example submitting statutory notifications to CQC and displaying the rating from their previous CQC report.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. The registered manager could tell us their understanding of this regulation. In relation to an issue that had occurred a relative told us the registered manager had been open and transparent.

Working in partnership with others and engaging and involving people using the service, the public and staff

- Staff told us they felt able to raise any concerns or suggestions. One care staff told us, "There is a culture of being able to raise concerns." They also provided an example of where they had been listened to when they had provided a suggestion for improvements.
- Systems were in place to seek feedback from people and their relatives including a survey and workshop day with people and their relatives. The results had been shared including actions taken in response to people and relatives' feedback.
- The registered manager was taking action to improve systems for involving people using the service. Work was in progress to involve a person in peer reviewing the service people received.
- The service worked in partnership with a range of other agencies and professionals. A multi-disciplinary approach was taken to meeting the needs of people.