Lifeways Community Care Limited

Lifeways Community Care (Poole)

Inspection report

Unit 8, Block A
Arena Business Park, Holyrood Close
Poole
Dorset
BH17 7FJ

Tel: 01202330830
Website: www.lifeways.co.uk

Date of inspection visit:
06 July 2017
07 July 2017

Date of publication:
07 August 2017

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 the service over two days on 6 and 7 July 2017. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available.

Lifeways Community Care (Poole) is registered to provide personal care in their own homes. At the time of the inspection the service supported 11 people. The agency's office is based in Poole and provides support to people in Bournemouth, Poole, Christchurch and Sherborne in Dorset.

At the last inspection in June 2015, the service was rated Good. At this inspection we found the service remained Good.

Is the service Safe?

People's medicines were managed safely and any risks to people were identified and managed in order to keep people safe.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed. There was a significant reduction in the use of agency staff and this was an improvement.

Is the service Effective?

Staff received an induction, core training and specialist training so they had the skills and knowledge to meet people's needs. Staff felt better supported by the new management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

Is the service Caring?

People and staff had good relationships. Care was provided with kindness and compassion by staff who treated people with respect and dignity. Family and friends relationships were maintained and they continued to play a part in in their care and support.

Is the service Responsive?

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. People received the health, personal and social care support they needed. People were supported to pursue activities and interests that were important to them.

There was an accessible complaints procedure in place. Complaints were investigated in line with the

provider's policy.

Is the service Well-led

People, staff, a relative and professional told us the service had improved significantly under the new management team and structure. The culture within the service was personalised and open. There was a clear management structure and staff and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Lifeways Community Care (Poole)

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.

One inspector carried out the inspection on 6 and 7 July 2017. We told the provider two days before our visit that we would be coming, to ensure the people we needed to talk to would be available.

We visited three different supported living services run by the provider. We spoke and Makaton signed (a type of sign language) with four people in their own homes. We spoke with four care workers, one team leader, one service manager and the registered manager. We telephoned another service manager following the inspection.

Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. All of the people we visited had 24 hour personal care and support packages from Lifeways Community Care (Poole). We observed the way staff supported people in their homes. We spoke with one person's relatives following the inspection.
We looked at four people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

Before the inspection, the provider 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 looked at incidents that they had notified us about. We also contacted commissioners, safeguarding teams and health and social care professionals who work with people using the service to obtain their views.

Following the inspection, the registered manager sent us information about actions they had taken following our feedback and the staff training and the training plan.

Good

Is the service safe?

Our findings

People were relaxed and actively sought interaction and contact from the staff supporting them. A relative told us they felt their family member was safer than they had been previously. The relative said, "They are really on the ball with everything.".

Staff had received training in safeguarding vulnerable adults from abuse as part of their induction and ongoing training. Any safeguarding allegations were reported to the local authority and to CQC as required.

People medicines were managed safely. One person told us, "They [staff] sometimes...always help with my tablets." People had a medicines plan in place and the records showed people's medicines were administered as prescribed. There were robust procedures in place for when people required 'as needed' medicines. This included contacting the on call manager.

Where any medicines omissions or errors were identified these were followed up by seeking medical advice. In addition staff received additional support and reassessment of their medicines administration competency.

People had effective risk assessments and plans in place. These covered their home environment, nutrition, medicines, access to the community, behaviours that needed positive support from staff, condition specific risks and epilepsy management. For example, one person had a risk management plan in place in relation to access to the cooker and cooking equipment such as knives. Another person had a risk assessment and management plan in relation to the use of bedrails. The registered and service manager and team leader were assessing the least restrictive means of maintaining this person's safety whilst in bed. This included consulting with an occupational therapist.

The registered manager told us people were supported by staff they knew well and staff schedules confirmed this. Since the registered manager had been in post more staff had been recruited and the use of agency staff had significantly reduced. One person told us the names of all the staff in their team that supported them. People had completed a 'choosing my support team' document. This identified what qualities people wanted staff to have. One person's showed they wanted 'someone who likes to go out', 'happy friendly people' and 'Don't like bossy people I like smiley people'. Another person's included, 'I want people to be happy and smiley. I don't like people who are too loud'. This information was used when recruiting staff to work with people in their homes.

We reviewed four staff recruitment files. Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes. This made sure people were protected as far as possible from individuals who were known to be unsuitable.

Good

Is the service effective?

Our findings

Staff told us they were well supported. Staff had regular one to one supervision meetings with managers, job chats (informal recorded support sessions) and annual appraisals. One staff member told us, "I'm better supported and it's so refreshing because the previous support was not great." Another staff member told us, "Since [registered manager] and [service manager] joined it's got better and I'm better supported and more confidence in myself."

New staff completed a five day induction programme that included on line, workbooks and face to face training. Staff new to the care sector also completed the Care Certificate, which is a nationally recognised induction standard. Staff we spoke with had a good understanding of their roles and three staff told us the induction had prepared them for working at the service.

Staff told us and records showed there was a comprehensive training programme in place. This included core training such as infection control, moving and handling, food safety and nutrition, medicines management and emergency aid. Managers and team leaders had also received training in staff supervisions and appraisals.

Staff had been trained in the Mental Capacity Act 2005. The staff we spoke with had a good understanding about this, including making decisions that were in people's best interests.

Most people had mental capacity assessments and best interest decisions in place in relation to specific decisions. For example, there was a best interest decision for one person's contact with certain named people. This had been agreed by the person's representatives, and staff and health and social care professionals involved with them. The registered manager was aware there were best interests decisions for some people that had not yet been recorded. They had identified what decisions needed to be assessed and told us these would be completed by the end of July 2017.

People's nutritional needs were assessed, monitored and planned for. Each person had a plan that detailed the person's likes, dislikes, types and consistency of food and drink and the type of equipment people needed to help them eat and drink. For example, one person's plan detailed guidance from the Speech and Language Therapist (SALT) that they needed soft foods and custard thickness fluids. We observed staff supporting this person to have thickened fluids as described in their SALT plan.

Where people were identified as being at risk of fluctuations in their weight, they were weighed on a monthly basis. However, we identified one person who had not been weighed since March 2017. The registered manager took immediate action to follow this up as the person's weight had increased significantly in the months prior to them last being weighed.

Each person had a health plan that was supported by pictures to make it easier for them to understand and included important information about them if they went into to hospital.

People had access to specialist health care professionals, such as community mental health and learning disability nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person was prone to chest infections. They had a clear health care plan that described to staff at what point they needed to contact the person's GP so they could prevent any hospital admissions.

Good

Is the service caring?

Our findings

During our visits to people's houses we observed staff supporting people. People were respected by staff and treated with kindness and compassion. One person told us they "like" staff and said, "They made me happy yesterday and I'm happy today."

Staff showed genuine affection for people and recognised and knew them as individuals. Staff were passionate about people receiving personalised care and clearly cared about the people they were supporting. They told us some of the best things about their role were seeing people try new things, having fun, smiling and laughing, and developing new skills. For example, we observed one person whipping their eggs for their omelette for their lunch. Staff sensitively praised the person for trying this new experience even though they only did it for a few seconds.

People who did not communicate verbally gave staff eye contact and were responsive to staff when staff spoke with them. One person smiled at staff and responded to their requests for them to pass them their sensory toy so they could concentrate on having a drink. Another person reached out, smiled and gave staff a hug.

One health and social care professional told us staff were very kind, caring and supportive towards people. They also fed back staff were very respectful in their approach and were knowledgeable about people.

One relative told us their family member, "[Name of person] is now so well looked after" and "This is the first time I can't fault anything they [the service] have done. There has always been issues with her care in the past."

People's care plans included details of their preferences and how they could make decisions. For example, one person's plan described how staff supported the person to pick between two choices of activities or clothing.

People told us and we saw staff provided care and support in ways that promoted people's independence in their own homes. One person told us staff "help me with cooking and tidying".

People and staff told us people had family and friends to visit them at their homes and they were supported to maintain important personal relationships. A relative told us they were supported by staff to maintain their relationship.

People's end of life wishes had been explored with individuals and or their representatives or relatives. People who were able to, had completed a document about their wishes supported by pictures and photographs and used language that was easy for people to understand. For example, one person had circled what they wanted to happen to them after they had died and written what music they wanted playing.

Good

Is the service responsive?

Our findings

During our visits to people's homes, all of our observations showed us staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication. All of the staff we met and spoke with understood people's complex ways of communicating. This reflected what was in people's communication plans or communication passports. These were documents that people kept with them to show other people how they communicated and what they liked and did not like. For example, staff clearly understood one person how used speech and Makaton signs to communicate. They assisted them sensitively with their communication when they were talking and Makaton signing with us.

We looked at four people's assessments and care plans and saw they had been reviewed when people's needs had changed.

People's care plans and records were supported by pictures and some had photographs to make it easier for people and staff to understand. A relative told us they were involved in care planning where the person was not able to make those decisions themselves. One person's care plan was overdue for review and needed some updating. The provider's quality team and the service manager had already identified this and anticipated the review and updates being completed by the end of July 2017. This person was supported by a very stable staff team who knew the person well and the lack of review and update to the plan did not impact on the care and support provided.

Commissioners and professionals told us the service had improved recently, particularly in how they were supporting people in a personalised way.

People had access to activities that were important to them and had individual activity plans. We saw from care records and speaking with people, staff and a relative that each person had the opportunity to be occupied both in their homes and in the community. For example, one person had visits to a pet shop, short walks, two different social clubs, and visits to their relative's house, walks and shopping. Whilst they were at home they liked to access sensory objects, jigsaws, arts and crafts and watching specific television programmes.

A relative told us their family member was trusting and relaxed with the new team leader and staff team. They said this has meant their family member had been willing to try new things, was now more occupied and doing more and more things on a day to day basis.

People's cultural and spiritual needs were met and respected. Staff and a relative told us one person followed the dietary requirements of their religion. The relative told us this was very important to them and the recent changes in management were the first time the person's religious diet had been acknowledged and met.

There was a written and pictorial complaints procedure and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. We reviewed the two complaints

received since the last inspection. All had been investigated and responded to. Any learning from complaints was shared with the staff at team meetings.

Good

Is the service well-led?

Our findings

The registered manager has been in post since January 2017. 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.

The registered manager and service managers visited people's homes regularly. One person told "[Registered manager] comes around for tea." Staff told us these visits meant they had regular contact with the management team and this had made a big difference as to how well people and staff felt supported, involved and listened to. This was particularly important because some staff were lone working with people.

People and staff were also welcome to visit the office and during the inspection one person visited the office with their staff team.

The staff told us the new management team were "Lovely", "They are very approachable and it's now running smoothly" and "Much more organised and it's refreshing".

Commissioners and health and social care professionals told us there were improvements in their working relationships with the service. One professional told us following the change in the management team the changes were 'remarkable' and that 'the communication has improved and it's a pleasure to work with them'.

There were robust quality assurance and quality monitoring systems in place. These included service managers completing monthly audits, the provider's quality team completing service reviews and the registered manager reviewing the monthly audits undertaken in each person's service.

Surveys were completed annually with people and staff. Any shortfalls identified had an action plan put in place. For example, following the staff survey it was identified staff were feeling disconnected from the managers and the office. The registered manager held a staff recognition event and tea party at the office that people and staff attended.

We looked at the systems in place for monitoring and learning from incidents, accidents and safeguarding. These were reviewed on a monthly basis. Staff told us there was an open and no blame culture about reporting any incidents, complaints, safeguarding, accidents or medicines errors. There was a positive focus in learning from these incidents. For example, following a recent safeguarding investigation the service manager discussed the changes in practice and guidance at the person's team meeting and in the local email update. In addition individual staff were emailed the updates and learning to make sure all they all received the information.

Where compliments were received theses were shared with the individual staff members and people's staff teams during their team meetings.

The registered manager told us they were proud of the changing staff culture at the service and the staff's focus on the people that use the service. The registered manager had identified the areas of the service that needed to be addressed and they had an improvement plan in place.

The registered manager kept their knowledge up to date and attended the local learning disability provider forums and networks.