Lifeways Community Care Limited

Lifeways Community Care (Sunderland)

Inspection report

Suite 2R, North Sands Business Centre
Liberty Way
Sunderland
Tyne and Wear
SR6 0QA

Tel: 01915149000
Website: www.lifeways.co.uk

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18 May 2017
19 May 2017
24 May 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 16, 17, 18, 19 and 24 May 2017. The provider was given 24 hours' notice to make sure someone would be in.

Lifeways Community Care (Sunderland) provides a supported living service to people within their own homes or shared houses. The service provides personal care and support to 88 people across several local authorities in the North East. People who use the service have learning disabilities, autism spectrum disorders and/or physical disabilities. People who use the service are supported with personal care, medicines, cooking, shopping, activities and other day to day tasks.

The service had a registered manager. 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.

We have made a recommendation about medicines. This was because the procedures for the administration of 'when required' medicines and topical creams were not always robust as there was no clear guidance for staff to refer to.

People and their relatives told us the service was safe as people were well looked after. Staff told us they were confident any concerns they raised would be listened to and investigated thoroughly to ensure people were protected. Staff had completed up to date training on safeguarding adults, and could describe different types of abuse and signs to look out for.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

Contingency arrangements were in place in case of accidents or staff emergencies and on-call management arrangements were in place. Each person had a Personal Emergency Evacuation Plan (PEEP), which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

Staff training in key areas was up to date. Staff told us they felt confident to care for the people who used the service.

People were supported to maintain a balanced diet and to have enough to eat and drink. People were supported to maintain their physical and mental health needs.

People had maximum choice and control of their lives and staff supported them in the least restrictive way

possible; the policies and systems in the service reinforced this practice.

People and their relatives made many positive comments about staff being caring, respectful and kind. The locations we visited had a homely atmosphere and there were positive interactions between staff, people who lived there and their relatives.

People had access to important information about the service, including how to complain and how to access independent advice and assistance such as an advocate.

Staff supported people to do the things they enjoyed and also encouraged independence with daily living. Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required. Support plans detailed people's needs and preferences.

People, relatives and staff told us the service was well led and the registered manager was approachable. All areas of the service were quality assessed regularly and overall identified shortfalls and areas for improvement.

There were systems in place to gather regular feedback from people who used the service and their relatives. Feedback was acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe as the provider's procedures for the administration of 'when required' medicines and topical creams were not always robust.

People who used the service told us they felt safe.

There were enough staff to meet the needs of people who used the service.

Thorough checks were carried out on all staff before they started to work at the service, to ensure they were suitable to care for and support vulnerable adults.

Is the service effective?

Good

The service was effective.

People were supported to maintain good health.

Staff received training to help them provide the right care and support to people.

Staff received regular supervisions and appraisals. Observations of care happened regularly.

People were supported to maintain a balanced diet and to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring.

People and their relatives spoke positively about their relationships with staff.

Staff knew people and their relatives well.

Each person who used the service had important information about the service, including how to make a complaint.

Is the service responsive?

Good

The service was responsive.

People's support plans were specific to the needs of the individual.

People's needs were assessed before care was provided.

People's needs were reviewed regularly.

Information about the provider's complaints process was given to people when they began receiving care and support.

Is the service well-led?

Good

The service was well-led.

Staff told us the registered manager was open and approachable.

There was a comprehensive quality assurance process in place.

People's feedback was sought regularly and acted upon.

Lifeways Community Care (Sunderland)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 24 hours' notice because the location provides a supported living service for younger adults who are often out during the day, so we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector on 16, 17, 18 and 24 May 2017 and an expert by experience on 19 May 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted relatives of the people who used the service by telephone to obtain their views.

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 any improvements they plan to make. Before our visit, we reviewed the information included in the PIR along with other information about any incidents we held about the service.

Some of the people who used the service during our visit had complex needs which limited their communication. This meant they could not always tell us their views of the service. To ensure we gathered people's views we also asked their relatives for feedback about the service. We spoke with six people's relatives on the telephone and two people's relatives in the person's home.

During the inspection we visited four shared houses and a newly opened supported living complex, and we spent time with the people who lived at each of these locations. We spoke with 12 people who used the service. We spoke with the area manager who was also the registered manager, two senior service managers, four service managers, two team leaders, nine support workers, the office manager and two

administrators.

We also viewed a range of records about people's care and how the service was managed. These included the care records of nine people, medicine records of 10 people, the recruitment records of six staff, training records and quality monitoring records.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed in line with best practice guidelines. Some people took medicines as and when required, such as painkillers. For three people there were no detailed guidelines for staff to follow which explained when a person may require these medicines. Staff described when they would administer 'when required' medicines but there was no clear guidance for them to refer to. This meant people could be at risk of not receiving medicines when they needed them. This was particularly important for people who could not always communicate verbally.

Appropriate codes for the non-administration of medicines had not been used on two medicines administration records (MARs) we viewed. For example, code / had been used on one MAR when medicines that weren't prescribed daily weren't to be administered, but this was not a standard or correct code for the type of MAR used at this service. This could be confusing for staff and could increase the risk of errors.

Prescribed creams for three people were not recorded as administered on topical medicines application records (TMARs) and body maps to highlight where staff should apply the creams and ointments were not in place. Staff described how and where they would apply people's topical creams but there was no clear guidance for them to refer to. This meant we could not be sure these had been administered in line with the instructions on people's prescriptions. However, there was no evidence the issues with medicines had adversely affected people who used the service.

We recommend that the provider considers current guidance on 'when required' medicines and prescribed creams and takes action to update their practice accordingly.

Eight out of ten medicine administration records (MARs) we viewed had been completed correctly which meant people received their routinely prescribed medicines as directed. The temperature of the rooms where medicines were kept were checked regularly, and were within recommended limits for safe storage.

Risks to people's health and safety were assessed and managed, without comprising people's independence. However, for one person no risk assessment was in place for hot water or hot surfaces when staff told us this person had a limited understanding of the dangers these posed. When we spoke to the registered manager about this they said they would arrange for this risk assessment to be completed immediately and for it to be shared with the staff who supported this person. Risk management plans were in place for daily activities such as eating, washing, accessing the community and managing money. Plans were well written and clearly showed how each person could participate in daily activities with the right support.

People and relatives said the service was safe and they felt comfortable raising any concerns with staff. One person who used the service told us, "I feel safe because I have keys so I can lock the door." Another person said, "I feel safe because the people who look after me are nice". One family member told us, "We're going on holiday for the first time in a while because we feel [name of person] is safe here."

One staff member said, "People are safe. If ever I need extra staff I just speak to [registered manager] and it's sorted." Another staff member said, "Staff have done safeguarding training and are really conscientious so people are definitely safe from abuse."

Staff understood the different forms and potential signs of abuse such as changes in people's behaviour, mood or sleep pattern. Staff understood the need to report any concerns to the management team immediately. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively.

Records showed safeguarding concerns were recorded and dealt with appropriately and in a timely manner. Systems were in place to reduce the risks of harm and potential abuse. Staff told us, and records confirmed, they had completed safeguarding vulnerable adults training and this was regularly updated. Staff we spoke with were aware of the provider's whistle blowing procedure.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as evidence of qualifications, photographic proof of identity and background checks. These included references from previous employers and a disclosure and barring service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people and children. The provider's policy was to repeat DBS checks every three years which meant checks were updated.

The service employed around 180 staff. The provider employed a registered manager, two senior service managers, five service managers, three scheme managers (for independent supported living locations), team leaders and support workers. Most people who used the service had been assessed as needing high levels of staff support to keep them safe. Rotas were based on people's assessed care hours and included 'core hours,' when some people who lived together shared support, and dedicated one to one support so people could access the community for example. Staff were on-site 24 hours a day, seven days a week.

Staff members usually worked at more than one location so the people who used the service could get to know them. This meant when there were staff shortages staff could be deployed to other locations with ease. The registered manager told us they tried to ensure consistency for people who used the service.

One staff member told us, "We can be flexible with rotas to suit people's needs. If people want to bank some care hours to carry forward for something in particular we can. Staff are flexible. We've got such a good team here."

People, relatives and staff we spoke with said there were enough staff on duty. One relative commented, "There are enough staff on duty. In my opinion [family member] is very well looked after."

Contingency arrangements were in place in case of accidents or staff emergencies and on-call management arrangements were in place. The business continuity plan detailed the level of support people who used the service might need in such circumstances. For example, each person had a Personal Emergency Evacuation Plan (PEEP). These contained details about the specific needs each individual had, in order to assist staff to evacuate people from the building safely in the event of, for example, a fire.

Accident and incident forms were completed accurately in the event of an incident. There was evidence of follow up action for staff and people who used the service. For example, a medicines error resulted in further staff training and staff being reminded to use the communications book effectively. An analysis of accidents

and incidents was carried out regularly to ensure that wherever possible, measures were put in place to prevent recurrence.

Good

Is the service effective?

Our findings

New staff completed a comprehensive training programme as part of their induction. This included training on the provider's values and principles, health and safety, safeguarding vulnerable adults and food safety. The provider told us, and training records confirmed, that new staff went on to undertake the 'Skills for Care - The Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff also shadowed a more experienced member of staff before working independently and were allocated a mentor for support.

The organisation used a computer-based training management system which identified when each staff member was due further training. Training records showed that staff training in key areas was up to date, for example infection control, first aid and fire awareness. Staff completed additional bespoke training which was specific to the needs of people in each location, for example autism awareness, epilepsy awareness, learning disabilities and sexuality, learning disabilities and dementia. Staff told us how they attended workshops in relation to each individual's needs before people began receiving support from the service. Staff we spoke with told us they had received sufficient relevant training and they felt confident to care for the people who used the service.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision is to promote best practice and offer staff support. A supervision and appraisal planner was in place so the management team could monitor and plan when these were due. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training. Staff told us they felt supported by the management team.

A staff member said, "We have supervisions every three months or whenever required. They're very useful. They keep me informed how I'm performing and it gives me the opportunity to talk things through. It's open, relaxed and honest. The management team have been very supportive of me. There's always someone to speak to or support you." Another staff member told us, "Supervisions and team meetings happen regularly and we can raise concerns at any time."

Records showed people were supported to maintain their physical and mental health needs whenever this was required. For example people attended appointments with their community nurse, GP, optician, and dentist. Records of these appointments were kept in people's support plans.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a menu planner which was based on people's preferences and health needs. People were involved in decisions about menus. They were encouraged to help with the weekly shopping and to prepare meals with support from staff where appropriate. One person told us, "I enjoy my food. I have a balanced diet and choose my own meals. I always have enough to drink".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

Staff told us and records confirmed they had received training in MCA. Staff understood the need to support people to make their own decisions and the role of best-interests decision-making. The provider acted as appointee on behalf of some people who used the service in relation to their finances.

The registered manager told us enquiries had been made with local authorities to deprive some people of their liberty at some locations, as these people had been assessed as not safe to go out alone. As a result, and where appropriate, applications were being made to the Court of Protection in line with legal requirements in supported living settings, for some people to be lawfully deprived of their liberty

During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. We saw signed records that people and/or relatives currently using the service had consented to their care, treatment and support plans.

Good

Is the service caring?

Our findings

People and relatives spoke positively about staff and the service. A person who used the service said, "I'm really happy here. The staff are really nice and I love my home." Another person told us, "I love it here. The staff are great. I get support to cook and do my own washing. I've got a job and my apartment is really nice. If I want a pint on my way home I just ring the staff so they know where I am." A third person said, "Yes they respect me, they always ask before they do anything. I can talk to my key worker about anything".

Relatives said staff were caring and respectful. One relative told us, "I'm absolutely happy with everything. It's great here, no complaints at all. The staff are lovely and can't do enough for you." Another relative said, "The staff are very good. They are good company, [family member's] lucky to have them."

During our visits staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed. People were comfortable with staff and the atmosphere in the locations we visited was relaxed and homely. One staff member said, "We care about the people we support and want them to have the best. They should get the same quality of life any of us do."

Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and also encouraged independence with daily living. One person who used the service proudly told us how they did their own cooking with staff support. Staff had developed a recipe book for this person with step-by-step instructions and photographs of them making different dishes. The person told us how much they liked this.

Staff told us how important it was to encourage people's independence while ensuring they were safe. For example, staff told us it wasn't safe for some people who used the service to use the oven or hot water without staff support, but they could be supported with other tasks in the kitchen so they could be involved.

Staff told us how they made sure people's privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, or closing bedroom doors when people were getting changed. Staff knew people well and knew exactly what support people needed in various situations. For example, one person preferred to communicate in a specific way so staff encouraged them to do that in a way which reduced their anxiety.

Staff had a good understanding of what was important to people who used the service and talked about people who used the service with affection and respect. One staff member commented, "I love [person]. They are an absolute joy." Another staff member told us, "I used to know [name of person] years ago and when they moved in recently I barely recognised them because they have come on so much. Their confidence has improved massively which is great to see." A third staff member said, "When [name of person] first came here they wouldn't look at staff and would barely speak. Now they speak to staff and are doing a college course and voluntary work."

Relatives told us they felt involved in their family member's care planning. One relative said, "We are fully involved with all of [family member's] care. The carers have empathy with [family member] which is very reassuring for us, it speaks volumes". Another relative told us, "I'm involved in all the reviews."

The provider had an inclusive recruitment programme in place so people who used the service could be involved in recruiting new staff. Before a recent recruitment exercise people who used their service and their relatives were asked if they had any questions they would like to ask prospective staff.

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. These were available in an easy read format with pictures. The service user guide contained information about all aspects of the service, how to contact the Care Quality Commission and how to access independent advice and assistance such as an advocate. Several people who used the service had an advocate. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Good

Is the service responsive?

Our findings

Some people who used the service had limited involvement in their care planning because of their complex needs, whilst others were actively involved. Staff knew people well and how people communicated, and this was included in care plans. For example, one person's care plan stated, 'You need to use words I understand and photographs when explaining more than basic information.' A relative said, "My [family member] is unpredictable as they're autistic. [Family member] is mute but staff use simple Makaton with them. They make their own up but the staff are used to [family member] so staff know what they mean."

A mental health professional told us, "[Person] is well supported. Staff work well with their family and will accommodate changes at short notice. We have regular reviews and I would highly recommend this service."

Support plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. Each person had a one page profile which contained detailed, clear and concise information under the headings 'what's important to me', 'how best to support me' and 'what people admire about me'. These provided a person-centred snapshot of the individual for staff to refer to.

Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication. Care records also contained risk assessments which were detailed and specific to the person. Records showed care plans were continuously reviewed by staff and annual reviews were held with people, relatives and care professionals.

Each person had an activities timetable. Daily activities consisted of voluntary work, household tasks and trips out. People engaged in a variety of activities such as cooking, shopping, going to the library, going to the cinema and going bowling. At one location the service manager had arranged for people to choose their own mobility car and these had been ordered by a local garage. One person who used the service told us a staff member had given them a fish tank and staff supported them to buy fish and care for them. This person took pride in showing us their fish in their apartment. Another staff member brought in a set of football goals so one person who used the service could play football in their garden which they liked very much.

Staff were responsive to people's needs and acted promptly and appropriately when needs changed. Staff told us how people's support hours were changed to suit the needs of people who used the service. For example, one person said they wanted more time on their own so their support hours were adjusted to accommodate this, which meant people's needs and choices were responded to. When a person attended hospital for an operation recently, a support plan was in place to reduce the anxiety this may have caused. A team leader supported the person to attend the hospital the day before the operation to meet nursing staff and be shown around which reduced their anxiety about the operation.

Staff told us how they considered the compatibility of people who used the service when someone new was going to move in. People's needs were assessed prior to admission and transition plans were in place which

involved the person, family members and the current care provider. One staff member said, "We look at people's compatibility, any risks posed and staff skills before people move in." A relative told us, "[Family member] usually has their care plan reviewed every year but they've had three reviews in the last year because of new residents." Staff told us how they facilitated introductions when new people moved into the service and how one person had led a 'getting to know me' workshop for the staff team.

There were systems in place to respond to compliments and concerns. A service users' guide which contained details of how to make a complaint was given to people and families when they began using the service. 12 complaints had been received in the last 12 months, which had been dealt with appropriately and in line with the provider's policy. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. One relative told us, "I've made several complaints in the past but it's okay now. I've every faith in [service manager] and the current team."

Good

Is the service well-led?

Our findings

The registered manager and service managers carried out a number of audits in areas such as accidents, incidents, safeguarding and care plans. There was a comprehensive audit framework in place so all areas of the service were quality assessed regularly. Records confirmed audits were undertaken regularly and overall identified shortfalls and areas for improvement. We discussed our findings about medicines with the registered manager who was receptive to our feedback and recommendation. In conjunction with the provider they took steps by the end of our inspection to start addressing the minor concerns raised.

At the time of our inspection there was a registered manager in post who had been registered with the Commission to manage the carrying on of the regulated activity since June 2014. The registered manager was supported by two senior service managers, five service managers and three scheme managers (for independent supported living locations). There was a clear management structure in place and staff understood who they reported to.

Notifications of changes, events or incidents that the provider is legally obliged to inform us of, were made appropriately.

Relatives we spoke with felt the service was organised and well managed. Staff said the registered manager was approachable and supportive. One staff member told us, "[Registered manager] is approachable, listens and gives advice. You can ring them or the managing director any time." Another staff member said, "[Registered manager] is really supportive. They are direct so you know where you are. They are firm but fair." A third staff member told us, "[Registered manager] is down to earth, everyone likes them. They're professional, they give the right advice and they are involved in every single service. They even read every staff members' supervisions. They're really attentive and visit the services all the time."

Staff meetings were held regularly where each person's care was discussed. Other issues such as best practice, staff training needs and audits were discussed. Staff told us they felt able to voice their opinions and raise any concerns at these meetings. Minutes of staff meetings were taken so staff not on duty could read them later. Staff said there was an open culture and the management team encouraged staff to question practice.

People's care records were accurate, kept up to date and stored securely.

There were systems in place to gather feedback from people who used the service about how the service could be improved. Regular 'house meetings' were held in shared locations. Records were kept of discussions held and actions taken. People and relatives' feedback was also sought via the provider's annual survey. This was last completed in November 2016 and the results produced in February 2017. Feedback was mostly positive, but 28% of respondents weren't sure or didn't know who to contact if they had concerns. The provider addressed this by making sure details of how to make a complaint were in all locations. This meant people's feedback was sought and acted upon.

The registered manager had started to hold coffee mornings at the registered office in Sunderland for people who used the service. The registered manager used this as an opportunity to seek people's feedback on an informal basis. Two people who used the service had asked if they could organise one of the coffee mornings so staff supported them to do this.