

Lifeways Community Care Limited

Lifeways Community Care (Halifax)

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place between 6, 7 and 8 November 2018 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visited the office in order to ensure a manager was present and to seek consent in advance from people who used the service in order to visit their homes.

At the last inspection in May 2016 we found the provider was rated overall as good. At this inspection we found the provider was still overall good with responsive improving to outstanding.

Lifeways Community Care (Halifax) provides support for people with a range of disabilities and complex needs. The service provides supported living services for people living across West and North Yorkshire and East Lancashire. The service aims to enable people to live independent and dignified lives, by the provision of care within their own homes. At the time of inspection there were 59 people receiving a personal care service.

A registered manager was in place. 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 found strong evidence the service actively sought the views of people using the service through innovative methods, fully involving them in the interviewing process for new staff, and knowledge sharing. We found an extremely dedicated and knowledgeable management team committed to ensuring people could live as fulfilling lives as possible. Staff showed consistent attention to detail which meant people received a good level of care and support that was completely centred on everyone's needs. This promoted people's health and wellbeing and enhanced their quality of life.

People said the standard of care was excellent and they were extremely well cared for. People spoke very highly about staff, the support they received and opportunities available to them. People had developed exceptionally strong relationships with staff. Staff including management knew people very well and consistently helped them achieve their dreams and aspirations.

The service had strong links with the local community. This empowered people to be involved in events and activities which took place in the local area. Due to the resources available and dedication of the staff team, people had access to an exceptional range of activities. These helped people achieve their dreams and build self-confidence. The service was exceptional at helping people develop their independence through a series of well thought out goals. People were fully involved in the planning and setting of these goals. People's achievements were celebrated by the service to help build further confidence. People were proud to tell us of their achievements.

Staff had opportunities to update their skills and professional development. Staff demonstrated an

understanding of the Mental Capacity Act (MCA) 2005. 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 the service supported this practice.

Staff were confident in supporting people with medicines and knew people very well.

There was a clear management structure and staff clearly understood their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and really enjoyed their role. The management team continued to improve and work as much as possible with people's relatives if they had any concerns or complaints. We saw accident and incident reviews where lessons learnt had been applied through the review of these.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding. We found strong evidence the service actively sought the views of people using the service through innovative methods, fully involving them in the interviewing process for new staff, and knowledge sharing. Staff including management knew people very well and consistently helped them achieve their dreams and aspirations.

Is the service well-led?

Good ●

The service remains Good.

Lifeways Community Care (Halifax)

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 6,7 and 8 November 2018 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office to ensure a manager was present and to seek consent in advance from people who used the service to visit their homes.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case experience of services for people with learning disabilities.

On 6 November we visited the provider's branch office to review documentation and records relating to the management of the service and visited a supported living property where we spoke to five people who used the service and staff and looked at all five people's care plans. We made phone calls to people, their relatives and staff on 7 and 8 November 2018 to ask them about the quality of the service.

In total we spoke with seven people who used the service, seven relatives, nine support workers, two service managers and the registered manager. We observed some aspects of care and support in the homes we visited. We looked at seven people's care records, medication records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting relevant local authorities. We asked the provider to complete 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. This was

completed and returned to us.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm Safe." A relative told us, "[name of person] completely safe here and well looked after, I wouldn't leave them otherwise." Another relative told us, "Yes they are looked after by great staff."

We saw safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS), two written references and explanation of gaps in employment.

Staff were aware of how to safeguard people they supported. One staff member said, "I would not hesitate to report anything I was not happy with, I know this would be considered."

People we spoke with told us a member of staff was around to help them if needed. One person said, "If I need them they are there but I do most things on my own, I like it that way." One relative said, "Staff know when [name of person] requires support and they receive this, there has only been one time this was not available due to staffing. This has never happened since."

Fire safety checks had been regularly carried out and people had personal emergency evacuation plans in place.

We found medicines were managed safely. Systems were in place to make sure people were supported with their medicines at the right time. For example, medicines which needed to be taken before the person received any food were administered before a meal.

Where medicines had been prescribed on an 'as required' (PRN) basis, protocols were in place detailing the circumstances in which the medicine should be given. We saw staff recorded when the PRN medicine was administered and if it had been effective, however for one person this had not been recorded. We spoke to the person in charge who spoke to the GP and this was rectified the same day.

We saw accidents and incidents were managed and evidence of lessons learnt was spoken about in meetings with staff.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to carry out their role and meet everyone's support needs. New staff completed the Care Certificate which is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff had completed training to make sure their skills and competencies were maintained. Training was delivered either face to face by the providers own trainers or through on-line training. On the first day of inspection we saw a group of staff receiving training in the training room at the office. Staff told us, and we saw documentation to confirm, that staff's competencies were checked by senior staff to make sure they were working safely and in line with their training.

Staff we spoke to told us they found the training they received helpful and said their understanding of training was checked during regular supervisions and an annual appraisal with their manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

We saw mental capacity assessments had been completed and 'Best Interest' decision meetings had taken place as required. Staff we spoke with demonstrated an understanding of the principles of the MCA and told how they recognised people's rights to make what could be considered unwise decisions. People's consent to care plans and other care records was recorded within the care file.

We saw the care plans had details of healthcare professionals who were involved with people. Most people we spoke with told us they went on appointments with their families.

Is the service caring?

Our findings

People we spoke with were unanimous in their praise for the care and support staff provided. One person told us: "Yes, really good staff they look after me well when I need them." Another said, "I have never had any issues really there has been a lot of staff who do leave but the ones who support me are lovely." A relative told us, "I know [name of person] is well cared for."

People also told us about how they felt their privacy and dignity needs were met. One person told us, "I do all my own personal care really they just support me with my medication. If I do need help they do this really well." When we asked one person if staff showed their relative respect and maintained their dignity they said "of course they do I have no concerns on that. They would let me know if not." People told us when their relative displayed behaviours that challenged, staff responded to this in "a positive manner" making sure the person's privacy and dignity needs were respected.

All the staff we spoke with demonstrated a caring and positive attitude. One support worker told us "It doesn't feel like work I really enjoy supporting people, it is my role to support and encourage people to be the best they could be and encourage their independence. I think we do this really well." Another support worker told us, "If staff did not support someone right it would really stand out here."

We saw evidence of people being involved in the development of care plans within the documentation. Some relatives told us about how they had been involved in these, however one relative said they were not aware of being involved but felt [name of person] dealt with that themselves as they were quite independent.

The team leader told us that each person who used the service had their own support worker or team of support workers to ensure consistency and familiarity. People we spoke with confirmed this happened in practice. People told us about how support staff had been matched to their relative. One person told us about how their relative was always supported by a female because this was their preference.

People told us about how staff supported their relative in promoting their independence. One person told us staff did this by supporting their relative in 'making choices and accessing the community.' Another gave the example of their relative having their own money, and being supported to become familiar with coins by paying for items and using the local bus service. They said this was included in the person's care plan.

End of life plans were discussed at the assessment stage. One person had a signed statement in their resources file that said they did not wish to consider arrangements for end of life now. The manager confirmed that the family would see to end of life arrangements when the time came and reflected that if they were providing care to each person in separate homes in the community for a few hours each day they would not be considering "end of life plans."

Is the service responsive?

Our findings

At the last inspection in May 2016 we rated this domain as good. At this inspection we found this had improved to outstanding.

Without exception people described the care and support they received as excellent and said they felt extremely well cared for. They said their lives, opportunities and confidence had improved since receiving support from Lifeways. One person said, "They support me really well. I used to be dependent on the staff but my confidence has built up now." Staff gave examples of how detailed and well-thought-out care and support regimes drawn up with individuals had led to the development of confidence and decreased reliance on staff for personal care. This was evident on discussions with people.

We looked at two people's care records which clearly stated people's goals and aspirations. The service was excellent at empowering people to set and achieve goals. Goals focused on maximising people's independence and building self-confidence. Goals were broken down into a series of small and achievable steps and we saw evidence this method had been highly effective in helping people to positively develop. For example, one person wanted to learn to drive. The staff supported this and arranged driving lessons and support needed to implement this. Detailed thought and care planning had gone into how this could be safely achieved. The person said, "I did this you know, I knew I could do it. It's fantastic. I can be more independent now."

The service was passionate about celebrating the goals and achievements of people living at the service. Staff were genuinely proud of the achievements people had made, speaking with pride about people's success stories. One staff member said, "I genuinely am overwhelmed by what people have been able to achieve." People also spoke positively about their achievements, and it was clear they had been praised by staff which had helped build confidence.

Staff were matched to support people based on people's preferences. For example, people could choose which staff accompanied them on activities and the management team would make every effort to make this happen. This showed a highly person-centred approach to care and support. Where people did not have a strong preference of who supported them, staff were matched to people based on shared interests and abilities. For example, one person liked to go football and the person had been matched with staff who enjoyed this activity. Another person told us that it was important to be local to be able to visit family and able to go to local shops independently. They had waited for the right placement to become available rather than moving away from friends and family. These systems helped staff foster positive and meaningful relationships with the people they supported and allowed people's enjoyment of activities to be maximised.

The service took a key role in the local community encouraging people to build links and relationships with local organisations and supporting people to engage with services and events outside the service with the aim of increasing opportunities.

The service used a variety of methods to involve and empower people in their care and support. People

were involved in the recruitment of staff, asking their own questions to potential candidates at a second interview and influencing who was recruited to the service. The service had started a 'Quality Checkers project'. The registered manager told us, "This project started locally with an idea I had, due to the positivity and the feedback from the people we support this is now being rolled out across the lifeways group. This all started because I wanted to involve people we support in the audit process from their experience and their views as a person who receives the service as I believe that their insight in to services is invaluable." This had many positive outcomes for people, one person has now built up their confidence when talking to people. People had the resources to be part of a team hear their options and suggestions being listened to and come into action, they have been able to meet new people and make new friends, give feedback to managers and watch their recommendations be actioned. This lead to people having meetings with the local authority about their care and support and spoke to them about what they do. We were told by the registered manager and staff this person is now confident, assertive and compassionate, who not only speaks up for what [name of person] believes is right and fair but actively advocates for others. Since being involved with the 'Quality Checkers' they have been part of producing and starring in a video on You Tube for inclusive recruitment[this is a focus on increased inclusivity and identifying barriers for diverse talent]. One person said their confidence in their own abilities has no limits. They stated in the video, "We choose our own questions, it's very interesting." One person said it had improved their confidence and they want to make sure staff who come to support them had the same interest as they did.

One person was supported to contacted their local MP in relation to taxi fares being more per journey due to using a wheelchair. [Name of person] wanted an answer as to why people were being discriminated against just because they needed a wheel chair taxi. A petition has now started to take to parliament to enable changes to taxi fares for others. Another project was to visit local primary schools to talk to others about their life and hopefully break down barriers showing people in wheelchairs who are young adults, still have desires, wishes and feelings, and anything is possible no matter who you are. The person's own words were, "Everyone can be a valued respected part of her community." These were all ideas that had come up through this project of what people had identified what they wanted to do.

People were supported to chair and run their own tenant meetings with staff there only to offer support and direction. People escalated issues from tenant's meetings to management and disseminated this back to the house. These included ideas of trips out, discussions around holidays and where people had chosen to go and with whom. The service had recently used a poem which someone had written to promote the service to others. The person told us how proud they were that this had been used.

People all knew how to raise concerns and complaints and had various mechanisms to do so, including informal discussions with staff, management and through the meetings they chaired and attended. A system was in place to listen, record and act on complaints. Information on how to complain was on displayed in an easy read format. The registered manager told us, " We welcome complaints, concerns that's the way we can improve and keep improving the lives of people we support. We strive for excellence."

Is the service well-led?

Our findings

The registered manager monitored the quality of the service and acted to make improvements when issues were identified. A number of quality assurance audits were completed every month covering various aspects of the service such as the infection control system, accidents and incidents, the medicine administration system and people's care records. Where an audit identified something could be improved, a list of actions was written and each action was assigned to a staff member to complete. The audits noted when the actions had been completed. This meant the audits and resulting action plans helped to drive improvements to the quality of the service throughout the year.

We discussed with the registered manager the 'Quality Audit' which had been completed by a service manager. Some information had been missed off the audit in relation to staff appraisals and the audit tool identified the old KLOES in relation to CQC. They told us this would be rectified straight away.

Staff told us the registered manager was approachable, supportive and they felt the service was well-led. Comments included, "I think [registered manager] is great, really knows what he is doing. They're so easy to talk to and they treat everyone as well", "[Registered manager is an approachable manager. They're very open. It's a well led service", "[Registered manager] is lovely. The services are well led. They're approachable and I have absolutely no issues" and "I love [registered manager]. They keep everything confidential. I feel we all work as a team, sometimes it can be hard but that's the nature of the job I guess."

We found a welcoming and positive culture at the service that was encouraged by the staff and management team. Staff told us teamwork was encouraged and the staff team worked very well together. Comments included, "It's an open culture. I wouldn't have any problems raising concerns or something I wasn't comfortable with, I would tell someone straight away", "We have a good working partnership which is open." "This is an open and transparent service. We all speak our minds", "We're a very good team here" and "We're an open team. I feel comfortable raising anything I need to." The staff knew what was expected of them and they all told us they enjoyed their jobs. One person commented, "It's a great place to work, I couldn't be happier working here, the people we support are great."

The service had systems in place to obtain feedback from people about how the service could be improved. Minutes of 'Tenants Meetings' showed they were well attended. People were asked for their views about a wide range of issues and were updated by the management team about things going on in the service. The service had tried to arrange various relative meetings on different days at different times, however these had to be cancelled many times due to minimum attendance. The registered manager told us they were looking at getting these up and running again in the future.

An annual satisfaction survey had been completed. The results of the survey were analysed and an action plan was drawn up by the registered manager to address any areas of concern. An annual satisfaction survey of staff was also completed. The results of this were summarised, published and made available to staff. Both surveys resulted in unanimously positive comments from all.

Staff meetings took place in the service. The minutes of these meetings evidenced advice and good practice guidance received from outside agencies, such as the local authority DoLS team, was shared with staff. We also saw the management team highlighted areas of improvement where they had observed changes could be made to care practices to make them better. These meetings therefore helped to drive improvements in the services and supported staff to incorporate the advice and guidance of other agencies into their care practices.

The service had comprehensive policies and procedures covering all aspects of the service. We reviewed these policies and procedures and found they were up to date and in line with current legislation and good practice.

The registered manager was aware of their obligation to submit notifications about various occurrences to CQC, in accordance with the Health and Social Care Act 2008. During the inspection we found no evidence of any incidents that CQC should have been notified about, where a notification had not been made.