

Lifeways Community Care Limited

Lifeways Community Care (Croydon)

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Lifeways Community Care offices in Croydon on 27 May 2015 and visited people using the service on 9 June 2015. The inspection was announced 48 hours in advance.

Lifeways Community Care is a service which provides personal care to adults who live in supported living

accommodation in London and the South East. At the time of our visit there were 45 people using the service, many of who had complex health and communication needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

People told us they were safe. Staff had good knowledge about how to identify abuse and report any concerns. People had risk assessments but these were inadequate and did not give staff sufficient information on how to manage the risks identified. Some people's risk assessments had not been reviewed or updated since the initial assessment.

Staff arrived on time and stayed for the allotted time. People were cared for by a sufficient number of suitable staff to help keep them safe and meet their needs. Staff were recruited using an effective procedure which was consistently applied.

There were appropriate arrangements in place for the ordering, storing, administration and recording of medicines. People told us they received their medicines safely.

Staff knew the people they were caring for well and people were satisfied with the quality of care they received. However we were concerned that people's needs were not regularly reviewed. Their care plans were not always up to date and therefore might not reflect their current needs.

Staff were not adequately supported by the provider to deliver effective care. Staff did not receive regular training, supervision or appraisal. Some staff did not receive an induction to make sure they had the skills they needed before they started to work at the service.

The registered manager and some staff had received training in the relevant requirements of the Mental Capacity Act 2005 and understood how it applied to people in their care.

Staff supported people to have a nutritious, well balanced diet. Staff worked with a variety of healthcare professionals to support people to maintain good health. However, people's health action plans and hospital passports were either incomplete or were not updated. This meant there was a risk that external healthcare professions would not be fully aware of people's health conditions, current medication or communication needs.

People told us and we observed that they were treated with respect and staff were kind and caring. People were supported to be as independent as they wanted to be. Staff encouraged and supported people to have advocates.

Staff understood their roles and responsibilities. People felt able to contact the service's office to discuss their care. The registered manager was recently appointed and had worked in the adult social care sector for many years. They understood what was necessary to provide a quality service and had started to implement their plans to improve the service. Staff felt supported by the registered manager.

There were systems in place to assess and monitor the quality of care people received which had identified some but not all areas of the service which required improvement. Where areas for improvement had been identified an action plan was in place which the management and staff were beginning to implement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how the provider assessed people's needs, supported staff and managed the service. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The risks people faced were not adequately assessed and managed.

The service had policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff had good knowledge about types of abuse, how to recognise it and who to report their concerns to.

Staff arrived on time and stayed for the time allocated. Staff were recruited using effective recruitment procedures. There was a sufficient number of staff to help keep people safe. People received their medicines safely.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

Staff were not adequately supported by the provider through induction, regular, relevant training, supervision and appraisal.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care. People were supported to attend healthcare appointments.

People were supported to have a nutritious, balanced diet and sufficient amounts to eat and drink.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care, although this was not always evident from people's records.

Good



Is the service responsive?

Some aspects of the service were not responsive.

People were at risk of receiving care and treatment that was inappropriate or unsafe because their needs were not fully assessed or appropriately reviewed.

People had the opportunity to make complaints, comments and suggestions about the care they received and they were confident they would be acted on by staff.

Requires improvement



Is the service well-led?

Some aspects of the service were not well-led.

Requires improvement



Summary of findings

There were systems in place to regularly monitor and assess the quality of care people received but these were not consistently applied by staff and were not always effective. People's care records were not well maintained.

Staff felt supported by the registered manager and understood their roles and responsibilities.

Lifeways Community Care (Croydon)

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 inspection was carried out by a single inspector who visited Lifeways Community Care offices on 27 May 2015 and people in their homes on 9 June 2015.

As part of the inspection we reviewed all the information we held about the service. This included routine

notifications received from the provider, safeguarding information and the previous inspection report. Lifeways Community Care had previously been inspected in March 2014 and was found to meeting all the regulations we inspected.

We looked at five people's care files and eight staff files which included their recruitment, supervision and training records. We looked at the service's policies and procedures. We spoke with five people using the service and two of their relatives, eight staff members and representatives from two local authorities which have regular contact with the service. We also spoke with the registered manager and regional quality manager about how the service was managed and the systems in place to monitor the quality of care people received.

Is the service safe?

Our findings

Arrangements were in place to protect people from avoidable harm. However they were not consistently applied by staff. People had risk assessments but they were not always up to date. Two people's risk assessments had not been reviewed since 2013 when it was clear from speaking to them and from information in their file, that their needs had changed and that there were associated risks which had not been identified or planned for by staff. Three of the five risk assessments we looked at did not fully reflect other information contained in people's care files. For example, where it was clear from people's records that they were at risk when they presented behaviour that challenged others, there was no information in their risk assessment about how to manage this.

We raised this with the registered manager and service managers who told us they were aware that some people's risk assessments were not up to date and that they were in the process of reviewing the risk assessment of every person using the service. We saw that the risk assessments which were up to date had been reviewed in the past few months. However, we remain concerned that people without up to date risk assessments were at risk of receiving care and treatment which was inappropriate or unsafe.

The provider did not provide care and treatment to people in a safe way by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. This is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People using the service and their relatives knew how to report any concerns. The service had policies and procedures in place to guide staff on how to protect

people from abuse which staff applied day-to day. Although not all staff had been trained in safeguarding adults, the staff we spoke with demonstrated good knowledge on how to recognise abuse and report any concerns. We saw evidence that staff had on several occasions alerted the CQC and/ or the local authority safeguarding team with information about their concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for. Where allegations of abuse had been made, the service took appropriate steps internally and fully cooperated with the external investigating authority.

The number of staff required to deliver care to people safely when they were being supported was assessed. People told us they received care and support from the right number of staff. The number of staff a person required was reviewed when there was a change in a person's needs. Less experienced staff were supported by senior staff.

There were appropriate arrangements in place for people to receive their medicines safely which staff followed consistently. This helped to minimise the risk of people being given the wrong medicine. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed. People who self-administered their medicines told us they were supported to take them when they were due.

The service operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Is the service effective?

Our findings

People were not cared for by staff who were adequately supported by the provider through an induction, and regular training, supervision and appraisal. Half the staff members we spoke with told us they had not had an induction and this was reflected in the staff files we reviewed.

Staff training was inconsistent. Some staff members had not received recent training in essential areas such as moving and handling and administration of medicines. One staff member told us, “I haven’t had much training since I’ve been with this company.” Another staff member told us, “Staff training isn’t up to date and some staff need to be up-skilled, it’s a matter of training”. This was a view shared by a representative from a local authority who has regular contact with the service. They told us, “People’s needs are changing as they get older and the staff need additional training to meet their new needs.” The registered manager was aware that staff training was not up to date and we saw evidence that most staff had training booked for the next few months.

The registered manager told us that individual staff supervision meetings should take place quarterly and that group supervision meetings also took place. Records demonstrated that staff supervision was inconsistent and this was confirmed by the staff we spoke with. One staff member had received regular individual supervision, the remainder of staff had not had more than one individual supervision meeting in the twelve months prior to our visit.

We raised this with the registered manager who told us that staff also attended group supervision meetings. We saw evidence that staff had signed an agreement recently to attend future supervision and appraisal meetings and that regular group supervision meetings had been held in 2015 but not in 2014. However, the purpose of these meetings was to discuss issues affecting people using the service and for staff to share information. This meant staff did not have the opportunity to discuss and plan their individual learning and development and managers did not have the opportunity to assess and manage individual staff performance.

The provider’s policy was that all staff should have appraisals annually and a review after six months. The majority of staff who had been employed by the service for

more than twelve months had not received an appraisal. This meant that staff did not always have the opportunity to review their performance and discuss their professional development. There was not a system in place to support or enable staff to obtain further qualifications relevant to the work they perform.

We found the provider did not adequately support staff through induction and regular training, supervision and appraisal or enable them to obtain further qualifications relevant to their roles. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18.

People were asked for their consent before care and support was delivered. People told us, “They ask me before they do anything” and “They respect my wishes”. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. People’s capacity to make decisions was assessed. The registered manager and staff had good knowledge about the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, the registered manager was aware of the specific requirement to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that the support people required to eat and drink a sufficient amount was part of the assessment process before they began to use the service. People told us they were supported to have a sufficient amount to eat and drink and that their preferences were catered for. One person told us, “I like the food they cook for me and sometimes they help me to cook.” Staff knew what represented a balanced diet. People told us they decided what they wanted to eat and that staff encouraged and supported them to have a healthy, balanced diet.

Staff supported people to maintain good health. Records demonstrated that staff supported people to attend appointments with a range of external healthcare professionals such as, chiropodists, dentists and occupational therapists. The service had arrangements in place to ensure staff were aware of when people were admitted to hospital and when they were due to be discharged.

Is the service caring?

Our findings

People made positive comments about the staff and told us they were kind and caring. Comments included, “I’m very happy with the carers”, “I like [staff members] they are nice and help me when I need it” and “[Staff members] are very kind to me”. People told us and we observed that staff were polite and respectful towards them. People were supported at a pace that suited them.

There was continuity of care. People were usually supported by the same team of staff who were familiar to them and covered for each other during periods of absence. People were comfortable with the staff. People’s needs, values and diversity were understood and respected by staff. From talking to staff it was evident they knew the people they were caring for well. They knew their personal histories, routines, dislikes and preferences.

Staff had a positive attitude to their work and told us they enjoyed caring for people. This was demonstrated in the caring way staff spoke about the people they supported. One member of staff told us, “My main concern is always that the service users are getting all the support they need.” Another staff member told us, “We all work hard to make sure the people here are looked after properly.”

Staff understood how to respect people’s privacy, dignity and choices. People told us their privacy was respected at all times when staff were in their home. One person told us, “They do what I ask and don’t overstep the mark.” Staff

gave us examples of how they maintained people’s privacy and dignity. One staff member told us, “We’ll assist [the person] with personal care when and how they want it.” Other staff members commented, “I only go into the bathroom to assist [the person] when I am called in and I always make sure the door is closed” and “It’s up to the service users what they want to do, I have to respect their choices”. Services managers and the registered manager conducted unannounced visits and observed staff interaction with people to assess their competency in how they maintained people’s dignity and privacy.

People told us they were encouraged by staff to be as independent as possible. One person told us, “I can look after myself but they help me if I need it.” Another person told us, “They only help me if I can’t do it myself.” Staff told us, “We support people where they need it and encourage them to do the things they can do for themselves.”

People told us they were given information on what to expect from the service. They knew who to speak to within the service if they wanted to discuss their care plan or make a change to it. People who were able to told us they were involved in their needs assessments and in making decisions about their care, although this was not always reflected in their care files. People were supported and encouraged to have an advocate. An advocate is a person who is independent of the service and helps people to express their views or speaks on their behalf. People felt in control of their care planning and the care they received.

Is the service responsive?

Our findings

People told us that staff provided care that met their needs and that they were satisfied with the quality of care provided. However, we were concerned about the standard of care planning and found inconsistencies in the care planning process. This meant there was a risk of people receiving care and treatment which was inappropriate or unsafe.

The registered manager told us that people's needs were assessed before they began to use the service and then annually or when there was a change of circumstances. People who were able to, were involved in their care planning. People's needs were assessed before they began to use the service but the assessments were sometimes inadequate and were not regularly assessed thereafter.

Three people had thorough assessments which considered their dietary, personal care, social and health needs. The remainder of files had incomplete assessments. People's emotional and social needs were not fully assessed. People had health action plans and hospital passports, but in two of the five files we looked at, they had not been fully completed. One person's health action plan had not been reviewed since 2012. One person's needs were assessed before they began to use the service but were not reviewed again for over two years. We also found that the information in people's assessments was not always contained in their care plan.

We raised this with the registered manager and service managers. They told us they were aware that some people's care plans had not been reviewed recently and were not up to date and that they were in the process of reviewing the care plans of every person using the service. We saw that the care plans which were up to date had been reviewed in the past few months and were thorough. These people's care plans were person centred and had details of their specific needs and preferences. They had special instructions for staff on how the person wanted their care to be provided, what was important to them and detailed

information about how to meet people's individual needs. However, we remain concerned that people whose care plans had not been reviewed were at risk of receiving care and treatment which was inappropriate or unsafe.

We found that the provider did not carry out an assessment of people's needs and preferences for their care and treatment. This is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9.

People were supported to participate in a variety of activities both at home and in the community. People's social lives reflected their age, interests and cultural background. People told us they were supported by staff to spend time participating in activities they enjoyed and to spend time with the people who mattered most to them.

The service managers routinely sought people's views on the care they received by conducting weekly visits to get their feedback and observe how people's care was provided. Some people using the service met with service managers formally to give their views on how the service could be improved. People and their relatives were also encouraged to contact the service managers by telephone or email if they had comments, suggestions or concerns. People and their relatives felt staff and the service managers were accessible and listened to their views.

People told us they knew how to make a complaint and would do so if the need arose. The complaints file demonstrated that the complaints recorded had been dealt with in accordance with the service's complaints policy and had been responded to promptly. People who had made a complaint told us it had been dealt with appropriately. A person using the service told us, "I complained about one of the carers and they were quickly replaced." We saw evidence the service had procedures in place to learn from incidents which affected the safety or quality of care people received. The service used its learning from incidents and feedback from external organisations such as local authorities to improve its policies, procedures and auditing processes.

Is the service well-led?

Our findings

There were arrangements in place for checking safety and the quality of the care people received but these were not always effective. This was because they were not consistently applied by staff. The provider had a quality audit department which conducted annual audits which looked at the service's policies, procedures, people's medical and care records, staff files and spoke with people using the service. However these audits did not always identify areas of the service which required improvement.

The registered manager told us staff returned people's care records to the office monthly. This was so the office staff could regularly check whether people's care was being delivered in accordance with their care plan. The service was not following its policy and procedure. The registered manager could only provide us with three people's care and medical records. The most recent record which could be found was for February 2015. The registered manager was unaware that people's care records were not being returned to the office monthly to be checked by the office staff and this had not been identified by the provider's internal audit system.

We found the provider did not operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014: Regulation 17.

We were also concerned about the poor standard of record keeping and the impact this might have on the safety of people using the service. Staff were not always completing people's care records properly. We saw entries in people's records for a whole day such as, "[the person] supported with personal care". In one person's care records we saw a single entry which represented care delivered over four days. These entries did not give any detail on the care

people received or how the care was delivered. This meant the service managers and office staff were not always able to monitor the care people received day-to-day or that care was being delivered in accordance with their care plan.

We found that the provider did not operate effective systems or processes to enable them to maintain accurate, complete and contemporaneous records in respect of each person using the service, including a record of the care and treatment provided to them. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014: Regulation 17.

People and their relatives thought the service was well-led. Comments we received from people included, "I think everything is well organised. I've no complaints" and "As far as I can tell they are doing well." Staff gave mixed views on whether the service was well-led. Staff commented, "We make sure that people are well looked after but they [the management] need to stop re-structuring so often and give us access to the IT system if they don't want us to be behind with the paperwork", "Things are better than they were six months ago but there is still room for improvement", "and "They are getting organised but we still have a way to go".

The registered manager was recently appointed and there had been a recent staff re-structuring. Staff felt supported by the management. They commented, "I feel well supported by the registered manager but we could do with IT access" and "I feel well supported by the senior managers". Staff understood their roles and responsibilities within the new structure and people using the service were aware of individual staff members roles. The registered manager had worked in the care sector for many years and understood what was required to lead a service which provided a good standard of care. They were aware that the service needed to improve and had plans to do so. It was evident from the records we looked at and from speaking to people who use the service and staff, that the plans were being implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not provide care and treatment to people in a safe way by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider did not adequately support staff through induction and regular training, supervision and appraisal or enable them to obtain further qualifications relevant to their roles.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider did not carry out an assessment of people's needs and preferences for their care and treatment.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided.</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not operate effective systems or processes to enable them to maintain accurate, complete and contemporaneous records in respect of each person using the service, including a record of the care and treatment provided to them.