

Lifeways Community Care Limited

Lifeways Community Care (Taunton)

Inspection report

Langford House
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Taunton
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Date of inspection visit:
19 September 2019
20 September 2019

Date of publication:
08 October 2019

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

About the service

Lifeways Community Care Taunton is registered for the provision of personal care in people's own homes. This includes support with personal care, such as assistance with bathing, dressing, eating and medicines. We call this type of service a 'supported living' service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 25 people were receiving a service over 17 different locations.

People's experience of using this service and what we found

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had good community networks which were personal to them. This included work opportunities, day service and supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships with friends and family. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

A recruitment drive was taking place at the time of the inspection. A number of staff had left the service. The registered manager told us they were addressing the current vacancies and filling gaps with regular agency staff. Staff told us although a number of staff had left this has improved the culture of the service. Following risks identified where people may not have the correct staff in place action had been taken to ensure a core member of staff was on duty to cover any gaps.

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

People's rights to make their own decisions was respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. People were supported to have enough to eat and drink.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop.

People received personalised support based on assessed needs and preferences. Staff knew how to support people in the way that they preferred. People knew how to complain if they needed to.

People received support to take their medicines safely. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed. Where errors occurred, the service learnt lessons.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve standards. We received positive feedback regarding the leadership and management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Good (published 08 December 2018.)

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicine errors and the culture of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concern. Please see the safe domain section of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lifeways Community Care (Taunton)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two 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.

Service and service type

This service provides care and support to people living in 17 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This includes the statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and four professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manger and two service managers.

We reviewed a range of records. This included four people's care plans and two people's medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a number of quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. One staff member told us "We have the telephone number on the back of our ID badges if we ever have to raise a safeguarding concern."
- There were detailed plans in place to support people with behaviour which challenged to help them stay safe. Staff were able to demonstrate they followed the plans.
- Where people were funded for two staff to keep them safe in the community this support was provided.
- People and their relatives told us they were safe and well cared for. One person said, "The staff are kind and I feel safe with the staff." Another person described how they had been supported to share concerns about a situation that made them feel unsafe. This situation had been resolved and as a result they felt confident that their safety was valued and protected.

Assessing risk, safety monitoring and management

- People were supported to take positive risks to increase their independence. One relative told us, their relative accessed the community by public transport alone. They told us, "Staff are always there to see him across the road 'cos it's busy."
- Risk assessments covered care needs such as mobility and other individual health conditions. Staff spoken to had a good knowledge of people's needs and risks and were competent and knowledgeable.
- People were taken to a variety of activities of their choosing. People were supported to go on holiday and days out. One person told us, "I went to Weymouth with staff for one day that was my holiday it was not enough". Staff told us they were planning longer holidays for the person.

Staffing and recruitment

- There was a risk that people may not always receive the correct staffing levels. For example, we received concerns that sometime people did not always receive the correct number of staff because some staff left their shift before their next member of staff came on duty. The registered manager told us, "This is against our handover policy and we addressed the issues using our disciplinary process where required. We have learnt a lot from this, there is now a core worker in place. Team leaders check the handover sheets and share with the service managers".
- The registered manager told us they did have current staffing issues and were filling the vacant hours with regular agency staff. A member of the senior team told us, "We had a poor culture in the teams, we brought in performance management of staff to challenge staff culture". They felt this process had led to staff leaving.

- Staff performance relating to unsafe care was being addressed by the provider. The registered manager informed us, "We have used our disciplinary processes where needed. Where other staff are choosing to leave we are holding exit interviews to learn why. At the time of the inspection a recruitment day was being held and supported by staff and people using the service."
- Staff working in one area told us although a number of staff had left the service, this had improved the culture of the service. One member of staff told us, "The culture of the staff was very negative but with lots of staff leaving the culture is improving." A relative told us, "They do seem really short staffed and I don't think (relative) gets the hours they should." Staff in another area described how they were able to cover each other's shifts to ensure people were supported by staff who knew them well.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

Using medicines safely

- Staff had completed training in medicine administration and were assessed as competent. Staff could tell us how they managed medicines in people's homes and that they were kept secure. People received support around their medicines in a way that promoted their independence. One person discussed what medicines they needed to order with staff and was supported to think about which professionals they could seek input from.
- Systems were in place to record any medicine errors. Where needed staff received additional support and training.
- There were regular audits in place to check medicines including MAR (medication administration records) to ensure that all entries had been signed for and people had been given medicine.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) and knew how and when to use this.
- Staff had received training in infection control.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence. This was done by the registered manager in conjunction with staff involved at the time.
- Staff told us they learnt from errors and any safeguarding. One member of staff told us, "We learn when things go wrong and reassess the risk."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were assessed and monitored. Staff we spoke with were knowledgeable about the support needs of people they worked with. One staff member told us they worked closely with social workers and learning disability nurses. They said, "We hold reviews all the time, we have good relationships with other professionals, learning disability nurses come in and the psychologist keeps in touch". People told us they were involved in planning their care and support to achieve the outcomes they wanted.
- Care Plans contained information about health conditions and appointments with professionals. Information was kept updated with changing needs. Appropriate referrals to external services were made to ensure needs were met.

Staff support: induction, training, skills and experience

- Staff were positive about the induction and training that they received. One staff member told us " We had induction and learned all about safeguarding, basic life support. We met people at the service and then shadowed experienced staff. It helped. We were encouraged to share any concerns."
- Staff told us that they felt supported and received regular supervision and staff meetings. They said that they could go to the service manager or the team leaders at any time, as they all made themselves available.
- The registered manager told us all staff were trained in how to support people who may become anxious or agitated. They told us, "We are fortunate to have personal behaviour support trainers. If any behaviours change the trainers go and support. "

Supporting people to eat and drink enough to maintain a balanced diet

- Support plans contained detailed information on nutrition and hydration which included what people liked to eat, what they disliked and any allergens. However, comments were not always positive from relatives. "When my relative comes home I make sure they get fresh food, lots of vegetables and meat, cos I think they (relative and carer) just see packets with nice pictures on the front and think it must be healthy." "I think they just buy what's quick and easy". People told us they were happy with their food and went shopping with staff to choose it.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight or needs changed they sought the advice of specialist professionals.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- There was evidence of appropriate, timely referrals to health and social care professionals in people's care plans. One health professional told us, the service worked closely with the social workers and Learning Disability health team to achieve the best outcomes for people they referred. They told us this had resulted in improvement in the person's quality of life.
- Care plans noted where people needed specialist advice from professionals and staff followed the information given, for example district nurse's instructions. People had various specialist professionals involved in their care and support and all the information was detailed in the support plans and staff were made aware of any changes.

Adapting service, design, decoration to meet people's needs

- People had their rooms personalised, people were encouraged to have their own belongings in their homes which reflected their personal interest and preferences. However, some relatives raised concerns that their relatives were not always supported to keep their flats clean and clutter free. We observed one flat in need of new flooring, and new drawers in the kitchen. The registered manager informed us they were working with the person and the person's landlord to improve the person's living environment.
- People told us they liked their homes and that their homes reflected their choices. However, we addressed concerns with the provider in regards supporting people to purchase new electrical equipment when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Some people at the service were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for some areas such as medicines and finance. Where appropriate best interest decisions had been completed for any restriction on the person belonging. However, we noted one best interest decision had not been signed by the decision makers. This was actioned by the registered manager.
- Decision making profiles were in place which evidenced who would be involved in the decision-making process and who would make the final decision.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- People were enabled to make choices about aspects of their care where they had capacity to make a decision. People were given the opportunity to plan and choose their meals and plan activities. One relative told us, "It's very friendly and they are given independence."

The service supported people to maintain relationships with friends and family. Relatives told us they could visit their loved one when they wished.

- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed.
- People who were able to told us they were pleased with their care and that they felt involved in decisions. Comments included, "Lifeways "is good" and "My support plan -has the things on it I want to do". "Would recommend -they are good." "The staff are helpful they are caring, friendly".

Ensuring people are well treated and supported; equality and diversity

- Staff understood the importance of treatment treating people as individuals and referred to people in a respectful way. When needed people were given appropriate reassurance and support.
- People had effective relationships with staff who provided their care and support. Staff could explain how different things worked for different people and people reacted differently with each member of staff. This formed varied and positive relationships as staff worked with everyone in the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner. A person using the service told us, "The staff keep my secrets. I can choose who I share with."
- Personal records about people were stored securely and only accessed by staff who understood their responsibilities for keeping the information confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. One senior member of staff told us, people were encouraged to reach their potential. They said, "(person name) has help to make decisions sometimes needs two options and then will pick. (person name) decides when they want to go out, and staff are always available and allocated".
- Care planning was comprehensive and regularly updated. This meant that support plans were relevant and amended according to changing needs.
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping or activities of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in accessible format according to people's needs. For example, where required people were able to have information shared in an easy read pictorial format.
- Some people had communication boards which were not being used. For example, one person's care plan stated the person's weekly treats were added to their communication board. The communication board was not being used at the time of the inspection. Staff informed us the person liked the use of the board and would ensure it was used again.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could have the social life they desired. They were supported to be part of the community they lived in. For example, people had their own mobility cars which gave them access to their local community and

enabled them to have day trips out.

- People were encouraged to participate in their local community by way of fund raising or volunteering, this improved their potential to contribute to their local community by holding local fun days. A staff member told us, a fund-raising group had been set up called coproduction, they said "We are always proud of our guys with the coproduction they went out and got raffle donations for a fun day". One person told us, "The coproduction team organise events, it's good".
- Staff supported people to socialise and work jointly on projects to support their chosen charities and organisations.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place. The registered manger told us, "Service users have a complaint guide, and all have access to it. We encourage service users to tell us if they have any worries or concerns. We have tenants' meetings the last one was in August 2019 where they can discuss any issues".
- Managers and staff had regular discussions with families and relatives told us that they knew who they could complain to if they needed to. One person told us, "If I wanted to complain I would talk to the team leader they would sort it out".

End of life care and support

- The service had protocols in place to provide the care and support people would require at the end of their life. There was no one receiving end of life support at the time of our inspection. People had end of life care plans which clearly detailed their last wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team showed us good evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person centred, high quality care tailored to the needs of those using the service. They also monitored training and development of the staff to ensure that they had training appropriate to the needs of those living at the service.
- Staff had their competencies assessed for each aspect of their role including medication which all staff were trained to administer. Staff were positive about the management team. Comments included, "I think the service is well led. (registered manager name) we have supervisions. They are a good manager, good listener and understanding. I feel they have the time to listen" "We are a good team and get lots of support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Our previous inspection rating was prominently displayed at the office and was clearly in view for people to see.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people. For example, people would look for ways for people to take part in activities and carefully plan for outings and holidays.
- The registered manager made sure that people received good care and support. The registered manager and service managers carried out regular visits to the different properties in the service and had a good knowledge of all of the people who lived there.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were provided with regular opportunities to share their views. One relative told

us, "We get evaluation forms twice a year. They do seem to take on board what we say."

- People were involved in the service for example joining in on staff interviews or attending the providers recruitment days.

Continuous learning and improving care

- There was an effective system in place to check on quality and safety in the service.
- Management and staff continually work hard to improve the lives of people being supported by the service. Training was readily available in specialist areas and staff were keen to learn and grow in their roles. Staff told us they would welcome the opportunity to learn sign language and would address this with their registered manager.
- The registered manager had clear plans for the further development of the service. Their plans had people who used the service at their centre and looked at how they would support people to enjoy and achieve their goals including making positive contributions to the wider community.

Working in partnership with others

- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs and their desired outcomes.
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care.