

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

Date of inspection visit:

21 November 2022

10 January 2023

12 January 2023

Date of publication:

28 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lifeways Community Care (Sunderland) provides personal care to people living in their homes in Newcastle and South Tyneside. At the time of our inspection there were 22 people living with a learning disability and/or a mental health related condition receiving a regulated activity from the service.

Not everyone using Lifeways Sunderland receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' which includes help with washing, dressing and eating.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff no longer used some people's homes as an office base; staff related records were now accessed electronically on a laptop.

Staff supported people to access the community. People told us about recent outings they had and others that were planned.

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.

Right Care:

People made daily living choices and supported people to achieve these. There were good relationships between people and staff and staff treated people with dignity and respect.

Staff had reviewed people's goals and plans were developed to achieve these.

Right Culture:

The registered manager had improved the effectiveness of the quality assurance processes so that areas for improvements were identified and acted on.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that staffing levels were reviewed and that people were supported to review their goals. At this inspection we found the provider had acted on these and had improved.

Why we inspected

We carried out an announced inspection of this service between 26 July 2021 and 12 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent; safe care and treatment; good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifeways Community Care (Sunderland) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lifeways Community Care (Sunderland)

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 Health and Social Care Act 2008.

Inspection team

An inspector and 2 Experts by Experience carried out this inspection. 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 11 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service short 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.

Inspection activity started on 21 November 2022 and ended on 12 January 2023. We visited the location's services on 9 and 12 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We visited 3 supported living services and spoke with 5 people. We spoke with the registered manager, team leaders and staff during the visits to supported living services. We also received email feedback from 9 relatives and 10 staff. We observed the relationships between people and staff. We reviewed a range of records relating to the safety, effectiveness and management of the service. This included care records and staff support and training record.

After the inspection

We reviewed additional information the registered manager sent us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to mitigate risks to people relating to IPC. This was a breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider followed current guidance to ensure infection control was managed appropriately. Services we visited were clean, tidy and well decorated.
- There were currently no restrictions in place for visitors to the service. One service had minor checks still in place, however the registered manager dealt with this immediately.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from abuse. Staff had completed safeguarding training and potential safeguarding concerns were referred to the local authority safeguarding team and investigated.
- People told us staff treated them well. One person said, "The staff are nice." Relatives confirmed they felt their family members were safe. One relative told us, "[Family member] is cared for, I am happy with it. They do a fabulous job, they have their routine."
- Staff knew how to raise concerns and were confident about using the whistle-blowing procedure, if needed. One staff member commented, "I would feel confident but I haven't needed to do this."

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks. When people moved into the service, they used a screening tool to help staff identify potential risks to people's safety.
- Where potential risks had been identified, risk assessments were carried out which identified the measures needed to help keep people safe. For example, each person had a personalised fire safety risk assessment.
- Care plans also included information about how to keep people safe and what staff need to do to support this.

Staffing and recruitment

At our last inspection we recommended the provider reviews the required staffing levels in each supported living service to ensure people's needs could be met. The provider had made improvements.

- There were sufficient staff on duty to meet people's needs. Following the last inspection, the provider has reviewed staffing within its services and recruited new staff.
- Staff said staffing levels were usually good, unless there was sickness. One staff member said, "Staffing levels are generally good, only concern is if sickness occurs."
- Relatives gave mixed reviews about staffing levels. One relative commented, "I think they have enough staff; they know they couldn't put a stranger to work with [family member]." Whilst another relative said, "They are having a high turnover [of staff]."
- The registered manager regularly monitored staffing levels, to ensure they remained appropriate.

Using medicines safely

- Medicines were managed safely. Staff had been assessed as competent to administer medicines and gave people their medicines when they were due.
- Medicines administration records showed people usually received their medicines on-time. One relative commented, "They are all in blister packs. [Family member] can refuse them sometimes, but staff are spot on with meds."
- Staff completed relevant training and had their competency assessed before giving people their medicines. Senior staff completed regular checks to ensure staff followed the correct procedures.

Learning lessons when things go wrong

- The provider had systems to enable lessons to be learnt and identify improvements to people's care. The provider analysed incidents and accidents regularly to ensure action was taken to help keep people safe.
- Individual incidents and accidents were investigated and staff acted to help prevent the situation from happening again.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

At our last inspection systems were either not in place or robust enough to demonstrate restrictions placed on people were appropriate. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider followed the requirements of the MCA. Where people had restrictions in place, a MCA assessment and best interests decision had been made. This included decisions for people to consent to their care, administration of medicines and support with managing finances.

Staff support: induction, training, skills and experience

At our last inspection staff did not receive supervision in line with the provider's policies. This was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were supported and accessed the training they needed. Records showed staff received regular supervision.
- Staff confirmed they were well supported. One staff member commented, "I feel supported in my role and can go to management and team leader with any problem at any time."

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

At our last inspection we recommended the provider collaboratively carried out assessments with relevant people to establish people's personal goals. The provider had made improvements.

- Staff had met with people on a one-to-one basis to discuss their future wishes and set goals.
- The provider assessed people's needs when they moved into the service. This included a consideration of their cultural, religious and social needs.

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

- People were supported to have enough to eat and drink. Staff prepared some people's food and drinks based on their choices and preferences. Other people prepared meals and snacks independently. One person commented, "I had Weetabix for breakfast, it was nice. The staff do it for me."
- Care plans described the support people needed with eating and drinking. Where required, staff sought advice and guidance from health professionals to ensure people had good nutrition.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health. They monitored people and supported them to attend health related appointments, when needed.
- Care records guided staff about people's health conditions and the support they needed to stay healthy. They also showed people had input from a range of health professionals, such as the GP, community nurses and therapy services.
- Relatives confirmed staff responded quickly to people's health needs. One relative told us, "They are very good at physical health. They monitor [family member] closely and any concerns, they will call the GP, hospital or dentist. They will always get someone to go with [family member]."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider's governance systems to monitor the quality of the service required improvement. This was a breach of regulation 17(1), 17(2)(a) and 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were no longer any office areas within the services. Information relating to staff supervisions and training were kept electronically and accessed using a portable laptop.
- Relatives were mostly positive about the management of the services. They also described positive relationships between people and staff. Relatives told us, "There is team leader [name], she's really good at organising everything, she keeps the house spotless too" and "Staff are very accommodating. They keep in touch with us and are very inclusive, loving and dedicated."
- Relatives described how communication had improved. One relative commented, "I'm happy with communications now, I wasn't before."

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 continued to follow the principles of the duty of candour. They regularly notified CQC of significant events affecting the service.

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

- There were opportunities for people, relatives and staff to provide feedback about the service. Regular meetings were now taking place.
- Review records indicated relatives had been invited to or attended meeting to discuss their relatives care. However, there views were not always documented. We discussed this with the registered manager who agreed to act on this for future meetings.

Continuous learning and improving care

- The provider had a structured approach to quality assurance. Regular audits were completed and these were effective in identifying areas for improvement.
- Where possible, people's experiences and feedback was gathered during quality assurance reviews.

Working in partnership with others

- The provider worked with commissioners and other professionals to help ensure people's needs were met.