Lifeways Community Care Limited

Lifeways Community Care (Exeter)

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was a comprehensive inspection. The inspection took place on 11, 12 and 19 October 2018 and was announced.

Lifeways Community Care (Exeter) is a supported living service people with learning difficulties and mental illness who live in their own homes in the community. Most people who use the service live in shared houses with other service users. This service provides care and support to people living in '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.

At the time of this inspection there were 34 people with disabilities who received a range of support from the service, including personal care. Our inspection focussed on the support given to these 34 people. The service also provided support to people who did not require personal care. This part of the service is not covered by CQC legislation and therefore was not included in the inspection.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharge if needed, people's independence and links with their community.

Rating at last inspection

At our last inspection we rated the service as Requires Improvement overall. We found some aspects of the leadership and responsiveness of the service required improvement, although the service was otherwise safe, effective and caring. At this inspection we found the service had improved and is now Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why the service is rated Good.

People told us they felt safe. Comments included, "I like it here" and "Yes, I feel safe". The provider and registered manager had effective safeguarding systems in place. All staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.

There were enough staff employed so that people received support when they needed it. Since the last inspection the turnover rate for staff had decreased. There were more permanent staff employed and less reliance on agency staff to fill vacant shifts. This meant people received a consistent service from staff they knew and trusted.

There were good systems in place to assess risk and to ensure people received safe care and support. Care plans contained evidence of risk assessments covering all anticipated risks and explained the actions staff must take to support the person to remain safe and well. People were supported to manage their medicines safely and people had been supported to make decisions about where they wanted their medicines to be stored.

People told us staff supported them effectively. People's needs were assessed before they began receiving support from Lifeways and a plan of their support needs was drawn up. The plans contained detailed information about all aspects of each person's support needs. Staff worked closely with health and social care professionals from other organisations to deliver effective care, support and treatment. Comments included "It's nice" and, "We like the staff."

Staff had the skills, knowledge and experience to deliver effective care and support. Staff received a comprehensive induction at the start of their employment and regular ongoing training and updates on topics relevant to people's needs. Staff told us the training was good. The level of supervision to staff had improved over the last year, although the level of supervision was unlikely to reach the provider's expectation of four supervisions per year. Staff meetings were held monthly for teams of staff who worked with people living in the shared houses. Most staff told us they were happy with the level of supervision and support they received.

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.

People were supported to eat and drink a healthy diet. Staff understood each person's dietary needs and preferences. People were supported to attend health checks regularly. Staff had liaised with health and social care professionals to ensure people received the care and treatment they needed.

People told us they continued to receive a service that was caring. People told us they liked the staff. A person told us, "It's nice. They are kind." The service ensured that people were treated with kindness, respect and compassion. Staff we met were passionate about their jobs and making people's lives as happy and fulfilling as possible. Comments from staff included, "As long as their life is enriched, that's all I care about" and, "I like to go home and think I have brightened up their day".

People now received a service that is responsive to their changing needs. People had been consulted and involved in drawing up and reviewing their support plans. Letters and information given to people used symbols as well as simple text to help people understand the content. Where people wanted support, staff read letters and information to them and checked they understood the content. Some people had information in symbol format in their rooms to help them find their belongings easily.

The provider plans to implement a new computerised care planning system in the next year. We have recommended that the provider ensures people are given a copy of their care plan in an accessible format suited to their individual needs.

Care plans were reviewed regularly and any changes to the care plans were updated on the agency records promptly. Changes to the management structure and recruitment of new team leaders meant there was more time for management tasks, such as updating care plans, to be completed. People were supported to talk about their wishes for care at the end of their lives and care plans setting out their last wishes were drawn up in a format people could understand.

People knew how to make a complaint and were confident any concerns or complaints would be listened to, investigated and addressed.

The management of the service had improved and was now well-led. Progress had been made to promote people's independence and reduce the institutional aspects of the service. There was greater consultation with them about their belongings and where these should be kept. The management team had taken action to challenge staff where they found outdated practices and supported staff to consider new ways of working.

Staff turnover had reduced, and staff morale had improved. There was a clear management structure in place with sufficient management time allowed to carry out management tasks such as staff supervision and support. Staff told us the level of the support they received had improved significantly in the last year. Comments from staff included, "It's good. I feel like I am supported. There is always someone there for advice on the phone" and, "The bosses are hands-on. They really care. We are very well looked after"

There were efficient systems in place to monitor the service and ensure all areas were running smoothly and safely. There were monthly audits carried out by team leaders, service managers and the registered manager covering all aspects of the service. Annual surveys were sent out to people using the service, community professionals, relatives and staff. The provider's quality monitoring systems showed that improvements had been made in most areas in the last year.

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 safe

Is the service effective?

Good

The service remains effective

Is the service caring?

Good

The service remains caring

Is the service responsive?

Good

The service has improved to Good

People were supported by staff to achieve independence and control over their lives.

People were supported by staff who had the information and skills needed to respond to people's needs.

Arrangements were in place to receive and investigate people's concerns and complaints.

Is the service well-led?

Good

The service has improved to Good

Systems to monitor the quality of the service were effective and ensured
improvements were carried out and sustained.

People's views on the service were sought and actions were taken to address any issues arising.

Staff were supported by a local management team who were approachable and listened to any suggestions they had for continued development of the service provided.

Lifeways Community Care (Exeter)

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.

This was a comprehensive inspection. The inspection took place on 11, 12 and 19 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a supported living service for adults who are often out during the day. We needed to be sure that they would be in and people would be willing to speak with us. We also wanted to make sure the registered manager and/or members of their management team would be available at the time of the inspection.

The inspection was carried out by one adult social care inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since the last inspection, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals. Before the inspection we sent out questionnaires to people who used the service, relatives, staff and health and social care professionals. We received responses from three people who used the service, 12 staff and five community professionals. We also received further e mail communication from two health and social care professionals and we spoke with one relative on the telephone.

On the first day of the inspection we visited the agency office where we spoke with the registered manager, the provider's quality improvement manager and a senior support manager. We looked at records held in the agency office including four staff recruitment files, staff supervision records, four support plans and quality monitoring and improvement records.

On the second and third day of the inspection we visited and met with 15 people who received a service. We also met 16 members of staff and one relative. We looked at the records of care held in each person's home including support plans, risk assessments, daily reports, medicine administration records, and records of support given to help people manage their weekly household budgets.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included "I like it here" and, "Yes, I feel safe".

The provider and registered manager had effective safeguarding systems in place. All staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic. They were confident any concerns they raised would be taken seriously, investigated and acted on appropriately. Where people needed support from staff to manage their weekly budgets, records and receipts of all transactions were maintained and systems were in place to minimise the risk of financial abuse.

There were enough staff employed so that people received support when they needed it. Staff rotas were organised to ensure people received support at times to suit their individual needs. Most people we spoke with said they thought there were enough staff, although one person said "No, there's not enough staff". However, they were unable to explain why they felt this, or what additional support they needed. Another person who lived in the same house told us there were always enough staff available at all times. During our inspection we observed people being supported by sufficient staff to enable people to do the things they wanted to do.

At the last inspection we found there had been a high level of staff turnover, and a high reliance on agency staff to fill vacant shifts. At this inspection we found the turnover rate for staff had decreased. A member of staff told us "Their recruitment drive has brought in a more experienced standard of staff". However, there was still some reliance on agency staff to cover vacant shifts. A relative told us "Lifeways have a fantastic team of carers on the whole. My only concern is with the use of agency staff". They told us the use of agency staff was minimal, but when it occurred they were concerned that agency staff did not always understand the person's complex needs. The registered manager told us they continued to recruit new staff and felt the number of permanently employed staff had increased. This meant most people received support from a stable and reliable staff team they knew well. A member of staff told us that new staff were always introduced to people by shadowing a regular member of the person's support team and this meant it was unlikely that people would receive support from a stranger. People who used the service were involved in the recruitment process and their views on the suitability of the potential new staff were listened to and valued.

There were safe systems in place to ensure new staff were entirely suitable for the job. Checks and references were obtained before new staff were confirmed in post. Interviews were held and care was taken to select the right staff. Where agency workers were used the registered manager told us they tried to use consistent agency staff who already knew the service users and whom they were confident had the skills and competence to support people safely.

There were good systems in place to assess risk and to ensure people received safe care and support. Care plans contained evidence of risk assessments covering all anticipated risks and explained the actions staff must take to support the person to remain safe and well. The service had liaised with health and social care

specialists to ensure staff had sufficient training and information where risks such as choking, diabetes or epilepsy had been identified.

People were supported to receive their medicines safely. Staff received training and their competence was assessed before they were allowed to support people with their medicines. Since the last inspection the provider and registered manager had considered each person's individual needs and preferences regarding the storage of their medicines. Care plans showed that each person had been consulted about the storage of their medicines and some had chosen to keep their medicines in their own room. The registered manager told us that the general rule for new people using the service was to be expected to keep their medicines in their own room. However, we noted that one person had not been given this opportunity and instead the person's relative had agreed to the medicines being stored elsewhere in the house and fully controlled by the staff. The registered manager agreed to review the way the person's medicines were stored and ensure the person is fully supported to make their own choice about their medicines and how they are stored and administered.

Staff had received training on infection control practices and knew how to prevent the spread of healthcare related infections.

When incidents occurred we found evidence to show where lessons were learned, actions were taken and improvements were made to prevent recurrence.

Good

Is the service effective?

Our findings

People told us the service they received was effective. Comments included "It's nice" and, "We like the staff."

People's needs were assessed before they began receiving support from Lifeways and a plan of their support needs was drawn up. The plans contained detailed information about all aspects of each person's support needs. The staff we met knew each person well and understood their support needs.

Staff worked closely with health and social care professionals from other organisations to deliver effective care, support and treatment. For example, a member of staff described how one person's health had declined recently. They had supported the person to attend various health appointments and had challenged health professionals when they felt the person was not receiving the care and treatment they needed. The member of staff described how this had led to a better outcome for the person, with further medical tests and better understanding of the person's health needs. Staff supported a person who needed a blood test which might enable medical professionals to identify the cause of the person's deteriorating health. The person would not agree to the blood test, and so the staff were liaising with specialist health professionals to ensure the person received the right support and treatment. A health professional told us, "Staff contact professionals when they are unsure, seeking further advice. Staff are client centred and it shows that they care".

Staff had the skills, knowledge and experience to deliver effective care and support. New staff received a comprehensive classroom-based induction at the start of their employment which lasted five days. Staff with no previous experience in care were expected to gain a qualification known as the Care Certificate. The Care Certificate is a nationally recognised qualification which aims to give all staff new to the care industry the basic knowledge needed provide good care. It is designed to ensure consistency of staff induction across the health and social care sector. A member of staff who had recently been recruited told us, "I thought (the induction) was amazing".

Staff received ongoing training and refresher courses covering a wide range of topics the provider had deemed essential. This included such topics as fire safety, infection control, capacity and decision making, and safeguarding. Staff were also encouraged to gain further relevant qualifications. A new training system had been introduced called 'My Lifeways.com' which staff could access through their computers and mobile phones. It gave them information about the training they must do, and what training they might like to do. A person who used the service said they thought the staff were well trained and commented, "They stand out as someone who knows what they are doing."

Where staff supported people with specific needs they received training to enable them to meet the person's needs. For example, staff had received Makaton sign language training to enable them to support a person with limited verbal communication. Staff told us how this training had helped them communicate with the person more effectively, and as a result the person had also increased their verbal communication.

People were supported to eat and drink a healthy diet. Each person was supported to plan their weekly

menus, shop for food supplies and, if able, supported to prepare and cook their own meals. Staff understood each person's dietary needs and preferences. Where people were at risk of weight loss or dehydration, food and fluid intake records were maintained and the staff had liaised with health professionals, and where relevant, with relatives, to monitor their weight and health.

Staff understood the importance of supporting people to make choices about all aspects of their lives. Consent to care and treatment always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. During our inspection staff described how they supported people to make choices about their daily lives. A member of staff said, "It's their choice".

Good

Is the service caring?

Our findings

People told us they continued to receive a service that was caring. We observed staff communicating with people and supporting them in a caring, friendly and positive manner. People told us they liked the staff. A person told us, "It's nice. They are kind."

The service ensured that people were treated with kindness, respect and compassion. Staff we met were passionate about their jobs and making people's lives as happy and fulfilling as possible. Comments from staff included, "As long as their life is enriched, that's all I care about" and, "I like to go home and think I have brightened up their day". People and staff told us about the friendship and fun they had each day. For example, some people liked singing, and others liked gentle banter and laughter. A member of staff told us they encouraged happiness and smiling.

We heard many examples of how staff had gone above and beyond their roles and put people first. We visited a person on their birthday. They had no family, but the mantlepiece in their lounge was full of birthday cards, there was a 'happy birthday' banner and there was a pile of birthday presents on the table from members of staff who had made sure the person's day was special.

Three people told us they hoped to move to new houses in the near future. Staff described how they were in the process of supporting the people to find new homes that were more suitable for their needs. They had liaised with landlords and housing providers and other people involved in the person's life, and had talked to each person about the range of housing available. A member of staff told us how important it was to make sure the new housing was entirely suitable, and how they wanted to make sure people found their "forever home".

Where people experienced anxiety and low mood, staff understood their needs and knew the emotional support they needed to keep them calm and happy. Staff understood people's life histories and things that had happened to them in the past that continued to affect them. Staff were empathic, sensitive and caring. A member of staff described how one person became very anxious about noises outside and above their flat. Staff knew when to withdraw to another room and maintain silence because this was what the person wanted, and this helped the person to become calm. Staff had liaised closely with local mental health specialists to ensure they followed best practice that met the person's needs. Where staff supported people who experienced anxiety or mental illness they had received Positive Behaviour Support (PBS) training, and the person's care plan had been developed in line with this approach. New staff also received an introduction to PBS in their induction.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment. For example, people were encouraged to participate as far as possible in the recruitment of staff and who they wanted to support them with specific tasks. In one shared house staff explained how staff were matched to people for specific support areas, for example one person loved disco dancing and so they were supported by a member of staff who also loved dancing and they went together to local discos. A person who loved football was taken to watch a member of staff play in a local football

match.

People's privacy, dignity and independence were respected and promoted. During our inspection we observed staff speaking with people in a respectful manner. Each person was treated as a valued individual regardless of their backgrounds, beliefs or disabilities. We heard examples of how staff promoted people's independence. A person who previously lived in an environment where they were not supported or encouraged to do things for themselves, or make decisions, was now being given positive support. The person's mood and behaviour had improved. The person was now able to make their own drinks, wash themselves, have a bath, plan meals and do their own shopping. Another person was being supported to work toward living independently. Assisted technology had been introduced to help the person learn to do daily living tasks such as cooking, cleaning and laundry, by themselves.

Good

Is the service responsive?

Our findings

People now received a service that was responsive to their changing needs.

At the last three inspections in 2015, 2016 and 2017 we found the service was not fully responsive. At the last inspection of the service in 2017 we found a breach in Regulation 17: Good governance, because people had not been fully supported to make decisions about their support or care needs. We also found a breach of Regulation 9: Person centred care. This was because people had not always been involved or consulted in drawing up or reviewing a plan of their support needs, and had not been given information or copies of their support plan in a format they could understand.

During this inspection we saw evidence that people had been consulted and involved in drawing up and reviewing their support plans. People had signed a statement to say they had been consulted and agreed to the content of the plan. If they were unable to read or sign their name there was an explanation showing how they had been involved and consulted. One person told us, "The staff sat down and explained my care plan to me. I am happy with it." However, people had not been given a copy of their plan in a format suitable for their individual needs. Plans to change to a computerised care planning system in the coming year were in place. The registered manager told us they hoped this will mean people will be given a copy of their care plan in an accessible format suitable for each person when the new care planning system is in place.

We recommend the service ensures that the planned changes to the care planning system follows best practice by ensuring people have a copy of their plan in an accessible format suited to their individual needs.

During the inspection we saw copies of letters and information given to people using symbols as well as simple text to help people understand the content. For example, a letter had been sent to people to let them know a CQC inspector would be visiting the house they lived in and to check they were happy to meet us. The letter was in easy to read text and also used symbols. We were assured that where people needed to support to read, staff read letters and information to them and checked they understood the content. Some people had information in picture format in their rooms to help them find their belongings easily. In one shared house we saw photographs of staff and large symbols were displayed to help people know the staff on duty that day and the activities and outings planned.

Staff knew how to communicate effectively with each person. Where people had limited speech, we observed staff using sign language, or listening carefully and understanding what the person was saying. A speech and language therapist told us, "I have been impressed with staff members' ability to support residents to make decisions regardless of their communication impairments".

At the last inspection we found that support plans had been reviewed and updated regularly. However, where changes had been made to the copy in the place where the person lived, the copy held in the agency office had not always been amended at the same time. Team leaders did not have access to computer equipment and this meant they had to visit one of the agency offices, either Plymouth or Exeter, to update

the office records. At this inspection we found that some team leaders still did not have access to computer equipment. However, the registered manager told us the computerised care planning system planned for the coming year care plans will be updated promptly when people's needs change. This will mean staff in all locations will have access to up to date care plans at all times. Team leaders and staff we spoke with assured us that any changes to the care plans were updated on the agency records promptly now. Changes to the management structure and recruitment of new team leaders meant there was more time for management tasks such as updating care plans to be completed.

People receive personalised care that was responsive to their needs. The registered manager told us in the Provider Information Return (PIR), "The people we support are involved where they can in helping to choose their support, taking into account any preferences on the types of individuals they would like supporting them, the gender of the individuals supporting them and this is also documented in their support plans". During this inspection we saw that this was being carried out. People had been involved in drawing up weekly planners showing the activities they wanted to do each day. People told us about clubs they regularly attended, day centres, courses and classes. For example, one person had been to art classes on the day of our inspection. The garden of one shared house had been landscaped to provide raised beds, accessible paths and a greenhouse and people told us how they enjoyed growing their own vegetables. People went on outings, holidays, walks and to shops and restaurants.

At the last inspection some people told us they did not have confidence that their complaints would be addressed satisfactorily. At this inspection we found the level of confidence in the complaints procedure had improved, although there were still some people who were not fully confident. Complaints and concerns passed to the service had been investigated fully and actions taken where necessary to address the issues. The people we visited, and those we asked to complete a questionnaire before this inspection, told us they knew how to make a complaint and who they would tell if they had any concerns. None of the people we spoke with had any complaints at the time of this inspection, but they were confident their concerns would be addressed if they had any.

People were supported to say how they wanted to be cared for and supported at the end of their lives. 'Last wishes' care plans were in place for those people who had agreed to discuss this. The plans were drawn up using simple text and symbols to help people understand and participate fully in the discussions. The registered manager told us, "We have last wishes paperwork that is completed with those who wish to talk about it. If they do not wish to talk about their last wishes, then this is also written into their care plan and revisited".

Good

Is the service well-led?

Our findings

The management of the service has improved and is now well-led.

At the last inspection this domain was rated as Requires Improvement because we found that, where people lived in shared accommodation, some aspects of the service were institutional. The provider had failed to fully promote people's independence. People's medicines and care plans were routinely held in the staff sleeping-in rooms, and people were not fully involved or consulted about the support they received. At this inspection we found progress had been made to promote people's independence and reduce the institutional aspects of the service. While we still found some instances where people's medicines, care plans and cash were held by the staff, we saw that staff were beginning to encourage greater independence. When people began using the service there was greater consultation with them about how and where their medicines, care plans and cash would be kept, and there was an expectation that this would now be in their own rooms unless the person did not want this. Care plans contained evidence that people had been consulted about where they wanted their medicines to be held, and some people had chosen to have their medicines moved to their rooms.

The registered manager told us they had recognised that some practices had not been questioned. This meant there was a risk that staff may not have the skills or understanding to give people sufficient support to gain independence. A training course had been developed called 'Back to Basics' and this was being rolled out to staff from December 2018. In addition, the team leaders we spoke with told us they were determined to change outdated practices by challenging and supporting staff to consider new ways of working. We heard examples of how this had successfully resulted in people gaining greater independence and learning new skills.

There was a registered manager in post. 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. People and staff we spoke with praised the registered manager and the management team and told us the level of support they received in the last year had improved. Records showed the level of supervision for staff had increased, and although they were unlikely to reach the provider's expectation of four supervisions per year, most staff were expected to receive two or three supervision sessions in the current year.

At the last inspection we found staff turnover had been high and the morale of some staff was low. At this inspection we found improvements had been made, staff turnover had reduced, and staff morale had improved. There was an additional member of the management team and some team leader posts which had previously been vacant for some time had been filled. This meant there was a clear management structure in place with sufficient management time allowed to carry out management tasks such as staff supervision and support.

Staff told us the level of the support they received had improved significantly in the last year. They had

regular team meetings and knew how to contact a member of the management team if they had any queries or needed support. There was a staff forum for staff to raise issues and concerns and seek solutions. Comments from staff included, "It's a very good scheme here. We are all on the same page", "It's good. I feel like I am supported. There is always someone there for advice on the phone", "I don't want to give my job up. It's lovely" and, "The bosses are hands-on. They really care. We are very well looked after". A member of staff told us they received regular emails and newsletters from their employer and was happy with the way they were kept in touch.

There were efficient systems in place to monitor the service and ensure all areas were running smoothly and safely. There were monthly audits carried out by team leaders, service managers and the registered manager covering all aspects of the service including medicine administration, care plans and daily reports. Records of financial transactions on behalf of people were also monitored closely to minimise the risk of financial abuse.

The provider had a range of systems in place to monitor the management of the service including annual surveys sent out to people using the service, community professionals, relatives and staff. There was a regional quality manager who had responsibility to monitor the quality of the service. They carried out unannounced visits to places where people lived to check on the quality of the service. Areas covered included staff training, supervision, rotas, staffing levels, and inclusion and involvement. They spoke with people using the service and staff, and observed staff supporting people. Where targets were not being met there were plans in place to show the actions needed. The registered manager attended regular 'driving up quality' meetings. The provider's quality monitoring systems showed that improvements had been made in most areas in the last year.

The service worked closely with other local agencies and professionals. The registered manager attended local networks and forums. Staff throughout the service liaised closely with local health and social care professionals to ensure people received the best possible care and support.

The provider and registered manager understood their responsibility to notify the Commission and other relevant organisations of any significant incidents or concerns. The registered manager has submitted notifications when incidents occurred and provided evidence to show where lessons were learned, actions taken and improvements were made to prevent recurrence.