Lifeways Community Care Limited

Lifeways Community Care

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

The inspection took place on 18 and 19 May 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Lifeways Community Care is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability and learning disability. On the day of the inspection, 45 people were receiving support. There was no registered manager in post, but the recently appointed area manager had applied to be registered. 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 told us they felt safe. We found from the care staff we spoke with that they knew how to keep people safe and where people were at risk what action they should take. The provider had an appropriate medicines procedure in place to ensure people received their medicines safely.

Care staff were able to receive support to ensure they had the skills and knowledge to meet people's needs. People were able to give their consent before they were supported. The provider ensured the requirements of the Mental Capacity Act (2005) were being adhered to so people's human rights were not being restricted unlawfully.

People's dignity, privacy and independence was respected. People's needs were assessed appropriately and a care plan was in place which people were involved in. People were also involved in the decisions that related to the support they received and where reviews were carried out people told us they were involved.

People were able to receive support that was not only responsive to their needs but people were able to make decisions on the service they received. The provider ensured there was a complaints process in place to enable people to share any concerns they had.

We found that care records had improved since our last inspection and the provider was implementing a new care management process.

The provider carried out quality assurance checks and audits to ensure the quality of the service people received.

The provider used questionnaires to gather people's views on the service they received.

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.

People felt safe within the service and around care staff.

There were sufficient staff to support people appropriately.

People were able to receive medicines as they needed.

Is the service effective?

Good

The service was effective.

Care staff were supported to ensure they had the skills and knowledge to meet people's needs.

The provider ensured the requirements of the Mental Capacity Act (2005) were being adhered to and people's consent was sought before they were supported.

People were able to get health care support as and when needed.

Is the service caring?

Good

The service was caring.

Care staff supported people in a friendly and caring manner.

People were able to make choices and share their views as to how they were supported.

People's independence, dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's support needs were assessed and care plans used to identify how people were supported.

People's preferences, likes and dislikes were an integral part of

how people's support needs were met.

The provider had a complaints process in place to enable people to share their views.

Is the service well-led?

Good

The service was well led.

People told us that the service was well led.

We found that care records had improved since our last inspection and the provider was still implementing a new care management process.

The provider had a quality assurance system in place to ensure the service people received was of a high quality.

Lifeways Community Care

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.

Our inspection took place on 18 and 19 May 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The Inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from a number of Local Authorities (LA). They have responsibility for funding and monitoring the quality of the service. We received information from one LA which we used as part of the inspection of this service.

We visited the provider's main office location. We spoke with five people who used the service, three relatives, five members of the care staff and the temporary area manager. A permanent area manager was recently appointed who was also present during the inspection and confirmed that they had applied to be the registered manager. We reviewed four care records for people that used the service, reviewed the records for six members of the care staff and records related to the management and quality of the service.

Good

Is the service safe?

Our findings

A person said, "I always feel safe with the staff", while another person said, "I am absolutely safe". Relatives we spoke with confirmed what people told us, with one relative saying, "I am happy with [person's name] safety". Care staff we spoke with were able to explain the actions they would take if they felt someone was at risk of being abused. One member of the care staff said, "I have had training in safeguarding and if I saw someone being abused I would step in to stop it and report it to my manager". We were able to confirm that care staff received training in how to keep people safe and used the policy to raise concerns. The provider had a safeguarding policy in place to ensure if people were at risk of abuse that care staff knew the appropriate action to take.

The provider carried out risk assessments to ensure where people were at risk that the appropriate actions would be taken to reduce any potential risk. Care staff we spoke with were able to confirm that risk assessments were in place and how they were used within the service. Care staff told us they read the risk assessments before supporting people so they would know how to support people safely. We saw that the provider used risk assessments to identify risks in how people received support and the environment in which support was given. For example, risk assessments were carried out during manual handling tasks, for the prompting or administering of medicines and where people lived. We found where people were at risk of choking that the appropriate guidance was being used to identify to care staff a safe way to support the person to eat and reduce the risk of them choking.

We found that the support people received was over a 24 hour period and staff were also required to stay with people throughout the night. People we spoke with told us that there was enough care staff to support them. One person said, "There is enough staff to support me when I need it". Where people were more independent and did not need support over a 24 hour period we saw that there were enough staff to support them. Another person said, "Staff are on time when I need to go out". Care staff we spoke with told us there was enough care staff where they worked. One care staff member said, "We didn't always have enough staff but there is enough now since they recruited more staff".

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. The provider told us the process they went through as part of how they recruited care staff. We found that the provider had systems in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff and proof of their identification was part of the recruitment process.

We received information from a local authority about a safeguarding investigation that was carried out into medicines that were not managed appropriately. While the investigation was partially upheld the appropriate actions were taken by the provider to prevent the situation happening again.

A person said, "I am happy with staff reminding me to take my medicines", another person said, "I take my own medicines, staff only need to remind me". A relative said, "Everything is absolutely fine with how staff handle [person's name] medicines". Care staff we spoke with told us they had to be trained in medicines before they could start to support people. One member of the care staff said, "I have had medicines training", while another member of the care staff said, "When I started I was unable to support people's medicines until I had undergone training in medicines". We were able to confirm this from the training records. The provider had a system in place to check that staff were competent to support people with their medicines and care staff we spoke with confirmed this.

A person said, "I am able to get pain relief". We found that where people were prescribed medicines to be taken 'as and when required' that the provider had appropriate guidance in place to ensure the way people were supported was consistent and safe. We found that the provider had a medicine procedure in place to give care staff the guidance they would need and a Medicine Administration Record (MAR) was being used to show when people were administered or supported with their medicines. Care staff we spoke with knew what support people needed with their medicines and used the policies where they needed further guidance or clarity.

Good

Is the service effective?

Our findings

A person said, "Staff are skilful and know how to support me" and another person said, "I don't need much support but when I do staff know how to support me". A relative we spoke with said, "Staff are skilful and knowledgeable about how to support my daughter". Staff we spoke with told us that they were able to get the support they needed. We found that care staff were able to get support by way of attending staff meeting where they were able to discuss work issues and also able to get regular supervision and annual appraisals to discuss their development. One member of the care staff said, "I do feel supported, even though I haven't had supervision for some time".

A member of the care staff we spoke with said, "I am able to attend training". We found that care staff were able to take part in a range of training as part of a mandatory program of courses. They were also able to develop their skills and knowledge by having access to courses based around people's needs. For example, in epilepsy or autism and people at risk of choking. A member of the care staff told us they were better equipped to support people.

A recently appointed member of the care staff said, "I am currently going through my induction which consisted of me shadowing staff and completing my care certificate". The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

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.

We found that the provider was working within the principles of the MCA and Deprivation of Liberty Safeguards (DoLS). Where people were assessed as being at risk of having their liberty restricted, we saw that the appropriate authorisation was being sought through the Court of Protection. People told us staff asked for their consent before providing support. One person said, "Staff do ask me if it's okay to help me". We found that care staff were able to receive training in the MCA and DoLS. Care staff we spoke with confirmed they had received training and were able to explain the purpose of the MCA and DOLS. While the odd member of the care staff struggled to explain the meaning, we found that where an authorisation had been sought care staff were aware and could tell us the reason for the authorisation being requested. Where people lacked the capacity to give verbal consent care staff were able to explain how people's consent was sought by way of their knowledge about people's preferences, use of gestures and visual displays.

A person said, "I don't need support from staff to eat, but staff do help me to shop and cook my meals". A relative we spoke with confirmed that their relative was fairly independent but only needed support to shop and prepare their meals. Care staff we spoke with were able to explain that they supported people with their

meal preparation and suggested healthy food options to people.

A person said, "Staff do support me to get to my doctor". A relative said, "I can rely on the staff to ensure that when [person's name] needs access to health care that they get it". Care staff we spoke with told us that people were supported to attend health care appointments to their doctor, optician or the dentist. We saw that people were supported to attend wellbeing checks on an annual basis to ensure their health was monitored appropriately. We found that people's care notes identified these appointments and visits to health care professionals.

Good

Is the service caring?

Our findings

A person said, "Staff are very kind and friendly, you can have a laugh and joke", another person said, "I do love all the staff they [care staff] are kind and caring". A relative said, "Staff are very friendly, welcoming, very nice and supportive", while another relative said, "Staff are caring and kind".

Care staff told us that they had a good relationship with people. They told us that people were very independent in how they lived their lives and that they only supported people when they asked them for support. People were encouraged to do as much as they could for themselves. For example, staff would support people to cook their meals but people would be encouraged to take part by peeling vegetables. Relatives we spoke with confirmed this with us and went on to highlight how people's independence was promoted and how care staff supported them. One relative said, "She [their daughter] is able to live independently".

A person said, "Staff do listen to what I say". A relative told us that, "[Person's name] is listened to and he is able to share his view", another relative told us that people were able to take part in house meetings (tenants meetings) where they were able to discuss changes to the menu amongst other things. We found that where people lived in a supported living complex that they were able to have regular tenant meetings. Care staff we spoke with were able to explain how people were involved in the support they received. One care member of staff said, "Tenants meetings take place so people are able to share their views on the service and make decisions on how care is delivered". We saw meeting minutes showing the content of the discussion and how people were able to influence the service they received. A person told us they were able to decide when they went out, where they went and care staff supported.

The provider ensured where people needed someone to advocate for them that an advocacy service was made available. People were able to access the service when needed.

We found that the provider made available information in a range of formats as a way of promoting and increasing communication to people. This ensured that people were able to make decision through having the appropriate information to do so.

People we spoke with told us that their dignity and privacy was respected. A person said, "Staff always knock my door", another person said, "Staff don't need to wash me I can do that myself, but I can't do my back and staff will help me when I call them". All relatives we spoke with told us that people's dignity and privacy was respected. Care staff we spoke with were able to explain how they supported people and respected their dignity. One member of the care staff said, "I always knock before entering people's room and I make sure the door is closed when people are washing". We found that care staff had a good understanding of how people's independence, dignity and privacy should be promoted and respected.

Good

Is the service responsive?

Our findings

A person said, "I was involved in my assessment and my care plan and staff review my support with me". A relative said, "I was involved in the assessment and care planning process and I do attend reviews". Care staff we spoke with told us that assessment and care plans were in place and reviews happened as and when people's support needs changed or every 12 months. We found that assessment and care plan documentations were being used to identify people's assessed needs and how their support needs would be met. Care staff we spoke with knew people's support needs and people we spoke with told us that their needs were met the way they wanted.

People who lived in a supported living complex told us that they were able to take part in the activities they wanted and their likes and dislikes were known to staff. We found that where people were able to live their lives independently they were able to go out independently and socialise as they wanted. A person said, "I go out with my boyfriend to a disco every week". We found that where appropriate people's preferences, likes and dislike were noted on their care records and care staff we spoke with were able to explain how people were supported to take part in the things they wanted to.

A person said, "I do know how to complain. When I have [complained] staff do deal with it", another person said, "I would know how to complain but I have never had to". A relative said, "I do know who to complain to but I have never had to". Care staff we spoke with were able to explain the action they would take where they had a complaint to deal with. A member of the care staff said, "I would log the complaint and pass it onto my manager to deal with". Another member of the care staff said, "If the complaint was about something I could deal with I would do so, otherwise I would pass it onto my manager". We found that the provider had a compliment and complaints process in place which was also available in more than one format to enable good communication, so people understood how they could complain. Where a complaint was received there was a process to log complaints and show when they were actioned and the outcome. The provider was able to monitor any trends resulting from complaints received to improve the quality of the service.

Good

Is the service well-led?

Our findings

At the last inspection we were told that the provider was implementing a new care management system. This system would change the paperwork they used to assess and identify people's support needs and how they would then support people. We found that the implementation process was taking place and the care management system had improved. While records identified how people were to be supported, we found that there was still some duplication of documentation and inconsistency in paperwork. We discussed this with area manager who told us that they were part way through a transitional process. Once this was done they would be in a better position to identify where there were still areas for improvement and take the appropriate action.

We found that the provider had appointed a new area manager who had applied to be the registered manager. A person said, "I do know who the registered manager is". A relative told us that they did receive a letter from the office explaining that the registered manager had left. We found that while some people were still unclear as to the management of the service there had been a marked improvement as people and relatives were aware of the change of registered manager.

A person said, "The service is well led". A relative said, "The service is a well led service. I am happy with how [person's name] is supported". A member of the care staff we spoke with told us the service was well led and they enjoyed supporting people. We saw that the environment within the office amongst care staff and the office staff was professional. Care staff told us they were able to visit the office when they needed to and they were always made to feel welcome. We found that the provider promoted the service in their monthly magazine that was available to people, relatives and staff who were connected to the organisation as a way of keeping them up to date and informed events going on within the service.

We found that spot checks were taking place to monitor the service people received. A care staff member said, "Spot checks do take place". We found that quality assurance audits were taking place across the service. The provider had introduced a new quality assurance system which enabled the area manager to keep a regular check on the quality of the service people received and to ensure that key targets were being met. These targets were then reported to the senior manager on a regular basis as a way of them knowing how the service was performing and being able to measure the quality of the service people received. This system had recently identified areas of concerns with how the service was being managed which led to changes in the management of the service.

The provider used questionnaires to gather people's views on the service they received. People we spoke with told us they had received a questionnaire to complete and care staff supported them to complete them. We found not all relatives we spoke with told us they received a questionnaire, but they knew who they could speak with if they had concern and told us they were happy to do so. A relative said, "I have not had a questionnaire". Care staff we spoke with told us they had not had a questionnaire to complete. The area manager told us people were given questionnaires which we saw evidence of and staff questionnaires were about to be sent out. They would investigate why some relatives were not receiving a questionnaire.

We found that the provider had a whistleblowing policy in place. Care staff we spoke with were aware of the policy and knew its purpose in enabling them to raise concerns anonymously where people were at risk of harm. We saw in the provider's monthly magazine a section dedicated to the whistleblowing policy and reminding staff of its purpose.

We found that the provider had an out of hour's system in place that care staff could use for support when working over a bank holiday, weekends or on evenings where an emergency may occur. Care staff we spoke with knew about the out of hour's service and how they could contact senior staff during an emergency.

We found that the provider had an accident and incident procedure in place to support care staff when dealing with these situations. Care staff were able to explain how they would handle accidents/incidents and confirmed they would complete the appropriate incident logs. We saw evidence that accidents and incidents were being recorded so any trends could be monitored to reduce the amount of accidents.

The area manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

Before the inspection, we asked the provider to complete a provider Information Return (PIR). Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We saw that the provider had their last inspection rating displayed on their website as is required.