Lifeways Community Care Limited

Sixth Avenue

Inspection report

53 Sixth Avenue
Blyth
Northumberland
NE24 2ST

Date of inspection visit:
20 July 2017

Date of publication:
04 September 2017

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 an unannounced inspection carried out on 20 July 2017.

This was the first inspection of 53, Sixth Avenue since it was registered with the Care Quality Commission. The premises had previously been owned by another provider.

53, Sixth Avenue is registered to provide accommodation and personal care to a maximum of four people who have learning and/or physical disabilities. At the time of inspection three people were using the service. Nursing care is not provided.

A registered manager was in place. 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.

This inspection was brought forward and carried out following an unexpected death of someone who had used the service that was subject to an initial investigation by the local safeguarding authority and police. The police have determined that no further action is necessary. During this inspection no specific risks were identified and having reviewed the information we hold are taking no further action with regards to this incident.

Due to their health conditions and complex needs not all people were able to share their views about the service they received. Those that could speak with us told us that care was provided with kindness. Staff knew the people they were supporting well and we observed that care was provided with patience and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Risks to people's well-being were assessed and kept under regular review.

There were sufficient staff to provide safe and individual care to people. Staffing arrangements were flexible to make sure there were staff rostered to accompany people to any leisure events or health care appointments. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff received opportunities for training to meet peoples' care needs and in a safe way. A system was in place for staff to receive supervision and appraisal. The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves.

People were involved in decisions about their care. They 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 provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community. Staff had developed good relationships with people, were caring in their approach and treated people with respect. People and relatives were positive about the care provided.

People had access to health care professionals to make sure they received care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed. People received their medicines in a safe and timely way. People received a varied diet and had food and drink to meet their needs.

Staff said the registered manager was approachable. Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service. The provider continuously sought to make improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service.

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.

Sufficient staff were available to support people in a person centred way. People received their medicines in a safe way.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Appropriate checks were carried out before staff began work with people. Regular checks were carried out to ensure the building was safe and fit for purpose.

Is the service effective?

Good

The service was effective.

People's rights were protected because there was evidence of best interest decision making, when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People received a varied diet. They were supported to eat and drink according to their plan of care.

People received appropriate health and social care as other professionals were involved to assist staff to make sure people's care and treatment needs were met.

Is the service caring?

Good

The service was caring.

People were encouraged and supported to be involved in daily decision making. Staff were caring and respectful. Staff were observed to be humorous, caring and patient.

Staff were aware of people's backgrounds and personalities. This helped staff provide individualised care to the person. Good relationships existed and staff met people's needs in a sensitive way that respected people's privacy and dignity.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if the person had no family involvement.

Is the service responsive?

Good

The service was responsive.

There was a good standard of record keeping to help ensure people's needs were met.

People were provided with activities and were supported to be part of the community whatever their level of need.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Sixth Avenue

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 checked 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 inspection took place on 20 July 2017 and was unannounced.

It was carried out by a social care inspector.

The inspection was brought forward and carried out due to concerns about risk within the service.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with two people who lived at Sixth Avenue, the registered manager, one team leader and a support worker. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for four staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

Some people who lived at the home had complex needs which meant they did not express their views about the service. Other people told us they felt safe with the support and care provided by staff. One person commented, "I'm safe here and well-looked after by staff." During the time we spent with people we saw they appeared comfortable with staff.

Staff spoken with and training records looked at confirmed safeguarding training took place. The registered manager told us all the staff team were to receive local authority safeguarding training to make them aware of the alerter and multi-agency procedures when an alert was raised. Staff were aware of the procedures they would follow should they suspect abuse. They expressed confidence to us that the registered manager would respond to and address any concerns appropriately. There were also procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team.

There were sufficient numbers of staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. There were three staff on duty during the day. These numbers included two support workers and the registered manager. A senior support worker deputised for the registered manager, when they were not on duty. Overnight staffing levels included one person who slept on the premises and one waking night staff member.

Risk assessments were in place that were reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for epilepsy, pressure area care, distressed behaviours, moving and assisting and falls. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. Staff we spoke with were able to explain how they would help support individual people in a safe manner.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. A monthly risk monitoring report was completed by staff at the home to highlight any areas of risk. It included areas of care such as pressure areas, serious change in health status, weight loss and infection control.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. A regular system of review was not in place for all people to ensure the record was up to date and accurately reflected people's support needs if they needed to be moved from the building in an emergency. This was for if the building needed to be evacuated in an emergency. The registered manager told us that this would be addressed so monthly evaluations were carried out.

Care plans for distressed behaviours were in place and they provided guidance for staff about the actions

that should be taken when the person became agitated and distressed. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the behavioural team. Written information was available that included what might trigger the distressed behaviour and the staff interventions required.

A system was in place for people to receive their medicines in a safe way. Medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Records of other checks were available and up to date. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The building was leased from a housing association and they were responsible for the maintenance and upkeep of the building. The registered manager ensured routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required to be carried out by the housing association.

Good

Is the service effective?

Our findings

Staff were positive about the opportunities for training and this was confirmed by the records we examined. Staff received face to face and on-line training. One staff member told us, "I'm studying for a National Vocational Qualification (NVQ) at level four. It has got mental health in it, that I'm really interested in."

Staff were trained in a way to help them meet people's needs effectively. New staff had undergone an induction programme when they started work with the service and they had the opportunity to shadow a more experienced member of staff. They were then enrolled onto training towards a national care qualification. This ensured they had the basic knowledge needed to begin work. The team leader told us, "Two new staff are doing the Care Certificate." All staff attended key training at clearly defined intervals. Topics covered included health and safety related topics and training to give them insight into any specialist needs of people. Staff had also received positive behaviour support training. One staff member told us, "The PBS training course was very positive." Staff told us management courses were provided to staff that had managerial responsibilities.

Staff were able to describe their role and responsibilities clearly. They told us they were supported in their role. They received regular supervision from the registered manager every three months. One senior staff member told us, "I'm just starting to do supervisions with staff, so I'm sitting in with the registered manager to learn about them." Staff also received an annual appraisal to evaluate their work performance and to jointly identify any personal development and training needs. One staff member told us, "Appraisals took place in February."

People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. The team leader told us a written handover record had been recently been introduced as a prompt that provided information about people. It was also to improve communication. We advised it could also include information about people's mood and well-being. The team leader said that this would be addressed. The communication book, as well as the daily care entries in people's individual records were also used. This was so staff were aware of risks and the current state of health and well-being of people. Staff told us communication was effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that two people were currently subject to such restrictions.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. They had received training about MCA and DoLS. Records contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. The registered manager told us mental capacity assessments were being carried out with people with regard to managing their personal finances. A new scheme was being introduced by the local authority whereby people received a pre-payment cash card and they'd be able to manage their account on line and view what they had in the local authority bank.

Peoples' care records showed when 'best interest' decisions may need to be made and care plans detailed the support required. For example, one care plan stated, 'I need full support with most aspects of my decision making.' Staff were aware of the need to gain people's consent and explained they would respect people's wishes where they declined support. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

People were supported to maintain their healthcare needs and access community health services such as GPs and dentists. People's care records showed they had input from other health professionals such as occupational therapists and a speech and language team (SALT). Care plans reflected the advice and guidance provided by external professionals. The registered manager told us, "[Name] was assessed by the occupational therapist and they received stronger boots and a calliper and they are walking much better now."

People were encouraged to make choices about their food. They were supported by staff to plan the menu. The tea time meal on the day of inspection was well presented and looked appetising.

Staff kept people's nutritional well-being under review and recorded their weight each month and took action as required if a problem was identified. Food and fluid monitoring forms were used. We discussed the purpose of the form whether it was to log people's daily nutritional intake as a food diary or whether it was to monitor where a person was at risk of weight loss. The daily 'food and fluid' charts did not balance the amount of drink a person was taking each day. The team leader told us that this would be addressed. Currently there was no one at risk of weight loss.

People's care records included nutrition care plans. For example, one plan stated, 'During mealtimes staff are to ensure the television is turned off so it is less distracting for me when eating.' Some people had specialist needs regarding how they received their nutrition and staff received guidance and support to ensure these needs were met. For example, a speech and language therapist had become involved for a person.

Sixth Avenue was a bungalow with modern furnishings and decoration. The design and facilities in the home met the needs of the people who lived there. Each person had a large single bedroom which they could also use for hobbies or spending time in private. Bedrooms were personalised and well-furnished and decorated according to the person's taste. They reflected the interests of the individual.

Good

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and vibrant atmosphere in the service. People moved around the home as they wanted. Staff interacted well with people, sitting with them and spending time with them. Staff worked with people and supported them in activities within the household. For example, one person made a chocolate cake with the help of staff.

People were supported by staff who were kind, caring and respectful. They appeared comfortable with the staff who supported them. Good relationships were apparent and people were very relaxed. Staff modified their tone and volume to meet the needs of individuals. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging. Staff asked the person's permission before they carried out any intervention. For example, as they offered people drinks or assisted them to move. Staff explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. An equality and diversity file had been created by the registered manager that provided a reference guide for staff. Not all of the people were able to fully express their views verbally. Guidance was available in people' care plans which documented how people communicated. For example, one plan stated, 'Staff to be aware of my communication methods using my communication passport.' Staff told us they also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain. Information was therefore available to inform staff what the person was communicating. Another care plan recorded, 'I am able to express pleasure and displeasure.'

People were encouraged to be as involved as possible in making their own choices. Care plans included details about peoples' choices. For example, one care plan recorded, 'I am able to make some decisions in my day to day life such as when I want to get up and participation in activities.' Staff were aware that some people found it difficult to cope with too many choices. Staff used their knowledge of people's preferences to offer them a small number of options at a time. Staff used pictures and signs to help some people make choices and express their views. Information was available in this format to help the person make choices with regard to activities, outings and food. This encouraged the person to maintain some involvement and control in their care. One person told us, "My wardrobe has been altered and the rail lowers so I can get out my own clothes and put them away." People were also encouraged to choose and make their own purchases when out of the home such as clothes, snacks and drinks.

People were supported to be involved in contributing to household decisions. They were involved in choosing menus and grocery shopping. People were asked at their regular house meetings if there were any dishes they would like to add to the menu. Some people were involved in preparing meals with the support and supervision of staff. Some people told us they could choose to spend time in their bedroom and could get up and go to bed when they wanted.

People's privacy and dignity was respected. Staff knocked on the door as they entered people's bedrooms. They could give us examples of how they respected people's dignity. Staff told us they respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Care records also showed people's privacy and dignity were respected. An example in a care plan stated, 'When staff open my correspondence and it contains personal information staff need to ensure there is no one in the immediate area to hear, when it is read to me.' Records were held securely and policies were available for staff to make them aware of the need to handle information confidentially.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

A recent unexpected death had occurred at the home and people and staff said morale was low as they were missing the person. They said the home was quieter at certain times of the day due to the person not being there. We were told people and staff had the opportunity to attend the funeral. Bereavement counselling had also been organised. The team leader told us, "Staff at headquarters have been very supportive and came to see us."

Good

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

People were encouraged and supported to engage with a variety of activities and to be part of the local community. They were also supported to go on holiday. One person told us, "I like living at the coast." Records and photographs showed there were a wide range of activities and entertainment available for people. For example, shopping, walking, music therapy, karaoke, meals out, swimming, snoezellen (relaxation therapy), zumba, (exercise to music), cinema, concerts, baking and arts and crafts. The team leader and registered manager were enthusiastic and had ideas for outings and knowledge of the surrounding area. They were aware of events taking place that people may want to visit. For example, Sunderland Air Show, concerts and festivals. People had visited Christmas markets at Alnwick and Beamish. We were told some staff members and a person who used the service were taking part in a charity fund raising 'zipwire' event across the River Tyne in the Autumn. Care records showed people were supported with a range of activities. Examples, included, 'I have weekly aromatherapy where I enjoy interaction with the aroma therapist', 'I like going to Morrison's for coffee and cake after helping with the shopping', 'I enjoy music concerts and swimming' and 'I like listening to heavy rock music at the Arena.'

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Care plans provided instructions to staff to help support people to learn new skills and become more independent in aspects of daily living whatever their needs were. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs. One staff member told us, [Name] has an Ipad to load apps to help with their literacy." We observed a person who had been assessed as requiring full assistance with eating was being supported to become more independent and helping to eat food themselves.

Staff responded to people's changing needs and arranged care in line with people's current needs and choices. Records showed regular meetings took place with people. Monthly meetings took place with all people to discuss menus and activities. Individual monthly meetings took place to review their care and support needs and aspirations for the following month. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans. We advised the registered manager that people's risk assessments and care plans should be evaluated monthly rather than the three monthly time scale that was taking place. This was necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences. The registered manager told us that this

would be addressed. People had keyworkers (a named staff member) who was responsible for aspects of record keeping.

Other information was available in people's care records that was personal to the individual. Records contained information about people's likes, dislikes and preferred routines. For example, 'I watch 'soaps' and then go to bed but if I've had a nap in the afternoon I'll stay up,' 'I like music and singing', 'Do not leave me for long periods by myself' and 'I'll say when I've had enough. I'll say if I want to continue.'

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends.

A copy of the complaints procedure was displayed. A record of complaints was maintained. No complaints had been received since the last inspection. Several compliments had been received complimenting staff on the care and support provided.

Good

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in January 2017. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager and senior support worker assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and senior support worker were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The registered manager was introducing more person centred care to people. They were promoting an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making. There was evidence from observation and talking to staff that people were being encouraged to retain control in their life and be more involved in daily decision making.

The registered manager had introduced changes to the service to help its smooth running and to help ensure it was well-led for the benefit of people. They responded quickly to address any concerns and readily accepted any advice and guidance. They told us they had strengthened the management team with the appointment of two team leaders who were responsible for the day to day running of the home when the registered manager was not available.

The atmosphere in the home was relaxed and friendly. The registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff were positive about their management and had respect for them. Staff said they were well-supported. They told us the service was well led. They said they could speak to the registered manager, or would speak to a senior member of staff if they had any issues or concerns. They told us the registered manager was creating a staff team and morale had improved amongst staff. One staff member told us, "The staff team have been fabulous, they have all pulled together."

Staff told us staff meetings took place four weekly and minutes of meetings were available for staff who were unable to attend. Staff meeting minutes showed topics discussed included training, quality assurance, health and safety, staff performance, complaints and incident reporting. Staff meetings kept staff updated with any changes in the service and to discuss any issues. Staff meetings also discussed any incidents that may have taken place. The registered manager told us if an incident occurred it was discussed at a staff meeting. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, catering, health and safety, medicines, finances, safeguarding, falls, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

A recent audit had been carried out by the provider's quality focus group which was responsible for 'driving quality' in the organisation. It focused on the 'key lines of enquiry' used by CQC when inspecting. The latest result of the audit from February 2017 showed the home had achieved 85%. The audit was carried out to monitor the safety and quality of the service provided. Monthly visits were carried out by a representative from head office who would spend time with people and speak to staff regarding the standards in the home. They audited a sample of records, such as care records and the manager's audits to check follow up action had been taken by staff. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were to be sent out to relatives and people who used the service. The service was newly registered so surveys had not been sent out at the time of inspection. Compliments received by the service included about the care provided, changes to the environment, the professionalism of staff and their friendliness.