Lifeways Community Care Limited

Lifeways Community Care Limited (Bolton)

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

Overall summary

The inspection took place on 05 August 2015. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would available on the day.

Lifeways is a national supported living scheme. Lifeways (Bolton) provides support for people living in the community in group home settings and caters for people with a diverse range of needs, such as learning

Summary of findings

disabilities, autism and acquired brain injuries. The office is located in Bolton but was previously registered in a location in Chorley. This was the first inspection of the service at this location.

The service had a registered manager 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.

People we spoke with who used the service, and their relatives, told us they felt safe. If anyone did not feel safe this was addressed immediately by the service. Every effort was made to ensure compatibility when placing people in supported living placements.

We saw there were sufficient staff to attend to people's needs and staffing levels were arranged according to the individual needs of the people who used the service. Staff were recruited safely, with all the correct checks in place.

Safeguarding issues were addressed appropriately and in a timely manner. We saw that the service had attended and contributed to strategy meetings where appropriate and had accurately documented issues and outcomes. Personal risk assessments were thorough and were in place within the service. Health and safety processes were followed and equipment and premises were checked and maintained by the service.

There was an up to date and appropriate medication policy. Medicines were given safely by trained staff. Regular medicine audits were undertaken by the service.

Staff were given a thorough induction within the service, which was tailored to their particular requirements. Training was on-going throughout their employment and supervisions and appraisals were undertaken on a regular basis.

Care plans were complete and up to date and there was evidence that other professionals and agencies were consulted when required. Consent was sought from people who used the service, if they had capacity. The service worked within the requirements of the Mental Capacity Act (2005) (MCA).

All the people who used the service, relatives and professionals we spoke with told us the staff were kind and caring. We saw that people's dignity and privacy were respected by staff.

There was evidence within the care plans that people who used the service were fully involved with their own service provision. People were encouraged to be as independent as possible and were supported to do as much as possible for themselves.

Staff advocated for people who used the service in forums such as multi-agency meetings. Information was produced in easy read format to be as inclusive as possible.

Care plans were person centred and individualised and outlined people's preferences, likes and dislikes. These plans were reviewed on a regular basis to ensure all information was up to date. We saw evidence that staff endeavoured to give people choice in what they did.

There were regular service user group meetings and tenants meetings. These gave people who used the service the opportunity to raise any concerns or make suggestions to improve the service. Regular satisfaction questionnaires were also sent out to people who used the service and their relatives to ascertain their level of satisfaction with the service.

There was an up to date complaints policy and complaints were taken seriously and addressed appropriately by the service.

People we spoke with all told us the management were approachable, helpful and supportive. There was always a member of the management team who was contactable for help and support.

A number of audits were carried out at the service. The results of these were analysed to identify any patterns or trends and used to inform continual improvement to service delivery.

Staff meetings were held regularly, giving a forum for staff to discuss work issues and put forward suggestions. The service attended and contributed to a number of multi-agency meetings to help ensure continuing good working relationships with other agencies and professionals.

Summary of findings

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 we spoke with who used the service, and their relatives, told us they felt safe. If anyone did not feel safe this was addressed immediately.

There were sufficient staff to attend to people's needs and they were recruited safely.

Safeguarding issues were addressed appropriately and in a timely manner and risk assessments were in place. There was an up to date and comprehensive medicines policy and medicines were given safely.

Is the service effective?

Good

The service was effective. Staff were given a thorough induction and were able to demonstrate an understanding of their role and responsibilities. Training for staff was on-going and supervisions and appraisals were undertaken regularly.

Care plans were thorough and the service linked with other professionals and agencies when relevant.

Staff used various methods in order to communicate with people who used the service. Consent was sought appropriately and the service worked with the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring. All the people we spoke with who used the service, relatives and professionals told us the staff were caring and kind. People's dignity and privacy was respected by staff.

People who used the service were fully involved with their care provision and were encouraged to be as independent as possible. Staff advocated for people who used the service when required.

Information such as the service user guide were produced in easy read format to allow as many people who used the service as possible to access the information.

Is the service responsive?

Good

The service was responsive. People's care plans were person centred and individualised, outlining their preferences, likes and dislikes. These were regularly reviewed. Staff endeavoured to give people choices.

There were service user groups and tenants meetings which gave people the chance to make suggestions and raise any concerns. Satisfaction questionnaires were regularly sent to people who used the service and their relatives to ascertain their levels of satisfaction with the service.

There was an up to date complaints policy and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well-led. People we spoke with, including those who used the service, their relatives, and staff told us the management were supportive and approachable.

Summary of findings

There were a number of audits undertaken, results of which were analysed in order to help ensure continual improvement of service delivery. Surveys completed by people who used the service, relatives and staff helped inform change.

Regular staff meetings were held and the service attended and contributed to a number of multi-agency meetings to help ensure good partnership working.

Lifeways Community Care Limited (Bolton)

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.

The inspection took place on 05 August 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would be in.

The inspection was carried out by a Care Quality Commission adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had not sent out a Provider Information Return (PIR) prior to the inspection. 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. We gathered this information on the day of the inspection. We also reviewed information we held about the service in the form of notifications received from the service.

Before our inspection we contacted six health and social care professionals who work with the service to provide care and support. This was to ascertain their experience of the care offered by the service.

We spoke with the registered manager and four staff members. We visited two of the supported living properties and spoke with four people who used the service at these properties as well as four members of staff. We also spoke with four people who used the service and six relatives by telephone We looked at records held by the service, including five care files, five staff personnel files, meeting minutes, supervision notes and other records.

Good

Is the service safe?

Our findings

Seven people who used the service that we spoke with said they felt safe. However, one person told us, "[Another service user]' keeps attacking me when she's in a bad mood but I'm moving into my new flat which staff helped me choose. I'd tell Police if I was unsafe". Two of the six relatives we telephoned expressed similar views. One said, "[My relative] was unsafe at the previous address but since he's moved it's fantastic". The other four relatives were very satisfied with their loved ones' living arrangements.

We spoke with the registered manager at length about this and were reassured that every effort was made by the service to ensure people's compatibility with each other and staff members. We saw evidence of compatibility assessments having been carried out. There were records of initial enquiries and assessments, housing needs assessments, service transition plans and reviews. The reviews were undertaken after six weeks, three months and six months to ensure continued compatibility and to address any issues or concerns which may have arisen.

We obtained thorough explanations regarding the individuals who had expressed some concerns. The registered manager told us that difficulties sometimes occurred due to the complex nature of the health issues which some of the people who used the service were living with. Some of these past issues had been referred to the local authority safeguarding team and had been followed up by the service in a timely and appropriate way. We saw evidence of this in the safeguarding log kept at the service.

We looked at staff rotas, but each individual who used the service had different support needs and hours of support. We spoke with people who used the service who told us they had sufficient support. One relative said they were concerned about the staff turnover, but the other five we spoke with were happy with the staffing arrangements. We asked staff if there were enough workers to support the people who used the service. They told us there were occasional difficulties due to holidays and sickness but in the main there were enough staff to support people safely. Staff told us there was always an emergency on call number to ring for support when they needed it.

The service had appropriate up to date policies in place around safeguarding, including safeguarding children, safeguarding vulnerable adults, whistle blowing and supporting people to manage financial affairs. The safeguarding adults policy included descriptions of the types of abuse, prevention measures, key roles and responsibilities and reporting mechanisms. There was a flow chart included for staff to follow easily.

We saw that staff had undertaken safeguarding training and we spoke with three members of care staff. They were able to explain the details of safeguarding issues and how they would report any concerns. Staff were aware of the whistle blowing policy and told us there was a whistle blowing hotline they could use if they wished to speak confidentially. Staff we spoke with said they would not hesitate to report any concerns to their line manager immediately. There was a staff handbook issued to all staff which included information and guidance about safeguarding.

We looked at the service's safeguarding log and saw that safeguarding issues were recorded fully, with dates and times. They were then followed up appropriately in line with the policies and procedures. There was evidence that the service had attended and contributed to safeguarding strategy meetings where appropriate, had reported concerns promptly to the correct authorities and followed their own disciplinary processes when required. Outcomes were recorded as soon as they were identified. One of the health and social care professionals we spoke with commented, "I have found management to be quick to respond to any complaints or safeguarding issues and to keep our service well informed of any investigations and outcomes".

There was an appropriate recruitment policy in place, which included guidance on pre-employment checks. There was also guidance on how to include people who used the service in the recruitment process and this was produced in easy read format for those who required it. We looked at five staff personnel files. These included application forms, interview paperwork, 'right to work' information, photo identification and references. All staff had undergone Criminal Records Board (CRB) or Disclosure and Barring Service (DBS) checks to ensure people were suitable to work with vulnerable people.

We looked at five care files for people who used the service. Risk assessments were included in the files where required, for areas such as falls, nutrition and moving and handling. Accidents and incidents were recorded and actions taken when required. Policies were in place around issues such

Good

Is the service safe?

as food safety, safe bathing and surface temperatures and equipment. These helped ensure people were kept safe. A health and social care professional we spoke with gave an example of good risk assessment by the service. They told us that both management and staff worked extremely hard with an individual who had to leave their previous home due to the increasing risk posed by the stairs at the house, which was compounded by the person's behaviour which challenged the service. The professional told us, "This has required them [the service] to develop and maintain a good working relationship with the individual's family members who were very unhappy about him having to leave his former home". The outcome of the move had been positive for all involved.

The service had up to date policies in place around health and safety including environmental management, fire safety, fire risk assessment, first aids needs guidance, gas safety and office safety. There were also infection control policies, Control of Substances Hazardous to Health (COSHH), accident and incident reporting.

There was an up to date policy on management of medication, which included administering, storage, disposal, controlled drugs, homely remedies and as and when required medicines (PRN). The policy had references to relevant legislation such as Mental Capacity Act (2005) (MCA), Data Protection and Human Rights Act. Records showed that staff had undertaken training in medication administration and competence was checked regularly. Staff we spoke with were clear about the process to follow in the event of a medicines error. Any errors were investigated and followed up with appropriate actions, such as re-training or disciplinary measures.

Good

Is the service effective?

Our findings

We asked health and social care professionals about their experiences of the service. One person told us about a particular property where the team leader had been proactive in alerting managers and commissioners about vacancies. This was particularly relevant where the vacancies could be used by people whose behaviours were known to provide a challenge to services elsewhere. The professional told us, "This has resulted in a very positive move recently for an individual who right up until the move was involved in frequent behavioural episodes but who has settled well with the support of a team who benefit from consistent approaches and strong management".

Staff induction was individually tailored and if new starters had no background in care the induction was more thorough and included some mandatory training, reading of policies and shadowing experienced members of staff prior to commencing work. Staff with prior experience of care may have a different level of induction. Initial training included safeguarding, medication, health and safety and emergency first aid. Staff were subject to a six month probationary period to ensure they were competent and regular competence checks were made in areas such as medication to ensure their skills were appropriate. The service had a code of conduct which all staff members were aware of.

All staff had completed training in mandatory fields, such as safeguarding and medication and had regular refreshers in these subjects. Staff were facilitated to attend further training throughout their employment, and training was on-going throughout their careers. We spoke with four members of staff who demonstrated an understanding of their roles and responsibilities and knowledge of person centred care, care planning and a range of other areas related to their work.

There were policies on supervision and appraisal and we saw evidence that supervisions were undertaken regularly and appraisals on an annual basis. The service kept a supervision log which included information about all supervisions undertaken. We looked at five staff personnel files and saw evidence of supervisions and of yearly appraisals.

There was a range of health and personal information in the five care files we looked at. There was clear guidance about the level of support people required, their health conditions and requirements and every day routines. There was evidence of partnership working with other services and agencies, including GPs, Dieticians, Dentists, Chiropodists, Opticians and Community Psychiatric Nurses (CPN). A health professional we spoke with said, "The team are very good at alerting myself and my colleagues to any concerns and in successfully supporting the individual to appointments with the Consultant Psychiatrist in Learning Disability who has an expectation that any staff attending an appointment will have all the relevant information to hand and can answer all pertinent questions".

We saw that a number of key documents were produced in easy read format to help ensure they were as inclusive as possible to people who used the service. A range of communication methods were used to communicate with people who required these. One relative told us, "Staff speak in simple sentences and use Makaton and pictures. They ring me if they don't understand something that he's trying to communicate". Another said, "He shakes his head if he doesn't want to do something".

There was evidence within the care plans of consent being sought for issues such as the use of photographs and consent to support. Where possible consent forms were signed by the person who used the service. If they were unable to sign, this was documented fully within the file.

There was an up to date policy on mental capacity and decision making. The registered manager had a good understanding of Deprivation of Liberty Safeguards (DoLS) and kept up to date with the latest information around these issues.

We saw a number of examples where there was clear consideration of an individual's best interests, including issues of finance and safety versus risk taking. One relative we spoke with told us they had been involved in a best interests meeting regarding their loved one, along with professional workers and the manager of the service. The documentation of these decisions was thorough and clear and demonstrated the service's commitment to working in the best interests of the individuals who use the service.

The service's policy on nutrition and assistance with eating and drinking referenced information around balanced diets, storage of food, cleaning equipment and surfaces, food preparation, hygiene and waste management. One person who used the service told us, "We have a meeting to

Good

Is the service effective?

decide what goes on the menu. I'm making chicken and leek casserole for tea. I eat when I want to." Another person said, "I buy my own food" and a third person said, "Staff choose meals". We saw that people who used the service were involved in shopping for and cooking their own meals, with help if needed.

In the houses we visited the environment had been adapted to suit the people who lived there, minimising risk and maximising independence. One relative told us they thought the change in environment had made a positive difference to their relative's well-being.

Good

Is the service caring?

Our findings

We asked if people found the staff caring. All the people we spoke with who used the service and all the relatives we spoke with said the staff were caring. However, some had specific concerns regarding their relatives. These concerns were checked out with the manager of the service and there was evidence that they were being addressed appropriately.

A health professional we spoke with gave an example of exceptional care, "At [the property] the management, Team Leader and staff team provided very high standards of care and compassion in the support of a gentleman with a terminal illness and where there were many examples of advocating strongly on his behalf in ensuring he received all the care he needed from other agencies. Tributes were deservedly given to the team by the family during this man's funeral service". Another example was of a gentleman who moved into the property after the breakdown of his previous placement. The professional told us the service went to great lengths to ensure a successful transition period.

Within the care files we looked at it was evident that people were encouraged to be as involved as they wished to be in their care delivery, daily activities and routines. We saw evidence of people being involved fully in their health action plans via the documentation within the plans.

The service had a policy around empowerment and advocacy and we saw that staff endeavoured to advocate on behalf of the people they supported. There was evidence of staff advocating for people in arenas such as multi-agency planning meetings.

We saw that individuals were encouraged to be as independent as possible, doing things for themselves where possible or with help where required, e.g. putting clothes in the washing machine, doing their own shopping, baking, washing up etc. At one of the properties we visited a person who used the service showed us around the house and proudly explained how they had participated in cleaning the property. Individuals who used the service were also encouraged to participate in staff recruitment if they wished to be involved and support was provided for them to do this.

There was an up to date policy on dignity and respect. We observed staff interacting with people who used the service in the properties we visited. People were treated with respect and spoken to in a polite manner. We saw that staff used encouragement and persuasion when asking people to do things and it was clear that people's individual privacy was respected.

The service produced a service user guide. This included information about the support offered, the involvement people could have, safety, rights, useful contacts and how to make a complaint. This guide was also produced in easy read format to ensure as many people as possible could have access to it. There was a quarterly national newsletter where we saw some articles about local people's achievements and activities.

Good

Is the service responsive?

Our findings

We asked people if they were given choice in what they did. One person told us, "I went to the bank to withdraw money to buy new shoes." Relatives' comments included, "I'm impressed now, he's going out more", and, "He chooses and shops for his own food". We were told by a family member that they were invited to reviews and that there was, "Improved reporting". They continued, "[My relative] has a programme of activities, they realised he wasn't enjoying music therapy so replaced it with something else". They also told us that their relative had moved and the transition between properties was carefully planned.

We saw that care plans were person centred and individualised. There was documentation within the care files about people's likes and dislikes, hobbies, religious and cultural needs, personal preferences and choices. There was evidence that staff made efforts to ensure people's preferences were adhered to where possible. People were encouraged to pursue their choice of pastimes and activities. Reviews of support needs were undertaken on a regular basis and any changes in need were documented and addressed. Multi-disciplinary meetings also took place regularly to ensure a good, joined up service for people.

There was a service user and staff drop in facility every week and service user groups met regularly. These groups were themed and we saw evidence of a safety themed group which took place recently. This included a talk by a fire safety operative, a safety themed bingo game and input around staff recruitment.

Tenants meetings also took place regularly. We saw minutes of a recent tenants meeting, which were also produced in easy read format. Issues discussed included food, housekeeping, décor and the staff team. Actions from the discussions were identified with documentation of the person responsible for carrying out the actions and the date of completion.

Questionnaires were regularly given to people who used the service and relatives to complete to help ensure care was being delivered to their satisfaction. These were produced in easy read format, with smiley faces for people to tick to indicate their level of satisfaction. Questions were included about support, staff, safety and contacts. One person who used the service had commented, "I enjoyed asking the staff for help".

Comments from relatives' feedback included, "Not enough staff for appointments"; "I believe there is room for improvement"; "100% happy with everything. [My relative's] care is fantastic"; "Overall Lifeways provide a good level of care for [my relative]" and "Friendly, down to earth staff."

There was an up to date complaints policy with guidance around timescales and we saw the complaints log which indicated that complaints had been dealt with in line with the policy and in a timely way. Themes and trends were tracked by the service through the auditing process. However, two family members felt that their complaints had not been dealt with to their satisfaction.

We saw some recent compliments received by the service. These included, "[My relative] loved and bonded with all of you" and "[My relative] received excellent care over and above the call of duty".

Good

Is the service well-led?

Our findings

One of the health and social care professionals we spoke with told us, “I am happy to say that Lifeways generally provides a good service which has gone through a difficult time of transition in taking over from the local authority as the largest provider of this care (i.e. 24 hour supported living) locally over the past few years”.

We asked people who used the service and their relatives if management and staff were available and approachable. People who used the service felt staff and management were very approachable. One relative said, “I can always contact someone and contact is two way”. Staff told us they felt well supported by the management and they were always approachable and available to them.

We saw evidence of a number of audits which took place on a monthly or annual basis. These included accidents and incidents, health and safety, safeguarding and quality. There was a service manager/registered manager workbook in which we saw analysis of the results of audits, identifying trends and patterns. Areas looked at included safeguarding, incidents and accidents, medication errors, quality audits, essential safety checks, finances. This documentation was completed and sent to the area manager on a monthly basis. This helped the service ensure continual improvement in service delivery.

Management also undertook out of hours spot checks at the properties. Follow up actions were identified, for example, we saw that one such spot check had identified that photos were required for the Medication Administration Records (MAR) and this had been followed up in a timely manner.

Questionnaires for people who used the service and for families were sent out annually and the results analysed. The service also sought feedback from staff via an annual satisfaction survey. We saw comments from the most recent survey which included, “Time management tips would be useful” and “Too much paperwork”.

We saw evidence of a number of staff meetings including team meetings, service manager meetings and regional manager meetings. Issues discussed included operational issues, human resources and work force development, safeguarding, quality, health and safety, finance and budgets and new developments. There were also quarterly quality review meetings. We saw discussions at the most recent quality review included person centred approaches, regulatory compliance, contractual compliance, new and potential business, health and safety. Actions required were identified and the person responsible for completing the actions and the completion date were documented.

There was evidence, from speaking with other health and social care professionals, that the service worked well with them. We saw documentation relating to multi-agency meetings, including best interest discussions, safeguarding strategy meetings and care planning forums. The service attended and contributed to these meetings in a professional and appropriate way.