Lifeways Community Care Limited

Cambridge Park

Inspection report

40B Cambridge Park
Twickenham
Middlesex
TW1 2JU

Website: www.lifeways.co.uk

Date of inspection visit:
07 October 2016
10 October 2016

Date of publication:
10 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 and took place on 6 October 2016.

The home provides care and accommodation for up to eight people with learning disabilities. It is located in the Twickenham area and the registered provider is Lifeways Community Care Limited.

At the time of our inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

This is the first inspection since the provider was registered.

People said they enjoyed living at Cambridge Park and the way that staff supported them and provided care. People chose their own activities and when they took place. They felt safe living at the home and using facilities within the local community. When we visited there was a friendly, warm, and welcoming and atmosphere with people using the service coming from and going to activities. Frequent positive interaction took place between people using the service and staff. There was a variety of home and community based activities.

The records were easily accessible, up to date and covered all aspects of the care and support people received. This included their choices, activities and safety. People's care plans were complete and the information contained was regularly reviewed. This enabled staff to perform their duties efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required. A physiotherapist visiting during the inspection. Staff supported people to choose healthy meal options and maintain balanced diets whilst meeting their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. People told us that they liked the choice and quality of meals they ate.

People knew the staff that supported them well and the staff were very familiar with people, their likes, dislikes and preferences. They were well supported and enjoyed the way staff delivered their care. The care and support staff provided was professional, friendly and focussed on people as individuals and staff had appropriate skills to do so. The staff were well trained and accessible to people using the service. Staff said they liked working at the home and had received good training and support from the manager.

People said the management team was approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the recording of medicine administered. You can see what action we told the provider to take at the back

of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service was not safe.

People told us that they felt safe. There were effective safeguarding procedures that staff used, understood and risks to people were assessed.

The staff recruitment procedure was thorough.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was not safely administered; as not all records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

People's food and fluid intake and diets were monitored within their care plans and people had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported

were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff. Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational and work activities at home and within the local community. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The home had a complaints procedure and system and people said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling culture at all staff levels of seniority. The manager enabled people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Cambridge Park

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 was an unannounced inspection and took place on 7 October 2016.

The inspection was carried out by one inspector.

During the visit, we spoke with four people who use the service, two staff, the registered manager and a visiting health care professional. There were eight people living at the service.

Before the inspection, the provider completed 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for two people using the service and two members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Cambridge Park. One person said, "I'm safe, the staff look after me."

During the inspection we checked the medicine administration records (MAR) for all people using the service. We found recording gaps on some of the sheets with no written explanation. This made more difficult for staff coming on duty to identify if people had been given their medicine. A member of staff explained that if there were gaps when coming on shift, blister packs were checked to identify if the medicine had been taken. They also checked with staff coming off shift. The registered manager also provided new recording audit systems that were being introduced in the week after the inspection that included weekly record checks by senior staff on duty and monthly audits by the manager. Medicine was safely stored and appropriately disposed of, as required. Staff were trained to administer medicine and this training was regularly updated.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Staff were familiar with different forms of abuse and action to take if encountered, in line with the provider's policies and procedures. They also understood how to raise a safeguarding alert, when this should happen and had received appropriate abuse and safeguarding induction and refresher training. This meant they were able to protect people from abuse and harm in a safe way. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. People had access to information about keeping safe and staff advised and supported them accordingly. Staff told us they received induction and mandatory refresher training to assess acceptable risks to people.

The staff recruitment process was comprehensive and included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a three month probationary period. If there were gaps in the knowledge of prospective staff, the organisation decided if this lack of knowledge would be removed by the induction training provided and the person employed. Staff received a handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely.

People's support plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives in a safe way. These included risk assessments for all aspects of people's lives including activities they undertook at home and in the community. Staff received support plan information that enabled them to accurately risk assess people's chosen activities. They were able to discuss, evaluate and compare risks with people against the benefits they would gain. This was demonstrated by the way people were enabled to access facilities and work in the community. The risk assessments were regularly reviewed and adjusted

when people's needs and activities changed. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

Staff shared any risks to people during handover and during team meetings, including any incidents or activities that had taken place. There were also accident and incident records kept. Staff knew people living at the home well and were able to identify situations where people may be at risk or feel uncomfortable and took action to minimise the risk and make them feel relaxed.

Good

Is the service effective?

Our findings

People said that they decided when and how staff provided their care and support. They said the way staff delivered it was what they wanted. One person said, "I can't think of anything to make living here better." Another person told us, "I get out a lot even though I have a wheelchair. "This demonstrated that the person made their own decisions. A health professional commented, "This is a very good home, one of the best and I would gladly live here."

Staff felt that they were well trained, had received induction training and would receive annual mandatory training when it was due. This was reflected in the staff practices we saw. The induction was on line and group based depending on the nature of the training being provided. Training encompassed the 'Care Certificate Common Standards' and included safeguarding, infection control, manual handling, first aid, food hygiene, health and safety and fire awareness. There were monthly staff meetings that gave an opportunity to identify further training needs. Supervision sessions were also used to identify any gaps in required training. Staff had achieved 'Qualification and Credit' framework awards. The staff also had access to specialist training specific to people living at the home that included percutaneous endoscopic gastrostomy (PEG) feeding, challenging behaviour and Makaton. New staff shadowed more experiences staff during shifts to enhance their knowledge of people using the service and the home's operational procedures.

People's care plans contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. Weight, nutrition and hydration charts were kept if required and staff monitored people's meals and how much they ate to encourage them to have a healthy diet. There was also information regarding any specific support people might require at meal times. Staff said any concerns were raised and discussed with the person and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was access to community based nutritional specialists who reviewed nutrition and hydration needs. People also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

People chose the meals they wanted using pictures if needed, decided on a menu and participated in food shopping. One person told us, "I choose my meals and they are very good." Another person said, "I help with the cooking and go food shopping." Meals were timed to coincide with people's preferences and the activities they attended.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. Best interests meetings were arranged as required and renewed annually or as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. People's care plans recorded that capacity assessments were carried out by appropriate staff who had received training to do so. People's consent to treatment was monitored regularly by the service.

Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. There were advocacy services available through the local authority and people were made aware of them. An advocacy service represents people and speaks on their behalf. The advocate visited the home a minimum of six weekly or as required by people using the service. The advocate also attended review meetings for people who did not have anyone to represent their views.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures. They were also aware of what constituted lawful and unlawful restraint. Any behavioural issues regarding people who use the service were discussed during shift handovers and staff meetings.

Good

Is the service caring?

Our findings

People said that staff treated them with dignity and respect and provided support in a helpful and friendly way. This was confirmed by the way staff behaved and their care practices during our visit. Staff treated people using the service equally and as equal. This was done in a caring, patient and kind way with people given as much time as they required to meet their needs. Staff listened to people, paid attention to what they were saying, valued their opinions and acted on them. People received support that was empowering and enabling. One person told us, "Its great living here, all the staff are very nice." People's body language was positive throughout our visit and that told us they were happy with the way staff supported them and delivered care.

During our visit the skilful and patient manner in which staff met people's needs showed us they knew people using the service and their needs and preferences well. Staff communicated with people at a pace that made it easy for people to understand and for them to make themselves understood. If people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. They asked what people wanted to do, where they wanted to go and who with. This included the type of activities they liked. These were also discussed with staff during keyworker sessions and service meetings.

The home's care was focussed on the individual and we saw staff put into practice training to provide a person centred approach. People were consistently enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people or their representatives where practicable. Staff were warm, encouraging and approachable.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and enjoyable atmosphere for people due to the approach of the staff. The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Good

Is the service responsive?

Our findings

People felt their needs were met by staff in a way that they were comfortable with, enjoyed and made them feel relaxed. They were enabled to contribute to decisions about their care and the activities they wanted to do. Staff were aware of people's needs, strove to meet them and were available to people to discuss any wishes or concerns they might have. Needs were met and support provided promptly and appropriately. One person told us, "I go swimming at the hydro pool."

We saw that staff met peoples' needs in an appropriate and timely way. The appropriateness of the support was reflected in the positive responses of people using the service and their positive body language. If people felt they had a problem, it was resolved quickly and in an appropriate way. Any concerns displayed by people using the service were attended to as the priority during the inspection.

People's support plans demonstrated that people were asked for their views encouraged to attend meetings and sent questionnaires to get their opinions. There were minuted meetings and people were supported to put their views forward including any complaints or concerns. The information was monitored and compared with that previously available to identify any changes in the home's performance positively or negatively.

Staff understood and explained the procedure prior to people moving to the service. There was an assessment process to identify if people's needs could be met before moving in. This had not been used yet as people using the service were living at the home prior to the new provider taking over. Transitional needs assessments had been carried out for each person individually, before the transfer to the new provider had taken place. People and their relatives were consulted and involved in the transfer process, as far as was practicable. Staff told us about the importance of recognising the views of people using the service as well as relatives so that care and support could be focussed on the individual.

There was written information available about the home and organisation for prospective people moving into the home and placing authorities. There was also information available for people already living at the home about the new organisation. There were regular reviews to check that the placements were working for people. If it was not working alternatives were discussed and information provided to prospective services where needs might be better met. One person had been living at the home for many years and as their health deteriorated, their placement was reviewed and it was decided that their increased needs could still be met and a move would be detrimental to their health and wellbeing as this was their home.

People's care plans recorded their interests, hobbies, health and life skill needs and the support required for them to be met. They were focussed on the individual and contained people's 'social and life histories'. These were live documents that were added to by people using the service and staff if information changed or new information became available. The information gave the home's staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and support plans updated to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. People were encouraged to take

ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

Activities were a combination of individual, group and took place at home and in the community. Each person had their own weekly activity planner. One person said, "I'm going to buy some flowers and have some cake." Another person told us, "I've been planting snow drops and crocuses." The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. Activities attended included hydro pool, bike rides, walks, Gateway Club, shopping and Ellory Hall. Other activities included attending a drumming studio and music therapy. The person that attended the drumming studio demonstrated their skills to us whilst playing along to Status Quo. They were encouraged and supported to put the CD on themselves. Two people were also attending a pottery class at Putney College and one person had returned from work at a local café. One person said, "I go to work at the Sunshine cafe." Another person told us, "I go to the shops in Richmond," People were also encouraged to do tasks in the house to develop their life skills such as laundry, tidying their rooms and helping prepare meals.

People were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The home used different methods to provide information and listen and respond to people. There were monthly house and weekly menu planning meetings where people could express their views and make their choices. Annual questionnaires were going to be sent out to people using the service, relatives and staff in November 2016. There were also monthly keyworker and annual care reviews that people were invited and encouraged to attend.

Good

Is the service well-led?

Our findings

The service was helping people to successfully achieve their desired outcomes by promoting a positive culture that was person-centred, open, inclusive and empowering. People told us that they were happy to speak with the manager and staff and discuss any concerns they may have. One person said, "The manager is very nice." During our visit, we found that the home had an open culture with staff listening to people's views and acting upon them.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and revisited during staff meetings. The staff practices we saw reflected the organisation's stated vision and values as they went about their duties.

There were clear lines of communication and specific areas of responsibility. Staff told us the support they received from the manager was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. One staff member said, "This is a good organisation to work for and the training is very good."

There was a whistle-blowing procedure that staff knew how to access and felt confident in. There was a career development programme in place to enable staff to progress towards promotion in a way that was tailored to meet their individual needs.

Staff had regular monthly minuted staff meetings that enabled them to voice their opinions. The records demonstrated that regular staff supervision and annual appraisals were planned to take place when due.

There was a policy and procedure in place to inform other services, such as district nurses and physiotherapists of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a quality assurance system that contained performance indicators that identified how the home was performing, areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider.

The home used a range of methods to identify service quality. These included monthly manager's workbook that was sent to head office and manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also comprehensive shift handovers that included information about each person. Regular visits from middle and senior management also took place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12, 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.