Lifeways Community Care Limited

Lifeways Community Care (South Shields)

Inspection report

4 McAnany Avenue
South Shields
Tyne and Wear
NE34 0PJ

Tel: 01914566745
Website: www.lifeways.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Lifeways Community Care (South Shields) provides personal care and support for a maximum of four people with learning and physical disabilities and associated complex health needs a large adapted house within the community. The premises have four large bedrooms, a communal lounge, sunroom, bathrooms, laundry and a kitchen which have all been designed to support and encourage the independence of the residents. At the time of the inspection there were four people living at the service.

At the last comprehensive inspection we rated the service Good. At this inspection we found the service remained Good. We found no breaches of regulations and the service was meeting the legal requirements.

The premises were safe. Regular checks of the premises, equipment and utilities were carried out and documented. People's care plans reflected their individual needs and risks were assessed. We found there were policies and procedures in place to help keep people safe. Staff were safely recruited and they were provided with all the necessary training required for their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a complaints procedure in place at the service. Any complaints received were logged electronically on the provider's system, action plans were created and lesson learned documented. We saw records of activities undertaken by the residents and relatives told us that people were supported to carry out their own choices for activities. There was training provided for staff in delivering end of life care and we saw evidence of this reflected in people's care plans.

Staff treated people with dignity and respect. We saw kind and caring attitudes and relatives told us that the staff were very supportive. We observed people enjoyed positive relationships with staff and it was apparent they knew each other well. People and their relatives told us that staff knew what they liked and disliked.

There was a robust governance framework in place to continually monitor and improve the service. We saw evidence of involvement from the provider's senior management team and documented audits carried out during their visits to the service. The manager was aware of their responsibilities and had a clear vision for the service in partnership with the provider's organisational vision. The current manager was undergoing their registration with the Commission to become the registered manager, as the previous manager had left the service.

'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.'

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Lifeways Community Care (South Shields)

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.

We carried out an announced comprehensive inspection of Lifeways Community Care (South Shields) on 5, 7 and telephone interviews with relatives and staff on 9 February 2018 . This meant that the provider and staff knew we were coming. The provider was given 48 hours' notice prior to our inspection because the location was small and people who used the service may have been out during the day, so we needed to ensure that there would be someone at the service on the day of inspection. We last inspected the service on 22 and 27 October 2015, and the service was rated Good.

We reviewed documentation, inspected the safety of the premises, carried out observations in the communal lounge and had discussions with people who used the service, their relatives, and staff.

The inspection was carried out by one 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.

Prior to the inspection, the previous registered manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well.

We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services.

During the inspection, we spoke with two people who used service, four relatives and five members of staff including the manager. We reviewed the care records for two people and the recruitment records for three members of staff. As the service was small, we carried out telephone interviews with people's relatives and members of staff.

Good

Is the service safe?

Our findings

People living at Lifeways Community Care (South Shields) told us they felt safe living there. We asked one person if they felt safe and happy at the service and they told us, "Yes, I like it." One relative said, "Yes on the whole I feel [person] is safe, it is a difficult line of care." Another relative told us, "It is a very good facility." All the people and relatives we spoke with were positive about the safety of the home.

There was a business continuity plan in place. This included an agreement with another local service to provide accommodation to people if the service had to be evacuated and they could not return. There was a fire risk assessment in place at the service and this also included people's personal emergency evacuation plans (PEEP). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency.

We carried out a tour of the home to make sure the premises were safe for people. We saw pictorial signage to support people with their independence. We saw evidence of infection control procedures and cleaning throughout the inspection. One relative told us, "It's always clean and don't smell, the whole place does not smell, the whole place is tidy." Another relative said, "The place is always clean and tidy."

We reviewed records for the testing of equipment, water, electrical, gas and other premises testing to keep people safe. The service had current certificates to show it was fully complaint with all health and safety requirements. There were risk assessments in place for the control of substances hazardous to health (COSHH) and these included data information sheets and protocols for each substance. One relative told us, "Maintenance issues are always dealt with straight away."

The staff we spoke to were aware of safeguarding policies, procedures and escalation routes. Staff were able to explain their role in keeping people safe. One member of staff said, "I know what to do to keep people safe, I have been on training." Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role.

Accidents and incidents were recorded on a central system. These were then analysed for any trends and action plans were created. Lessons learned were recorded and shared with staff and the provider.

We reviewed staffing levels at the service and these reflected the assessed needs of residents and were regularly reviewed when people's needs changed. One relative said, "As far as I know there is the right amount of staff."

People's care records and plans detailed their current individual needs. Medicines were securely stored in the manager's office. The medicines administration records (MARs) were checked and were correctly completed, all entries had been initialled by staff to show that they had been administered. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people

required additional medicines such as pain relief medicines.

Good

Is the service effective?

Our findings

People living at Lifeways Community Services (South Shields) had their treatment and support delivered in line with current national best practice standards and guidance, such as the Mental Capacity Act 2005 (MCA) and National Institute for Clinical Excellence (NICE). Staff had received this through comprehensive inductions and training to make sure they had the skills to care for people using the service. We saw evidence that staff received training in all areas appropriate to their roles. Staff received regular supervisions and annual appraisals.

Daily notes were kept for each person. These contained a summary of the care and support delivered and this helped to ensure staff had the latest information on how people wanted and needed to be supported. We saw evidence of referrals to other health agencies to ensure people received responsive care and treatment. One relative commented, "I take him to 85-90% of his medical appointments but the staff take him to the rest. He has seen the doctor and the physio."

People were encouraged to eat and drink throughout the day and we saw staff supporting people to make their own meals. People could access the kitchen with staff support and were encouraged to eat a balanced diet. One relative told us, "They have fruit available to eat during the day." Another relative said, "During the day he has drinks and fruit."

Some people received support with nutrition and hydration. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. If people were at risk, we saw evidence of referrals to the dietician and GP. One relative told us, "His food is mashed up for him, but it is still 'normal food' once he had fish and chips! It is healthy, the dietician checks it, he has extra vitamins to boost him up." Another relative told us, "Recently his weight has picked up."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). For the two people whose records we reviewed applications had been submitted to the 'supervisory body' for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

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. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and

treatment, for example life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

Care records included people's 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) status. This meant that if a person's heart or breathing stopped unexpectedly due to their medical condition, staff were aware that no attempt should be made to perform cardiopulmonary resuscitation (CPR). The DNACPR records were up to date, included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals who were involved in the decision.

The service was appropriately adapted for people living at the home. There was pictorial signage around the service. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People had their rooms decorated with their own personal belongings and each room reflected the individual's choice.

Good

Is the service caring?

Our findings

Relatives of people living at Lifeways Community Care (South Shields) told us that they were well cared for. During the inspection we observed positive interactions between people using the service, staff and relatives. One relative told us, "I have no doubts about them being good, they (the staff) are of good quality." Another relative said, "The staff are always talking to him." One person's relative also commented, "Staff put their heart and soul into it."

Staff at the service understood the likes and dislikes of each person. We saw staff talking to people about their interests and there was a friendly tone during the conversations. One member of staff was talking about football to one person and another was singing to a person. One member of staff said, "They are nice people who live here."

Relatives and visitors were encouraged to visit the service at any time to see people who used the service. One relative said, "I visit every day. I can visit at any time, I stay as long as I want." We also observed positive interactions between staff and relatives. Another relative told us, "I visit unannounced. The staff are very approachable."

We saw initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were in partnership with people, relatives and professionals. People using the service and their relatives all consented to their individual care plan which was clearly documented. One person's relative said, "We have been offered male or female staff but I think he prefers female."

People's privacy and dignity was respected by staff. During the inspection we observed staff asking people if they could carry out personal care and if they required support. One relative said, "They are always asking him things."

The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. There was an information pack provided to people and their relatives when they first joined the service and explained about the support provided by the provider. Staff were able to inform us about the different activities available for each person and what support they required to carry out each activity.

Good

Is the service responsive?

Our findings

People received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to the person. A relative told us, "He is supported to maintain the strong links with his family but it is harder since we don't have [the correct equipment to meet his needs], he can only come for short periods of time." One relative told us, "My son goes out three times a week to a sensory place, he goes bowling, to a disco." Another relative said, "My son goes to Artwork." One person's relative also said, "He used to go to college but he has now lost his place there due to being unwell, he used to do gardening and make me plants for Mother's Day and Christmas etc, I am hopeful he will go back as his health improves."

People were encouraged to take part in and attend activities. During the inspection we observed staff interacting with people and carrying out activities. People told us about activities they had been to, which included a local disco. One relative said, "They get them out whenever they can." Another relative told us, "He loves jigsaws, he does jigsaws every day with them (the staff)."

People had personalised care plans which reflected their individual needs. These included medicine, personal hygiene and physical well-being. Care plans were regularly reviewed, updated and audited. We reviewed two people's care files and these were person-centred and contained detailed instructions for carrying out people's care. There were corresponding risk assessments for each care plan and mental capacity assessments.

We saw records showing that staff had received training in delivering end of life care. People and relatives were involved in the planning of this. One relative told us, "They have helped me plan [person using the service]'s end of life care, we have it all in place, what will happen, the DNR, the funeral. We go over it regularly to check it is up to date."

The provider had a robust complaints procedure in place and this was documented in a complaints policy. We reviewed the complaints log for the service and the actions taken. The previous registered manager and current manager addressed all complaints within the designated timescales and took action where required. Lessons learned were acted upon and documented. A representative of the provider regularly attended the service and reviewed any concerns or complaints raised. A relative told us, "If I want to complain, I feel free to mention things." Another relative said, "There has been one or two things small things I have not been happy about, they are things that have been overlooked, but the staff are very approachable."

Good

Is the service well-led?

Our findings

There was a manager in post who was in the process of completing their registration with the Commission. This was in line with the requirements of the provider's registration of this service with the CQC. The manager had worked at the service for 11 years in a previous role before starting the registration process with the commission and was committed to improving the quality of care and life of the people living at Lifeways Community Care (South Shields). They were aware of their legal responsibilities and had submitted notifications as and when required.

The manager was present during the inspection on both days and assisted us by liaising with people who used the service, their relatives and staff on our behalf. The manager knew people living at the service extremely well and could tell us about individual people's needs. People and relatives we spoke with knew who the manager was and told us they were a visible presence at the service. Staff and relatives were complimentary about the manager. One member of staff told us, "The manager is very approachable." Another member of staff said, "It is a nice service, I feel well supported, and I have no regular problems." A relative said, "We have a new manager now, we have to give her a chance."

We saw records of regular staff meetings and reviewed the minutes from these. There were regular meetings for people using the service and their relatives to attend. We also reviewed the minutes from these meetings. During the inspection, we saw people and relatives interacting positively with the manager. The provider sent questionnaires to relatives regularly and used the feedback from these to improve the service. One relative said, "I have filled in a questionnaire twice about the service."

The service had a robust governance framework. The manager carried out daily, weekly and monthly audits of the service and we saw evidence of these. The provider also carried out a quality assurance audit of the service on a monthly basis. These all allowed for the key areas of the service to be monitored and if any issues were identified they could be acted upon. We reviewed action plans from the audits and lessons learned were recorded.

We reviewed people's care files and saw evidence of joint working with external professionals to support people. The home had their latest CQC inspection rating on display and it was also displayed on their website. This allowed for people living at the service, relatives, visitors, professionals and people seeking information about the service to see our previous judgements.