Lifeways Community Care Limited

Lifeways Community Care (Plymouth

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Lifeways Community Care (Plymouth) on the 13 and 14 January 2015. The inspection was brought forward in response to concerns raised about the supported living service provided into one house. We last inspected Lifeways Community Care (Plymouth) in April 2013, there were no concerns identified at that time.

There was a registered manager in post who had responsibility for Lifeways Exeter office as well as Plymouth. 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.

Summary of findings

Lifeways Community Care (Plymouth) is a domiciliary care agency, run by the provider Lifeways Community Care Limited. It provides personal care and support for people with learning disabilities and people with significant physical and mental health needs in their own homes. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home. We visited by agreement, people living in three houses where supported living support was being provided by this service, two in Plymouth and one in Cornwall. One was a shared house where people had their own bedrooms and shared the other parts of the house with staff supporting them throughout the 24 hour period.

Relatives told us they had little contact with the main office and two did not know where it was or the name of the registered manager. They were not sure how to make a complaint or who to, other than the staff they knew at the service.

Audits had identified problems with the service delivered into one house. However this had not been acted on in a timely manner and people were not therefore protected from risk. Following the Lifeways audit the local authority had also carried out checks on the service and identified similar issues. These included out of date and inaccurate care plans and lack of staff support.

Relatives told us they believed their family members were well supported by Lifeways care staff and that they were safe. The people we visited were relaxed with their carers' and interactions were friendly and respectful. Staff were following the principles of the Mental Capacity Act 2005. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected. We found one person was deprived of their liberty by the service in order to keep them safe, without appropriate legal authorisation. We have made a recommendation about staff training in relation to the Mental Capacity Act (2005)

Staff had a positive approach to the management of risk. They told us they tried to balance keeping people safe and minimising risk with allowing people to maintain their independence and try new activities if they wanted.

Recent organisational changes at Lifeways Community Care Limited had resulted in some dissatisfaction amongst staff and there had been a number of resignations over the previous year leading to a shortage of staff. There was an ongoing recruitment campaign taking place and the registered manager told us they believed they would soon be fully staffed. We looked at the rotas for two of the teams that provided services into two houses we visited and found that staffing was appropriate. Senior staff with responsibility for individual services told us they always managed to deliver the staff required although they sometimes needed to use agency staff. However they said they were always able to deliver staff who were familiar with the people they were supporting.

Staff were knowledgeable about the people they supported and were able to describe how best to support them in detail. They spoke about people fondly and respectfully demonstrating a positive approach to helping people maintain independence and achieve goals.

Lifeways provided staff with training relevant to the needs of people they were supporting. Formal supervision was irregular but staff told us they felt well supported. The team supporting one house had not had a team leader in post until very recently. Staff had felt isolated but reported that things had now improved. Team leaders were acknowledged as being "pivotal" members of staff. However they had limited protected administration hours and this meant they sometimes found it difficult to complete all their duties which included supervisions. We have made a recommendation about the management and recording of staff development.

Lifeways had a well-defined management structure. The registered manager oversaw 'service managers' (team managers) who had responsibility for a number of support teams. Each support team had a team leader who supervised the staff. This meant there were clear lines of accountability and responsibility in place.

Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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. Staff had received training in how to recognise signs of abuse and were confident about how to respond to any concerns.

Staff had a positive approach to risk management so that people were enabled to take part in activities which had inherent risks.

Although Lifeways had been through some staffing problems people were supported by a sufficient number of staff to meet their needs.

Is the service effective?

Requires Improvement

The service was not effective. One person was having their liberty deprived without proper legal authorisation.

Staff knew the people they supported well and were able to meet their needs according to their wishes and preferences.

New staff had an induction when they started employment which incorporated relevant training.

Is the service caring?

Good

The service was caring. Staff were positive about the people they supported and demonstrated high expectations for them.

People's privacy and dignity was respected.

Staff recognised what was important to people and took this into account when planning care.

Is the service responsive?

Requires Improvement

The service was not responsive. Relatives did not have information to help them raise any concerns they might have.

There were systems in place to help ensure staff were kept up to date with people's changing needs.

Is the service well-led?

Requires Improvement

The service was not well led. Recent changes in the organisation had resulted in team leaders having less time to complete their duties.

Audits identified risks but these were not always acted on in a timely manner.

Formal individual staff supervision sessions were not taking place on a regular basis.

Lifeways Community Care (Plymouth

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 13 and 14 January 2015 and was announced because the location provides a domiciliary care service. Also the registered manager had responsibility for two office sites and we wanted to make sure they could be available for the inspection visit. The inspection was carried out by two inspectors.

We reviewed previous inspection reports before the inspection. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send to us by law.

We visited by agreement, three houses in Plymouth and Cornwall into which the service delivered supported living support to people. During these visits we met with five people. We spoke with eight members of staff and the registered manger. We also contacted three relatives by telephone and spoke with an external healthcare professional.

We looked at six people's care records, three staff records and a variety of documents associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

Due to people's complex health needs they were not able to verbally communicate their views on the care and support they received. While visiting people in their homes we observed they were relaxed and at ease with staff. Relatives told us they believed their family members were safe while being supported by Lifeway's staff.

The provider had policies and procedures in place in respect of safeguarding and all staff had received relevant, up to date training. Staff told us they had no concerns regarding colleagues working practices and if they had would have no hesitation in reporting it to the registered manager. They were confident any concerns would be dealt with appropriately but if they weren't they would know who to report it to outside the organisation. Two members of staff told us they had raised safeguarding concerns in the past and these had been acted on by the registered manager.

Staff demonstrated a 'can do' approach to the management of risk. They spoke about the balance between keeping people safe and enabling the people they supported to continue with day to day activities and try new activities. Comments included, "I'm not into the cotton wool approach. I believe everyone has the right to live life to the full," and, "Risk assessments are about managing risk not stopping people doing something." Staff spoke about the need to identify risks and communicate them to people to enable them to make informed choices. Most of the risk assessments we looked at gave clear guidance for staff on how to minimise risk. However at one house we visited risk assessments had not been completed or lacked detail. This meant new employees or agency staff may not have had enough information to protect people from risk.

At the time of the inspection Lifeways was short staffed and a recruitment drive was taking place. 79 carers were employed on contracted hours amounting to 2407 hours. There were 339 hours of vacancies for permanent contract workers, or the equivalent of nine full time care workers. Lifeways also employed 23 sessional workers on zero contract hours who could fill in for sickness and holiday. Four of these were on long term sick and one on maternity leave. Staff told us that recent changes in employment conditions had resulted in some staff members leaving the service and five people had resigned the previous month. In order to help ensure people received the care and support they needed and had been commissioned for, agency staff were sometimes being used. One member of staff told us, "The only problem at the moment is staffing levels. We've had to use agency (staff) which no-one wants to do. We've had some cracking agency (staff) though." Service managers, (team managers) tried to use agency staff who were familiar with the service and people they were supporting. One commented organising this could be time consuming. Team leaders were recognised as being important figures within the hierarchy of Lifeways. There were two vacancies for this role at the time of the inspection. A relative commented, "At times there's not enough staff in my opinion, they're flat out all the time." Service managers told us people were receiving their commissioned hours despite the staffing problems. We discussed this with the registered manager who told us they were awaiting background checks for a number of new recruits and believed they were addressing the problem.

There were robust recruitment procedures in place to help ensure people were supported by staff who were suitable for the role. We looked at staff files and saw appropriate employment checks were carried out. For example references from past employers were followed up and criminal background checks were made as required.

Where people were supported with finances there were robust systems in place to protect these monies. For example staff checked the amount of cash held for each person living in the house as part of the shift handover and any expenditure was documented and receipts kept. One person was supported to withdraw money from the bank using a bank book. Staff told us the bank staff knew the person well.

People's medicines were being looked after by the support staff where people did not have the capacity to look after them themselves. People received their medicines safely and when they needed them. Care records had detailed information about the medicines people needed. One person found it difficult to take capsules and a decision had been taken to give the medicine in food. We saw correspondence from a relative, the GP and pharmacist confirming they were happy for this to take place and it was the best way for the person to take this medicine. We discussed this with the team leader who said they always told the person the food contained medicine and the reason for doing it was to make the medicine more

Good

Is the service safe?

palatable and easier to take rather than to hide it. We checked the Medicines Administration Records (MAR) for the people living in one house and found they were completed correctly. All staff received medicines training as part of the induction process.

Requires Improvement

Is the service effective?

Our findings

The stability of the staff teams supporting people varied between houses, largely due to the recent high turnover of staff. We visited one person who had been supported by the same staff team for a long time. A relative told us, "They are a strong team." Staff knew the person well and were able to support them according to their needs and preferences despite their declining health which meant they were less able to communicate their wishes. For example, one staff member told us they could tell when the person was in pain by their facial gestures and vocal expressions. They explained; "It looks like a smile but it's accompanied by particular noises. When [person's name] shakes it means agitation, usually because they don't want to do something."

A service manager described in detail to us the best way to assist someone they supported with personal care. They told us the person needed a lot of verbal prompting when showering and said it was important the staff team used the same prompts. They were able to go through the process step by step demonstrating an in depth knowledge and understanding of the person's needs.

When new staff started working at Lifeways they had a 12 week induction period. This included training in line with the Common Induction Standards (CIS) as well as familiarising themselves with the services policies and procedures and working practices. New staff worked for a probationary period of six months in the first instance with an option to extend to eleven months if necessary. This meant the registered manager could be confident new employees had been assessed as competent prior to giving them permanent contracts.

Staff had training in areas identified by the provider as necessary for the service. For example, Fire Awareness, Infection Control, Health and Safety and Food and Nutrition. In addition training specific to the needs of the people being supported was made available to relevant staff. This had included Diabetes and Dementia Awareness. There was a training co-ordinator in post covering the south west, who identified when training required updating and was able to locate additional training as required. They had recently sourced funding for four service managers at Lifeways (Plymouth) to study for their Level 5 National Vocational Qualification. Team managers met with the area manager on a monthly basis to discuss training requirements. Staff told us access to training was good and had improved over the past couple of years. At the time of the inspection service managers were starting to access e-learning for the Mental Capacity Act (MCA). Once this was completed they would undertake further face to face training.

The registered manager demonstrated a working knowledge of the principles of the Mental Capacity Act (MCA). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. We saw evidence in care records of mental capacity assessments and subsequent best interest meetings. Staff told us how they ensured people consented to personal care before delivering it and what they did when the person did not consent. One told us, "We leave them and try later. We know what will relax them, certain CD's and DVD's." On the day of our visit to this house the person had been unwell and did not want to leave their house to keep a medical appointment. Staff had respected the person's decision and had arranged for the healthcare professional involved to do a home visit instead.

We saw one person was being restricted in their house. This was a care situation where people had care and support delivered to them 24 hours a day in their own home. The garden gate was shut with a sign stating 'Keep the gate shut.' Staff told us this was to prevent the person from leaving the area of the house as they would not have been safe if they did so. The person concerned did not receive continual one to one support and so would not have been able to go out whenever they wanted. There had been no application to the Court of Protection to authorise this restriction. This meant the service was not acting in line with the legislation. We discussed this with the team leader who assured us they would address this in the near future.

People were supported to eat healthily and had input from dieticians and Speech and Language Therapists (SALT) where appropriate. Care plans gave guidance for staff around supporting people with food. Where a risk of choking had been identified there were guidelines on how to cook food and which foods to avoid. We discussed meals for one person with a team leader who told us they did a weekly menu planner but this was, "Not set in stone." They explained, "We talk to [person's name] and tell them what they're eating." The care plan gave detailed guidance for staff. For example, 'Encourage [person's name] to open their mouth by placing the spoon gently on the lower lip.'

Requires Improvement

Is the service effective?

Where necessary people's fluid intake was recorded. We saw one person's records in respect of this. The records did not have value because the amounts consumed had not been totalled for each day and the care plans did not provide staff with any guidance on how much fluid the person should consume. This meant any deviation from the required amount could be overlooked.

People were supported by staff to maintain their health and attended regular health appointments with their GP, dentist and other specialist health care practitioners as required. Care plans contained contact details for the relevant people. Health Action plans were in place and these contained pictures alongside text to make them more accessible for people. A team leader told us they had good working relationships with a large number of healthcare professionals and this gave them confidence that the person they supported had access to the best treatment and information.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the Mental Capacity Act (2005).

Good

Is the service caring?

Our findings

People and relatives were positive about support from care workers and team leaders. One relative commented, "The carer's are good and seem caring. He's quite happy, I saw him yesterday and he smiled." We asked one person if they were happy and they smiled and indicated they were. Interactions between staff and people were warm and supportive.

Care plans contained details on how best to communicate with people to help ensure they understood information given to them and were supported to make meaningful choices. For example one stated, 'I don't like loud noises and people shouting so staff need to talk to me calmly and quietly.' Another care plan stated, 'Tell [persons' name] what you are going to do before starting the action. E.g. I'm going to bring your arms forward so you can hold on to the handles.' We visited the person at their home and saw staff did this consistently.

Staff were positive about the people they supported and demonstrated high expectations for people. They knew people well including their interests and preferences and how they liked their support to be delivered. This meant they were able to develop relationships with people and help them maintain and develop their independence. One member of staff told us, "The team here really care."

People's privacy and dignity were respected at all times. Staff respected that they were working in people's homes and acted accordingly. For example, while visiting people staff made sure they were happy for us to speak to them. At one house a person indicated they did not want us there and staff respected their choice and we left their house. At another service we were told one person liked to spend time in a particular room in private for periods of time. Staff explained they gave the person privacy while checking discreetly and in an understated manner on their well-being which did not intrude on the person's quiet time.

As well as sections on health, and guidance on the kind of care people needed, two of the care plans contained detailed information about what was important to the person. For example there were statements such as, 'I like to have my fingernails shaped and painted.' 'Likes to be complimented on how they look.' 'Enjoys banter' and 'I like to try out new foods.' The depth of information meant we were able to get a picture of the personality of the person as well as their health needs. This demonstrated that staff had considered the whole person when planning their care.

People were supported to access their local community which lessened the danger of them becoming socially isolated. For example people used local services such as banks, post offices and hairdressers. One person's health had deteriorated to such an extent that they were unable to carry on using the local facilities which they valued such as nail bars and hairdressers. Staff had therefore arranged for professionals to come to the person's home to give pampering sessions. This showed staff respected what was important to the person.

Requires Improvement

Is the service responsive?

Our findings

Care plans contained information about people's individual needs and preferences to help ensure staff were able to support people appropriately. People had paper copies of the plans in their homes and electronic copies were kept in the Plymouth office. The records contained sections on various aspects of people's care, for example, communication, physical health and well-being, mental health and well-being, emotional support and relationships. Where possible people were involved in the development of the care plans and had signed to say they agreed with the content. Staff told us that, when appropriate, relatives would also be involved. However one relative told us they had not had any input into the care planning process. They commented, "I don't know anything really." This meant there was a risk staff would not have access to valuable information about the person's needs, preferences, likes and dislikes and how to support them well.

The depth and quality of information in care plans varied. One of the care plans we looked at belonged to someone who had only been with the service a short while and there was a scarcity of information. The registered manager told us they had not yet had time to develop it. Three peoples' care plans we saw at one house were in need of updating largely because there had been no team leader in place. We were told a team leader had now been recruited and care plans were in the process of being reviewed. Staff who knew the people well had been asked to contribute to these plans. Another care plan gave guidance on avoiding perfumed products when supporting the person in the bath. However we were told the person was no longer able to use a bath; this was not reflected in the documentation. Care plans did not contain information in respect of people's histories and life stories. These can help staff gain an understanding of people and how they have developed to be the people they are today. People were at risk of receiving inconsistent or inappropriate care due to a lack of accurate care records.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

There was a complaints policy in place which outlined the time scale within which a complaint should be dealt with. The policy contained contact details for head office and the Care Quality Commission. Two relatives said they did not know how to raise a complaint other than speaking to the staff they had contact with. This meant it would have been difficult for them to complain about staff. One commented, "If I wanted to go higher than [team leader's name] I wouldn't know who to call. I don't have a name or a number…..This big organisation is looking after [my relative] and I don't know anything about them or even who they are!" We discussed this with the registered manager who told us people and their relatives were provided with a copy of the complaints policy and information regarding the organisation when they first started using the service. They told us they would check this was happening across the organisation and ensure everyone had copies of the complaints policy in their files.

One person's health condition meant their needs were changing rapidly. In order to help ensure the person's staff team were kept fully aware of any changes the service manager and team leader had put various systems in place. When staff shifts ended there were verbal handovers to update incoming staff. There were also individual communication books in people's houses to record any important information including medical information and appointments. Staff had access to relevant training which meant they were able to address the person's specific health needs. The team leader worked closely with other health care professionals. For example the dietician had put strict guidelines in place to try and help the person maintain a healthy weight. Staff monitored this using daily food and fluid charts.

Requires Improvement

Is the service well-led?

Our findings

The provider had introduced changes throughout the organisation during the last 12 months including a reduction in people's pay and a loss of enhanced pay for weekend work. This had resulted in a number of staff leaving and disquiet amongst the staff team. One staff member told us, "Staff morale has gone down big time and I know a lot of people are leaving." Staff had recently had a pay rise but this had not brought them back to their previous level of pay. Staff told us they had not been formally told about the pay rise and expressed a sense of disassociation with the wider organisation.

Team leaders were recognised by people as playing an important role within the organisation. We found where one team had been without a team leader there had been a feeling amongst the staff team that they had been forgotten and left to get on with it. The team leader role included support work and supporting service managers with the organising of rotas, supervisions and paper work associated with the day to day running of the teams. The protected time for administration work was two and a half hours per week. Staff at all levels told us this was not enough time to cover all the duties.

Each support team had an annual audit which was carried out by the regional quality manager. The audit looked at various aspects of care including care documentation and talking to people using the service and staff. An action plan would be put in place when any problems or weaknesses were identified and the support team re-audited after three months. We saw the audit which had been completed for the support team where concerns had been raised leading to this inspection. The audit, which took place in October, had identified some of the issues but an action plan had not been put in place in respect of this. This showed us that although audits were effective in identifying problems actions were not taken quickly enough to protect people.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

The registered manager had responsibility for Lifeways Exeter office as well as Plymouth. They shared their time between the two sites and said they were available by telephone if needed. Service managers told us they felt well supported by the registered manager whilst acknowledging their time was limited. One commented, "She is supportive when she can be. The support is limited to when she is available."

Team leaders were responsible for supervising care workers and they received their supervision from service managers. Records showed the frequency of supervisions was sporadic and one senior staff member told us there was a lack of time available to give formal individual supervision. A care worker commented, "I couldn't tell you when I had my last supervision." Service managers told us there were opportunities for staff to have 'job chats' if they wished although these were not recorded. A team leader told us they were able to ask for any support or advice whenever necessary and there were a number of people they could call on if required. They commented, "Everyone always checks you're alright." Service managers told us they dropped in on support teams as often as possible to keep up to date with what was going on and communicated with team leaders regularly. One told us they would like more time to keep in touch with all their teams. One support team we visited had only recently recruited a team leader and had gone a long period of time without one. Staff told us they had not felt well supported during this time. However they felt the situation was improving since the team leader had started. One said' "I feel so much more supported."

We found communication between the larger organisation and relatives was poor. Relatives told us they had little contact with the main office and two were unaware of where it was or who the registered manager was. One told us they were happy with the team supporting their family member but above that things got, "...a bit bumpy."

There was a well-defined hierarchy within the organisation. The registered manager was supported by service managers who had responsibility for a set number of support hours across support teams. Each support team had a team leader. Staff told us this meant there were clear lines of accountability and responsibility.

Support for the registered manager came from the Regional Director. They had six weekly supervision meetings and attended monthly regional meetings. They also spoke regularly with the HR manager and quality manager. They kept up to date with current guidance around good working practice through regional meetings and regular emails from head office.

Requires Improvement

Is the service well-led?

Service managers had monthly meetings to discuss any issues around working practices, for example rota co-ordination and recruitment. They were also an opportunity to share good practice. One service manager told us these were good opportunities for lifting morale. Lifeways Community Care Limited produced a quarterly newsletter for circulation amongst people that used their service and staff. They organised a 'Making A Difference' Award which recognised good practice in individual staff members. Nominations were put to a quality focus group made up from people using the service.

People and relatives received a survey annually to gather their views on the service. These would be analysed by head office and a report produced. The surveys for people using the service were in easy read format. They used simple language and pictures to support the text. This meant they were more accessible for people with limited literacy skills and were an easy tool for staff to use if they were supporting people to complete them. At the time of the inspection responses to surveys were coming into the office and had not yet been collated. The results of the previous year's survey were positive.

Accidents and incidents were recorded and seen by the registered manager, area manager and head office. The information was analysed to highlight any trends or patterns. During the inspection the registered manager had identified from a group of reports that incidents were occurring at one house at a particular time of the evening. They were beginning to consider what this might mean and how to address the issues. This showed us the incident reporting system was being used to reduce risks for people and help ensure any lessons were learned.

We recommend that the service seek advice and guidance from a reputable source, about the management and recording of staff development.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision. How the regulation was not being met: People and others were not fully protected against the risks of inappropriate or unsafe care because the quality monitoring systems in place were inconsistent and were not fully effective. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010. Records. How the regulation was not being met: People using the service were not protected against the risks of unsafe or inappropriate care because there was a lack of accurate records in respect of the care provided.