

Lifeways Community Care Limited

Lifeways Community Care (Lancashire South)

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 ●

Summary of findings

Overall summary

About the service

Lifeways Community Care (Lancashire South) provides personal care to people living in their own houses and flats. At the time of the inspection the provider supported 25 people with their personal care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The management team were clear about their roles and responsibilities. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. They sought additional support to promote people's physical and mental health. The registered manager and senior service manager used a variety of methods to assess and monitor the quality of the service. Not all feedback was reviewed in a timely manner. We have made a recommendation about this.

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

People received support with their healthcare and nutritional needs. The service promoted people's dignity and independence. Staff spoke positively and caringly about the people they supported. The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff promoted and provided guidance that respected people's lifestyle choices and reflected their likes and wishes. People's values were respected, and staff supported people with their community based daily living skills, work responsibilities and social activities.

Safe recruitment practices were consistently documented. Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Infection control systems and audits continued to ensure a clean environment for people. Staff had access to suitable amounts of appropriate personal protective equipment to minimise the

spread of infection. Not all staff were participating in regular testing for the COVID-19 virus.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us at this location on 11 May 2020 and this is the first inspection.

The last rating for the service under the previous premises was good, published on 17 July 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lifeways Community Care (Lancashire South)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and one Expert by Experience carried out the inspection

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started when we visited the locations office on 25 May 2022 and ended on 27 May 2022.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. In addition, we spoke with 11 members of staff, the registered manager, senior service manager, area manager team leaders and support workers. We looked at a range of records. This included four people's care records, three recruitment files, training records, medication records and audits of the service. We looked at a variety of records relating to the management of the service, including policies and procedures and their quality assurance systems.

After the inspection we continued to seek clarification from the registered manager to validate evidence found and reviewed feedback received by email.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse in adults and knew what action to take to keep people safe, including reporting any allegations to external agencies. One staff member told us, "I raised a safeguarding concern once. I was happy with how it was dealt with."
- The provider had an out of hours on call service to provide guidance and support to staff.
- People said they felt safe when being supported by their contracted staff. One person told us, "I feel safe living here. When I need help, I get it." One staff member commented, "People are totally safe because I know everyone [staff] cares."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had assessed and recorded risk and needs to keep people safe. They had reviewed care plans to ensure comprehensive risks assessments linked to all aspects of a person's life.
- The provider monitored and reviewed individual and environmental assessments and updated where required to ensure staff had access to information to support people safely.
- The service reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to drive improvement and keep people safe.
- Staff understood people's individual risks and what actions were needed to reduce or manage risks.

Staffing and recruitment

- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included completing a Disclosure and Barring Service (DBS) check and obtaining references. A DBS check identifies if a person has any criminal convictions and cautions. It's an essential requirement for those applying to work with children or adults who may be vulnerable adults.
- Records we reviewed and conversations with staff showed staffing levels were enough to keep people safe. There was a reliance on agency staff while a recruitment drive to employ more staff was taking place.

Using medicines safely

- Medicines administration systems were robust and well organised. The registered manager carried out regular audits on the safe use of medicines.
- Staff told us they had suitable training and when appropriate, felt skilled to prompt people or administer medicines.

Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control and told us they had been kept informed of government guidance on infection control practices since the COVID-19 pandemic had started.
- Staff had access to personal protective equipment (PPE) such as face masks, gloves and aprons. Staff confirmed there was enough PPE, and were able to explain how to put on and take off their PPE correctly to keep people safe.
- We were assured the provider was preventing visitors from catching and spreading infections.
- People told us staff followed safe infection control practices when in their homes. This included wearing appropriate PPE such as masks, aprons and gloves, and ensuring regular hand hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs were fully assessed before they received support. This information was used to develop comprehensive care plan's for people. Potential clients complete a client enquiry form, where they gave their view on what they wanted from the service.
- Peoples rights were protected. Policies and the initial care assessment promoted the principles of equality and diversity.
- The management team were committed to working closely with professionals to achieve the best possible care for people.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles efficiently. Staff spoken with explained training was provided and they were supported to attend courses relevant to their roles. In addition, they were supported to attend training that would support them in their career development. Staff who supported people with underlying health conditions were provided with additional training to meet their needs. All staff shadowed experienced colleagues as part of their induction. One relative told us, "The staff are very well trained".
- The provider had a structured and comprehensive induction program. The registered manager told us; new staff have a five-day induction followed by additional days shadowing experienced staff plus medicine administration training. Staff cannot work independently until all their induction is completed.
- Staff told us they they felt supported by the management team. Not all staff said they had scheduled appointments to speak with their manager privately and regularly. They did say should they request a one to one meeting they felt this would be arranged.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes such as how they liked their drinks and any associated risks such as dehydration.
- People were supported to plan and shop for their meals. Care plans guided staff to support people to rotate food in their fridges.
- People's right to make unwise decisions related to their food and drink consumption was respected. Their care plans guided staff to remind people of the dangers of what could be seen as unwise choices and the impact on their health.

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight or needs changed, they sought the advice of specialist professionals

Ensuring consent to care and treatment in line with law and guidance

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. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the MCA principles.
- Staff empowered people to make their own decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect, compassion and kindness by caring and competent staff and comments confirmed this. One person told us, "I like my staff, we respect each other."
- Staff had a good understanding of respecting people's human rights and ensured people were cared for. Staff talked with us about the importance of supporting people's different and diverse needs. One staff member told us, "You would throw yourself under a bus for people, we are like a big family." A second staff member said, "With new staff you spend time with them to make sure they get to know people and what they like."
- People were supported to maintain their independence. Support tasks were written in a way that people could be involved as much as they wanted to be or were able to be. The management team completed assessments to ensure risks related to people's homes and lifestyle choices were minimised and they were safe. One staff member said, "People come and go as they please because it's their home."

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- People said they felt comfortable to talk with their contracted staff and the management team if they had any concerns about the care they received.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their families when appropriate. Care records were regularly reviewed, and this was confirmed by documentation we looked at.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to promote valued communication and when people were trying to tell them something.
- Support plans had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff recognised how the pandemic had impacted on people's mental health and made them feel isolated. One staff member told us, "Activities have been limited due to COVID, but not now. We support people to the pictures, shopping trips and days out to Blackpool."
- People were supported with one to one and group activities. People could choose who supported them with their chosen activities. Among the many activities people visited family, maintained work commitments and had friends visit. One person told us, "I do voluntary work, I like going to the pub quiz and I am teaching my friend [a new skill] and I feel fantastic about it."

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable talking with contracted staff if they had any concerns or complaints and felt they would be listened to. One person told us, "If I had a complaint, I would just pull the staff to one side and tell them about it."

End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training and

support from community based end of life professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to develop the service. However, the pandemic had impacted on the frequency that formal feedback had been sought. We did not see any plan of action based on the feedback of the last survey.

We recommend the provider seek and act on feedback in a timely manner for the purpose of evaluating and improving the service.

- The provider had a colleague's council that promoted conversations between staff and the management team. One staff emailed, 'Colleague council provides the opportunity for staff to share their thoughts and ideas on areas they would like to see improvements. The colleague council has been very helpful and informative.'

- The provider had a communication platform for staff called Workplace. The registered manager told us this was created from staff feedback to support better communication.

- People were able to share their views at an engagement council which met regularly. Tenant meetings also allowed people the opportunity to share their views on the support they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One staff member told us by email, 'I'm proud to say I work alongside an amazing team of support workers and I thoroughly enjoy my job.' A second staff member emailed, 'The managers are very approachable and have supported myself through my role to help me reach my targets'.

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were aware of their responsibilities to notify CQC of certain important events which might occur within the service.

- The management team encouraged an open and honest culture at the service, and both understood their

responsibilities in relation to Duty of Candour.

- The registered manager and senior service manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. One staff member emailed CQC and said, 'I've developed my knowledge and skills and been able to put this into practice to drive the service forward.'

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service improve their physical and emotional wellbeing.