

Lifeways Community Care Limited

Millwater

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Millwater is a residential care home that provides accommodation and personal care for up to 19 people with learning disabilities and/or autism. The home is split into three separate units which share a court yard garden area. At the time of the inspection 13 people lived at the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support

People's care and support was personalised. The accommodation met people's needs and plans were in place to refurbish some areas of the building. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests, the policies and systems in the service supported this practice. People's independence was promoted and their right to privacy was respected.

Right Care

Some aspects of medicines management needed to be improved. People felt safe living at Millwater. Staff had been recruited safely and they completed training to help them carry out their roles effectively. Staff knew people well and people and staff had developed positive meaningful relationships. Risks had been assessed and care records contained information which helped staff to provide safe care. People had access to a range of healthcare professionals which supported them to remain healthy and well.

Right culture

The registered manager demonstrated a good understanding of their role and regulatory requirements. However, some of the provider's governance systems were not always effective. The culture at the service had improved since our last inspection. People were empowered and their feedback was welcomed and listened to. Staff felt valued and the registered manager had a good overview of the care and support provided to people. People were supported to maintain relationships that were important to them which had a positive impact on their lives. People followed their chosen religions and were supported to embrace their cultural traditions.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 July 2019) and there were 2 breaches

of the Regulations. At this inspection we found the provider remained in breach of 1 regulation. The service remains rated requires improvement and we have found evidence the provider needs to make improvements. Please see the safe and well-led section of this full report. This is the second time the service has been rated requires improvement.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and was also prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Millwater

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

This inspection was carried out by 1 inspector and 2 Experts 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.

Service and service type

Millwater is a care home without nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection a registered manager was in post.

Notice of inspection

Our first inspection visit on 02 August 2023 was unannounced and was undertaken by the inspector and 1 Expert by Experience. Another Expert by Experience gathered feedback from people's relatives via the telephone on 04 August. The inspector returned to the service on 07 August 2023.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We gathered feedback from local authority commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people and 5 people's relatives to find out what it was like to live at the home. We spent time with people and observed the care and support they received in communal areas to help us understand the experiences of people who could not talk with us. We spoke with 9 members of staff including team leaders, support workers and the registered manager.

We reviewed a range of records which included 4 people's care records and 5 people's medication records. We reviewed the recruitment records for 3 staff members to make sure they had been recruited safely and we looked at a range of checks the management team completed to assure themselves people received a safe, good quality service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure care and treatment was always provided safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some aspects of medicines management required improvement.
- Risks associated with the use of emollient creams containing flammable ingredients such as, liquid paraffin had not always been assessed. This put people at risk of harm as the build-up of cream residue on clothing and bedding makes those fabrics flammable which can result in serious or fatal injuries from fire.
- Medicines administered through a patch applied directly to the skin had not been managed safely. Discussions with staff confirmed they had applied 1 person's medicine patches to the incorrect area of their body which meant the medicine may not be fully effective. We brought this to the attention of the team leader for them to address. Information we received from the registered manager informed us this had occurred due to the lack of direction from health professionals.
- Records were not in place to show where on a person's body medicines patches had been applied, in line with best practice guidance. This is important because if patches are routinely applied to the same area of skin the rate of absorption into the bloodstream can be higher which can cause harm.
- More needed to be done to ensure creams were always administered as prescribed. Some medicine records did not inform staff where on a person's body they needed to apply creams to treat health conditions such as, dry skin.
- Protocols to inform staff when some medicines prescribed 'as required' needed to be administered were not in place prior to our visit. That meant people could have been given too much or not enough of their medicine.

Systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the registered manager took action to improve medicines safety. This included implementing patch medicine rotation charts and assessing risks associated with the use of creams containing flammable ingredients.

- People told us they received their medicines when they needed them. One person said, "I know what my medication is for, and staff always help me when I need it."
- People's medicines were ordered, stored and disposed of safely in line with best practice. The temperature of the room used to store medicines was checked daily. This was to ensure medicines were stored within a suitable temperature in line with manufacturers guidelines to remain effective.
- Records confirmed people's medicines were reviewed by health professionals in an attempt to reduce the amount of medicines people received to improve their quality of life in accordance with the NHS STOMP agenda. (Stop over medication of people with learning disabilities, autism or both with psychotropic medicines)
- Staff completed training to help them administer medicines safely and their competency to do so was checked by managers. Records confirmed this.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people's care and treatment was always provided safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation.

- The management of risks associated with people's care and support had improved since our last inspection.
- Records contained up to date and detailed information to help staff manage and mitigate risks including risks associated with people's mobility, continence, and health conditions including epilepsy.
- Staff confidently described how they provided safe care, including following guidance from health professionals. Some people were at risk of choking on food and drinks, we saw staff prepared meals and assisted those people to eat safely in line with guidance.
- Risks associated with the environment, including fire safety were well managed. One person told us the light in their bedroom was immediately fixed when it had stopped working. They added, "Staff deal with all of the issues."

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Millwater. Comments included, "I feel safe here, if I didn't, I would tell staff, and they would help me," and, "I feel safe, staff help me a lot."
- Relatives told us their family members were safe. One commented, "My relative is safe because if anything happens, even minor things, staff ring me. Communication is great."
- Effective safeguarding systems protected people from the risk of abuse. The registered manager understood their legal responsibilities to protect people and share information about safeguarding concerns with the local authority and us (CQC) as required.
- Staff completed safeguarding training and told us they knew how to keep people safe. One staff member said, "If I saw unexplained bruises on someone, I would document it and tell the manager. It would need investigating to find out what had happened."

Staffing and recruitment

- People told us enough staff were on duty to provide the care and support they needed. One person said, "Always enough staff to look after me, they come quickly if I need them. Staff are here in the day, night and at weekends."

- Relatives spoke positively about staffing levels. One relative said, "There is enough staff and the people living here are never left unattended." We saw staff were attentive and responded promptly to people's requests for assistance.
- Staff were recruited safely. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw some areas of the building were difficult to clean. For example, some paintwork and the plaster on walls was chipped. Plans were in place to make necessary improvements.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Feedback confirmed no visiting restrictions were in place. One person said, "My family can visit me any time they want to."

Learning lessons when things go wrong

- Inspection findings evidenced some lessons had been learned since our inspection in 2019. All staff spoken with demonstrated commitment to learning lessons when things went wrong to improve outcomes for people and support continual improvement.
- Staff reported accidents and incidents to their managers in line with the providers expectations. The registered manager reviewed all incidents to identify patterns and prevent recurrence. For example, advice had been sought from occupational therapists to prevent a person falling over and injuring themselves in the month prior to our visits.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People's needs had been assessed before they moved into Millwater to make sure their needs and expectations could be met. The assessments covered different aspects of people's lives which included protected characteristics under the Equalities Act 2010 such as, their culture, religion and ethnicity.
- When discussing the assessments, the registered manager said, "People and their families are very much involved." Feedback from people and their relatives confirmed that happened.

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 make 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 remained compliant with MCA.
- People were supported to have as much choice and control of their lives as possible. One person said, "Staff know my needs, they ask me things and explain to me what is going to happen."
- People's capacity had been assessed when required to determine if they were able to consent to specific aspects of their care. Best interest decisions had been made when needed which demonstrated people's rights were upheld.
- To keep people safe authorisations to deprive people of their liberty had been submitted in line with legislation.
- Staff completed training to help them understand the principles of the Act. Staff knew how people made decisions and we saw they respected the decisions people made such as, what they ate for their lunch.

Staff support: induction, training, skills and experience

- Relatives had confidence in the ability of staff. When discussing staff training and skills a relative commented, "I think the staff are trained. I am happy how they look after my relative."
- New staff completed a robust induction when they started work at Millwater which helped them get to know people. The induction for new staff included completion of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had completed the training they needed to provide effective care and support to people in line with the providers expectations. This included training to support people with learning disabilities and autism. One staff member said, "We discuss our learning in supervision and the manager observes us to make sure we do things the right way."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People liked the food and were involved in planning food menus. One person said, "I love my food. I like orange squash and snacks and have them anytime I want."
- People's dietary needs were catered for, and staff provided the support people needed to eat and drink. For example, they modified the textures of some people's meals and drinks to make sure they were safe for them to consume.
- Specialist advice had been sought and was followed by staff for people who were nutritionally at risk. Staff monitored what people consumed and encouraged them to eat which included offering snacks between meals.
- Staff knew what people liked to eat and drink and understood their preferred mealtime routines.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives were kept informed if their family members health needs changed and if any health appointments were scheduled. A relative said, "I know what's going on with their health."
- Records confirmed people had access to a range of health professionals including their GP.
- Staff worked in partnership with health professionals such as district nurses to achieve positive outcomes for people. One staff member said, "We phone the district nurses if we need them, we have a good relationship with them."

Adapting service, design, decoration to meet people's needs

- Some areas of the environment were tired and required refurbishment to ensure the home was a nice place for people to live. Refurbishment work was scheduled to start in September 2023.
- People told us they liked their home and had been supported to personalise their bedrooms and some communal areas. For example, the walls in 1 lounge were painted 4 different colours.
- Some signage and pictures supported people to locate the way around their home.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People spoke positively, and other people smiled when we asked them about the staff. One person said, "Staff listen to me and care about me." Another person told us, "I receive very good care."
- People and staff had developed positive meaningful relationships. Staff knew people well and demonstrated a kind and caring approach. For example, when a staff member complimented a person on their clothing the person responded by giving the staff member a hug.
- A relative described the atmosphere at the home as 'friendly and welcoming'. They added. "The staff are like an extended family to me. All of them are brilliant and I would recommend the place to others."
- Staff enjoyed their jobs. One staff member said, "Everything we do is for the residents, we really care about them and want them to be happy."

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

- People were involved as much as possible in planning and reviewing their care and support. One way this was achieved was through regular discussions between people and staff who they knew and trusted.
- People told us they felt listened to, and we saw staff supported people to make daily decisions. Some people had advocates who also offered them support. Advocates are independent people trained to help people express their views and wishes to make sure their voice is heard.
- Relatives felt involved and had opportunities to contribute to decisions about their family member's care. Records confirmed that happened.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent. For example, people described how staff helped them to check the temperature of their bath water was not too hot, to clean and tidy their bedrooms and make themselves drinks and snacks.
- Staff respected people's right to privacy and understood the importance of maintaining their dignity. Staff knocked people's bedroom doors and waited for permission before they entered. A staff member commented, "I can't just go in. I ask first as it's their personal space. I would never just walk in."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Improvements had been made since our last inspection. People told us their care and support met their needs. One person said, "I can have a bath or shower whenever I ask for one, and staff always help me." Another person told us, "I choose when to go to bed and what time I get up in the morning."
- Relatives spoke positively about the quality of the service. One relative commented, "Birthdays are celebrated. I am invited to those celebrations and to the coffee mornings at the church next door."
- Staff knew people well and care records contained detailed information which helped them to provide responsive care. For example, people's likes, dislikes and important relationships.
- Relatives and where possible people had contributed to care planning. Care records were regularly reviewed to ensure information was correct and up to date to ensure people's changing needs continued to be met.

End of life care and support

- The service was not supporting anyone who was moving towards the end stage of their life.
- The registered manager was in the process of gathering and adding information to people's care records to ensure their end-of-life wishes were known. When discussing this a relative told us, "We recently talked about plans for my relatives' end of life. It's all written down. Dying is inevitable and having plans in place is a comfort to me."

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

- People were supported to follow their interest and take part in activities they enjoyed. One person said, "I watch films in my room. I go to McDonalds, to church and go shopping to choose my food."
- People were supported to maintain relationships that were important to them. Two people spent time with their friends at a day centre and another person told us they enjoyed talking to their relative on the telephone weekly.
- People followed their chosen religions and were supported to embrace their cultural traditions. For example, traditional foods were prepared to celebrate cultural diversity.

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.

- Information including the provider's complaints procedure and service user guide was presented in a way people could understand. We saw a variety of communication tools including photographs were used to aided communication.
- Information within people's care records documented their preferred methods of communication. Staff understood what people's nonverbal communication, including body language, gestures and facial expressions meant.

Improving care quality in response to complaints or concerns

- The providers complaints procedure was on display and people confirmed they knew how to complain. One person told us they would tell the manager if they felt unhappy about something.
- Relatives confirmed they were confident to raise any complaints with the registered manager who they felt would take action to resolve any concerns.
- No complaints had been received since our last inspection.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust quality assurance processes were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A variety of audits and checks of the quality and safety of the service were completed. Whilst systems and processes had been strengthened since our last inspection some checks were not yet effective. For example, medication audits had not identified the concerns we found. That meant some opportunities to learn lessons and drive forward improvement had been missed.
- The registered manager understood their legal responsibilities associated with their role. They were familiar with and promoted best practice including CQC's guidance on 'Right support, right care, right culture' for people with learning disabilities or autistic people.
- The registered manager's hands-on approach meant they had a good overview of people's experiences. For example, they spent time talking to people and observed staff practice during our visit.
- The latest CQC inspection rating was on display in the service and was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received person-centred care from staff who knew them well.
- Feedback confirmed the culture at the service had improved since our last inspection. People had as much choice and control over their lives as possible, were empowered and supported to achieve positive outcomes.
- People's feedback was welcomed and listened to. For example, in response to recent feedback a new television had been purchased for 1 of the lounges in June 2023.

- All staff spoken with told us the registered manager led by example and promoted an inclusive culture where people mattered. A relative commented, "I like (Registered manager), I have known them for a long time. They have worked their way up. I think they are a great manager because they have a great rapport with the staff."
- Staff had opportunities to attend group and 1-1 meetings with their managers to share ideas and reflect on their practice. A staff member told us this made them feel 'valued'.

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

- The registered manager understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.

Working in partnership with others

- The staff team worked in partnership with a variety of health and social care professionals. When needed specialist advice and support had been sought and followed which had benefited people.

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 Systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely.