

Lifeways Community Care Limited

Lifeways Community Care (Wiltshire)

Inspection report

23 Evans Business Centre
Hampton Park West
Melksham
Wiltshire
SN12 6LH

Tel: 01225702755
Website: www.lifeways.co.uk

Date of inspection visit:
22 August 2017
23 August 2017
24 August 2017

Date of publication:
17 November 2017

Ratings

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

Summary of findings

Overall summary

Lifeways Community Care (Wiltshire) is a national organisation which provides care for people with specialist needs living in their own homes. Lifeways Community Care in Melksham has been operating since January 2014 to provide supported living services for people living in a range of housing provision in the local area. They provide personal care to adults over the age of 18.

This inspection took place on 22 and 23 August 2017 and was announced. The provider was given short notice because this gave the provider an opportunity to plan our visit with the people using the service. During the last inspection which concluded 17 April 2015 we rated the service good overall. However we rated the safe domain as requires improvement due to the amount of agency staff which sometimes resulted in a lack of staff consistency. The service demonstrated the amount of agency staff cover had reduced over recent months leading to the inspection.

At this inspection we found the service remained Good. However, how staff have been deployed to people receiving support in one city had been raised to us as a concern. We received feedback from two healthcare professionals prior to this inspection; both described how the inconsistency and on occasions, lack of staff had impacted negatively on people. The provider had recently decided it was not financially viable to continue providing the service, and had given notice to the individuals living in the city who were receiving support from Lifeways.

A registered manager was employed by the service who was present throughout the inspection. 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.

The registered manager had taken action to improve the number of consistent staff to cover shortfalls. The registered manager said two local agencies are used where additional staff were required and this has helped to ensure consistency for people. All of the staff we spoke with said staffing levels had improved and the use of regular agency had provided consistency. The registered manager explained Lifeways had experienced difficulty recruiting staff, but had introduced incentives to improve staff recruitment.

People and staff described the management structure as being 'more stable'. The registered manager provided clear leadership and more team leaders were in post to support the management of the service.

The registered manager worked closely with other agencies and promoted an open and transparent culture with a strong emphasis on continually striving to improve the service. There were effective systems in place to monitor the quality and safety of the service provided and the provider had a clear plan on further development of the service.

Staff knew how to report any safeguarding concerns and were aware of the provider's whistle blowing policy. People's care plans contained detailed risk assessments that covered areas such as skin integrity, mobility, nutrition and falls. Where people were at risk, their records outlined management plans on how to keep them safe. People were supported by sufficient staff to keep them safe and the provider ensured safe recruitment practices were followed.

People received their medicines as prescribed and medicines were stored safely and securely.

We saw positive interactions with staff who had built caring and respectful relationships with people they supported.

People had choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and to meet their nutritional needs.

People had opportunities to engage in a choice of activities which were meaningful to them.

People knew how to raise any issues and their concerns were responded to by the registered manager. The registered manager ensured peoples' and relatives' views were sought and appropriate action taken when required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Improvements had been made to ensure staff were deployed in order to keep people safe.

Staff knew how to report any safeguarding concerns and were aware of the provider's whistle blowing policy.

People received their medicines as prescribed and medicines were stored securely and as per manufacturers' guidance.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Lifeways Community Care (Wiltshire)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and took place on 22 and 23 August 2017 and was announced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. We received feedback from two healthcare professionals who supported the service to meet people's care needs. During our inspection we visited people in their own homes to look at records and observed the interactions between four people using the service and staff. We spoke with four staff who worked at Lifeways and we spoke with the registered manager.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

We received feedback from two healthcare professionals prior to this inspection and both described how the inconsistency and on occasions, lack of staff had impacted negatively on people. The registered manager had taken positive steps by introducing initiatives to recruit staff, but had decided to stop providing a service to people where staffing was an issue. Those people are receiving a service from another provider.

Staff told us consistency had improved, as had the recruitment and retention of staff.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. The registered manager told us the planning of staffing was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care when they needed it and routines were carried out in a timely manner. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within their home or the community. Staff we spoke with felt there was enough staff on duty to meet people's needs and they could seek additional support if required. The service had access to an on-call service to ensure management support and advice could be accessed at any time.

We saw that people were relaxed with the staff who were supporting them and did not hesitate to seek support or assistance from any of the staff members present during our inspection. For example one person held sensory objects and handed them to staff. Staff said this indicated that the person felt safe around the staff members.

People were protected from the potential risks of harm or abuse.

We looked at the arrangements in place for safeguarding vulnerable adults and the way the service managed any allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager and the staff we spoke with explained how they would report safeguarding concerns to the appropriate person. Without exception, each of the staff we spoke with said they were confident any concerns raised would be listened to and acted upon. We saw records to show the local authority had been informed as appropriate of such concerns, and where necessary action had been taken in order to keep people safe.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments covered areas such as personal care, accessing the community and behaviour which challenged. Each included detailed information for staff about what could trigger certain behaviour, what to do if this behaviour occurred, how to respond when the behaviour started and how to support the person until they were calm. Staff described the importance of having these plans in place to minimise risks to people, and to give them information so they could support the person appropriately.

People's medicines were managed so they received them safely. Medicines were ordered, stored, administered and disposed of in line with the provider's medicines management policy. Staff had been

trained to administer medicines safely. A Medication Administration Record was completed by staff to record that people had received their medicines. Protocols were in place for people who required 'as and when' (PRN) medicines. We observed one person receiving their prescribed medicine. Staff explained that it was time for their medicine and supported the person to take them at a pace appropriate to them.

People were protected from the risk of being cared for by unsuitable staff. Safe recruitment and selection processes were in place to protect people receiving a service. Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. We looked at the files for four staff members. Records confirmed that appropriate checks had been undertaken.

Is the service effective?

Our findings

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. We observed people in their homes were relaxed in staff presence, and with us. Staff provided reassurance, were very aware of individuals' needs and responded appropriately in a timely way. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members. Staff had received the necessary training to meet the needs of the people using the service.

People who lived in the home could experience behaviour that could challenge the service. Staff had completed training in how to support people to manage their behaviour in a way that protected the individual, other people living in the home and staff members.

People were supported by staff who received regular supervision and support. Staff received one to one meetings with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff we spoke with said they received good support from the team leaders and registered manager. This meant staff had access to guidance and support from a range of experienced people.

People received the support they needed to eat and drink and maintain a balanced diet. We saw that people were given a choice of snacks and drinks throughout the day. People were supported to assist with the preparation of meals where they chose to be involved. Staff told us that people were given a choice of meal and if someone was not enjoying the prepared meal then an alternative would be offered.

People were supported to maintain good health and had access to healthcare services, such as GPs, dentists, specialist nurses and occupational therapists. People receiving the service had a 'Health Action Plan', to plan and record any medical intervention and appointments. Staff ensured people were able to attend healthcare appointments and check-ups. Some health professionals visited people in their own home to reduce their anxieties.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. We found care plans had the necessary records of assessments of capacity. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wanted a snack or drink or if they wanted to go out. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered choice, for example, when

they wanted to go to bed, what they wanted to eat and drink and how they wanted to spend their day. Comments from staff included "We make sure we explain to people to ensure they have an informed choice. We use prompts such as objects as well to enable people to make choices and decisions".

People used a wide range of ways to communicate their needs and wishes. We saw that staff were very knowledgeable about how people communicated. Each person was treated with respect and given time to make day to day choices. We observed that staff respected the decisions people made.

Is the service caring?

Our findings

Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans documented essential information on people's preferences and life experiences to enable staff to support them in ways they preferred. Staff knew people and their needs extremely well and had developed caring relationships. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance which had a positive impact on the person. For example, people smiled or touched staff which showed they were comfortable and relaxed with them. Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person.

The service was proactive in ensuring that people were able to express themselves and communicate their needs. Care plans contained detailed information on people's communication and any support they required to be able to express themselves. For example, it was recorded in one person's care plan they communicated by making noises, pointing or asking staff to follow them. Photographs and symbols were used to make information more meaningful and accessible to the person.

People were supported to maintain relationships with their family and friends. People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them, such as books, ornaments and photographs. Supporting people to personalise their rooms created a comforting and homely feel.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them, their relatives and appropriate health professionals. People received person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which detailed people's routines and preferences and how each person would like to receive their care and support.

People's care records were reviewed and the information within them was accurate and up to date. Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day during handover meetings between staff to make sure they were aware of any changes that were required to people's care.

The service was flexible and responsive to people's individual needs. They were committed to being creative and finding ways to enable people to live full lives and continue to be independent. There were arrangements in place for people to access social activities based on their preferences and interests, for example, social clubs and day trips.

People were supported by one to one staffing levels and were able to be flexible with their choice of activities. During our inspection we saw people going out to visit the local shops or for a walk. People moved freely around the home choosing where and how they wished to spend their time.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued and the registered manager explained it was an important part of ensuring improvements were made where necessary. We saw a copy of the complaints policy. The registered manager told us that they had not received any formal complaints. The registered manager said they had an open door policy and encouraged staff and relatives to speak with them if they had any suggestions or concerns.

Is the service well-led?

Our findings

Every staff member we spoke with told us they thought the service was well managed and they enjoyed working there. Staff said they were encouraged to raise any suggestions about how the service was run and the care people received. Suggestions were supported that had a positive impact on people's lives so the service developed further.

The registered manager explained the importance for them of recruiting staff who shared their ethos and values which included staff being caring and passionate about their job role. Staff we spoke with understood the vision and values promoted by the registered manager. One member of staff told us "I support people as I would want to be supported; with dignity, respect and kindness."

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. The registered manager had extensive background knowledge of working within care services for people who have learning disabilities and autism and was committed to giving the staff team a clear focus and guidance on the care and support people required.

To keep up with best practice the registered continued to work alongside other health and social care professionals to promote their understanding of what was good practice. The registered manager also attended a local provider's forum where they could discuss common issues and share knowledge and best practice with other providers of care services.

The registered manager and staff worked in partnership with families and other health and social care professionals to ensure people received their care in the best way for them.

The provider had effective systems in place to monitor the quality of care and support that people received. Checks covered areas such as maintenance, staff training, care plans and observations of staff practices. Weekly audits carried out by the team leaders and staff included safe administration of medicines and fire safety. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

Accidents and incidents were investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence.