

Lifeways Community Care Limited

Lifeways Community Care Ltd (Leicester)

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

We inspected the service on 28 and 30 March 2017. The inspection was announced on both days. The provider was given 48 hours' notice because the location provides domiciliary care as well as a supported living service for people requiring personal care; we needed to be sure that someone would be in.

Lifeways Community Care is a home care agency and supported living service that supports adults who live with a learning disability, autism or mental health issues. At the time of our inspection there were 141 people using the service

The service had a registered manager. 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.

People and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe. Safe recruitment practices were followed.

Risk associated with activities of people's care had been assessed and measures were in place to prevent avoidable harm. The environment and equipment was checked and maintained in order to keep people safe.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so. People were supported to manage their medicines where they were able to.

People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have enough to eat and drink and follow healthy diets.

People were supported in line with the requirements of the Mental Capacity Act (MCA). People's capacity to consent to their care had been assessed when there was a reasonable belief that they may not be able to make a specific decision.

People were supported by staff who understood that they should be treated with dignity and respect. People's independence was promoted and encouraged.

People were supported to pursue their interests and remain active. Staff supported people to access educational, vocational and leisure activities. People's aspirations were recognised and respected.

People had been asked for feedback about the service. They were actively involved and consulted in the running of the service. Staff were involved in the recruitment of their staff.

People received care and support that was centred on them as individuals. People were involved in planning and reviewing their care. Staff had a clear understanding of their role and how to support people as individuals.

People felt that the service was well-led. They knew how to complain should they have needed to and had confidence that their concerns would be addressed.

Staff felt supported and that communication between them and the registered manager was good. They were clear on their role, the expectations of them and the aims and objectives of the service.

Systems were in place to monitor the quality of the service being provided and drive improvement.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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.

People felt safe. They were supported by staff who understood their responsibilities to keep people safe from avoidable harm.

People could be assured that they would receive their medicines as prescribed by their doctor.

Risks associated with people's care and the environment were assessed and managed to prevent harm to people.

Is the service effective?

Good 

The service was effective.

People's capacity to consent to their care had been assessed. Where people lacked the capacity to consent decisions were taken in their best interest's.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health. They were supported to have enough to eat and drink and follow healthy diets.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion.

Dignity and respect for people was promoted. People's communication styles and needs were understood by staff and supported.

People's independence was promoted and people were encouraged to make choices and felt involved.

Is the service responsive?

Good 

The service was responsive.

People received care and support that was centred on them as individuals. People were involved in planning and reviewing their care.

People were supported to pursue their interests and remain active.

The registered manager had sought feedback from people using the service. People understood how to raise a complaint if they needed to and were confident that it would be addressed.

Is the service well-led?

The service was well led.

People felt that the service was well led. They told us that the registered manager was approachable and they were confident any concerns would be addressed.

Staff felt supported by their managers. Staff at all levels were communicated with and their ideas and opinions were sought.

Systems were in place to monitor the quality of the service being provided and drive improvement.

Good ●

Lifeways Community Care Ltd (Leicester)

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.

We inspected the service on 28 and 30 March 2017. The inspection was announced on both days. The provider was given 48 hours' notice because the location provides domiciliary care as well as a supported living service for people requiring personal care; we needed to be sure that someone would be in. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Before our inspection visit we also reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted two local authorities who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

As part of our inspection we visited the three supported living projects accompanied by staff members from Lifeways Community Care. We also visited a person who receives domiciliary care in their own home when Lifeways Community Care staff were present. We observed staff and people's interactions, and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions.

We telephoned 10 people and two relatives of people using the service as part of the inspection to ask them about the support that they received.

During our inspection visit we met and spoke with five people who used the service. We spoke with 12 members of staff including support staff, team leaders and the training co-ordinator. We looked at the care records of five people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

Is the service safe?

Our findings

People told us that they felt safe. Comments included, "Happy – I'm fantastic. I do feel safe." "I am safe. The staff are keeping me safe." "I feel safe here". People relatives confirmed that they thought people were safe. One person's relative told us, "I know he is safe, the staff understand him and he comes back safe. He is well supported. Staff will inform us if there is an issue."

People could be assured that they would receive their medicines as prescribed by their doctor. One person told us, "The staff do medication for me." Another person said, "Staff give me medication." Where people were able they were supported to be actively involved in administration, storage or checking of their own medicines. One person said, "I'm a meds checker." They showed us how they checked the stock levels of their medicines on a daily basis. People were provided information about their medicines, including what they were for and how to take them.

Staff received training and supervision in medicines administrations to check that they were safe to support people to take their medicines. Staff's competencies to administer people's medicines was regularly checked to ensure that they were able to demonstrate good practice. Medicines were stored safely and staff were given the guidance they needed to ensure that people received the medicines that they required. Health care professionals were consulted when there was a concern about a person's medicines. The medicines that people were taking were reviewed regularly to ensure that they continued to be the most appropriate to meet a person's healthcare needs. Senior staff checked that good medicines practice was followed on a weekly basis through an audit of medication records and stock checks.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. Where possible staff involved people in safety checks, for example weekly fire alarm tests. Where people needed it there was equipment in place to help keep people safe. The support that people needed in case of emergency had been formally assessed. People told us that they knew what to do in case of a fire and that drills happened regularly. One person said, "You go to fire point F, I've done it before." In these ways people were protected from the risk of harm.

People understood how to summon the support of staff if they needed it. One person who resided in a downstairs bedroom, had a pendant to use if they required the support of staff during the night. This person told me it helped him to feel safe as they were unable to go upstairs to where the staff slept. They said, "I've got a buzzer, I press it." Another person demonstrated to us how they used the intercom facility to contact staff during the hours when they did not receive one to one support.

People were not prevented from taking risks in order to experience greater levels of independence and enhance their quality of life. One person told us, "I go out on my own on the bus and someone meets me off the bus to make sure I'm safe." Another person told us how they had been supported to cross the road safely and independently in order to be able to get to their voluntary job. Staff confirmed that people were

supported to have the skills to remain safe. One staff member said, "[Person] wasn't used to catching the bus. They started going on the bus with us and now has got to know people on the bus and goes on their own. [Person] has a mobile phone and knows to call the police if required." Risks associated with all areas of people's care needs, such as moving and handling, nutrition and epilepsy had been assessed. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks.

Staff understood their responsibilities to keep people safe from harm or abuse. One staff member told us, "I would ring the service manager who would involve the area manager. If needed I would call social services worker myself. Staff call the on-call if there's an accident or incident. Then they record." We saw that the registered manager had taken action when a concern had been raised with them. Staff also had access to an independent whistleblowing line where they could raise any concerns anonymously if they felt they needed to. The provider had safeguarding policies and procedures. All staff had received training in safeguarding people from abuse or avoidable harm.

The provider had followed their recruitment procedures. These ensured as far as possible that only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included Disclosures and Barring Service (DBS) checks. These are checks that help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

Is the service effective?

Our findings

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 Act 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We found that they were.

Staff had received training and guidance in order to understand how the MCA applies to the people they were supporting. One staff member said, "You have to assume that everyone has the capacity to make decisions and choices." Another staff member told us, "It's about if a person has the capacity to make a decision. If there were concerns I'd contact the service manager, GP, social workers. We'd probably have a meeting to all agree to a decision. A best interest meeting. There are no issues here though." Where people's capacity to make decisions for themselves was in question we saw that assessments were made and best interest decisions made in line with the MCA. These decisions were the least restrictive possible and people who knew the person well and understood their needs were consulted. A person's relative told us, "Decisions that need to be made are in consultation with us." We also saw that where people had the capacity to make decisions this was respected, even when people's decisions were sometimes 'unwise'. Staff and the registered manager offered people information, guidance and support to help them weight up all aspects of the decisions being made.

People received care from staff who had the right skills, attitudes and ethics to meet their needs. A person's relative told us, "They are a positive bunch." During recruitment staff were required to complete scenario style questions that checked that they had a caring nature and understood the importance of empowering people to achieve their potential. Staff were supported in their roles. One staff member said, "Appraisal is once a year and regularly every six months or so. I talk about if I have any concerns and I can raise things." Another staff member told us that they felt the support they received was, "Very good. I feel listened to and things are acted upon." We saw that staff received regular supervisions with their line managers. During these meetings staff had an opportunity to raise any concerns they may have. Their line manager used supervisions to check staffs understanding of safeguarding procedures and individual people's care plans.

Staff received training and support to meet people's needs. One staff member told us about the training they received. They said, "It's always provided and you can ask for additional training. There's mandatory training." Another staff member said, "Every year, if it's out of date they put you on it." The staff training records showed that staff received regular refresher training and ongoing learning. Staff told us that they had attended courses such as, dignity in care, safeguarding and some practical sessions with the hoist and slings. Staff told us that alongside general care training they also received person specific training. The training co-ordinator explained that staff teams were trained on the specific support needs of the people

who they supported. For example if someone required support to use a particular piece of equipment to help with their mobility then staff would receive training appropriate to this. Staff confirmed that they had received this training. The registered manager ensured that staff's competencies in all aspects of their roles were assessed on an ongoing basis to ensure that they continued to meet the required standards set by the provider.

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they shadowed more experienced staff members before they supported people on their own so they could understand their support requirements. We saw training records that confirmed this. New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. As part of their induction we saw that staffs' understanding and competency to complete each aspect of their role was assessed. When a new member of staff was preparing to work with a person they were required to complete a person specific induction. This was to ensure that they had been shown and understood how to support the person in line with their agreed care plans.

People were supported to have enough to eat and drink. One person told us, "Staff help me with meals." Another person said, "I make myself a tomato sandwich when I am hungry. I make my own coffee – staff help me with the kettle. I get an ice lolly. I like to cook – chilli con carne with support." We asked people if they were given a choice of the food that was on offer. One person told us, "Course we can. I do the shopping list every Monday and go to Lidl or Aldi on Tuesday. I push the trolley." Another person told us, "They help us with the food. There's a food list on the fridge and we decide for ourselves." A staff member said, "We always ask them, we sit down and do a menu plan and shopping list." Other people we spoke with confirmed that they wrote menu plans for the week. For some people these were written on boards in their homes. Others had pictorial menus available to them to help them choose.

Where people required specialised diets or support with eating and drinking this was provided. Staff were given guidance on how to meet people's dietary requirements and their understanding of this guidance was checked to ensure people's needs were met. One staff member explained to us how one person required a pureed diet due to there being an assessed risk of them choking. People were supported and encouraged to have healthy diets. One person was helped to understand portion sizes through the use of individual packaging, such as single portion butter or cereal boxes. We saw that staff gave people information about ways to eat healthily. In one person's home we saw that the person was encouraged to grow herbs in their garden to use in as an ingredient for home cooked meals rather than 'ready meals'. The person enjoyed gardening and this helped motivate them to cook.

People were supported to maintain their physical health. One person told us, "I'm going back to the gym again to lose weight. I will use the exercise bike and the weights." If people needed to access health professionals this was arranged. One person told us, "They ring for the doctor for us [if needed]." We saw that people had been referred to health professionals when the need was identified. For example when a person was at risk of choking. Staff had received specific training to help support people's health needs in times of emergency. For example if a person using the service was likely to have an epileptic fit. People were given information about their health conditions in a way they understood and supported to plan visits to appointments. We saw that this was important to some people as it helped them to manage their anxieties about health care appointments.

Is the service caring?

Our findings

People told us that staff treated them in a caring way. One person said, "Staff are kind." Another person told us, "The staff are kind – I like them." A third person said, "Staff do care for me, they are kind." A person's relative told us, "They provide good care."

People were supported to take control of their lives and made decisions about the things that were important to them. One person told us, "I choose my own staff." We saw that one person had expressed a wish to access their health care professional appointments independently and this was respected and supported. People could decide how they spent their money, who entered their home and how they wanted staff to support them.

People's independence was promoted. One person said, "I got my own Hoover in my room." Other people explained to us the support that staff gave them to complete domestic tasks around the house. A staff member told us, "We try and encourage them to be as independent as possible. [Person] wouldn't walk down to the shop to get the paper before and now he walks into Ashby." People care plans guided staff on areas that people were independent and areas where they required support. Staff were also guided on how to encourage people to develop independence skills. For example we saw that one person could be encouraged to complete particular domestic tasks if staff gave praise in a particular manner.

People were supported to maintain links with people who were important to them. One person told us, "(My relative) visits me Thursdays and Sundays." We were shown family photographs and people described how they maintained family relationships with the support of staff where needed. A person's relative told us, "It's important that [person] has contact with the family. It helps to keep the family unit together." We saw that people's timetables of activities included visits to meet with people who were important to them. For example attending social events with friends that people or meals out with relatives.

People's homes were treated with respect and their privacy was promoted. One person told us, "I've got a key to my own front door." Another person said, "It's a nice place to live." We observed other people using keys to enter their flats when they wanted to. Staff encouraged people to open their door when they had visitors and we observed staff knocking and waiting to be invited in before they entered people's flats or bedrooms. Each person's bedroom or flat was decorated to their choosing. Many personal items were noted included bedding that matched people's interests. People were proud of their rooms and took great pleasure in showing us them. One person proudly explained that they cleaned their own room with just a little bit of support from staff.

People's communication needs were taken into account and staff used a number of different communication aids to help people to understand or remember important information. The people that we met during our inspection visit showed us their communication aids where they had them. Some people communicated in unique ways and we saw that staff understood their communication and responded to them appropriately. This was because they knew people well and had taken the time to understand them. Staff were able to explain how they had used particular signs, symbols or objects to help people understand

what to expect or make choices. A person's relative told us that staff had supported their relative to understand how staff would assist them when their behaviour posed a safety concern. The person had demonstrated that they understood the type of intervention that staff would make. This meant that they could be prepared for it on the occasions that it happened.

Some people were supported by an independent advocate. An advocate is a trained professional who can support people to speak up for themselves. The provider told us that there were times when they had referred people to advocacy support or requested that individuals funding authority reviewed their support packages when a particular concern had been raised. This meant that people were supported to be involved in their care.

People were given information about the service that they could expect to receive in the form of a guide. This explained what they could expect from Lifeways Community Care, the roles of care staff and how to make a complaint. The service provided people with its policies that were written in ways that made them easier to understand. This was to maximise people's understanding of how the service ran and what they could expect. Prior to the service annual quality assurance audit, letters were sent to people introducing the auditor and explaining the audit process and what the purpose was.

Is the service responsive?

Our findings

People received care that was individualised to them and their needs. A person's relative said, "There are tiny aspects of [person's] care that they need to know. They do know because it's a static team. They do the little things that make a difference." The service training co-ordinator told us, "Here we are people centred." People received support at the times that they wanted to. One staff member told us, "They are in control of the way that their one to one hours are managed."

The service was responsive to people's needs and took into account people's preferences and interests. One person's relative told us about how the staffing rota was put together to ensure that the person was supported by staff who enjoyed football on match days. They said, "[Team leader] is very careful about checking the fixtures when doing the rota." A team leader told us how they had changed a staffing rota on the day that we spoke with them to ensure that a preferred member of staff was available to a person to support them to access a healthcare appointment. They told us that this was important to the person and meant that the healthcare appointment was more likely to be successful with this staff member supporting the person.

People were supported to engage in meaningful activities that they enjoyed. One person told us, "I go to the gym, do X Box and go walking. I go to the shops." Another person said, "I do computers, listen to music, visit my mum and am going to Skegness in the Summer." Staff described how they encouraged people to remain active and access different activities. One staff member told us, "I try to encourage suggestions for different things for people to try." People were encouraged and supported to pursue vocational and educational opportunities. One person said, "I do voluntary work three days a week." Another person spoke with pride when they told us about the job that they were supported to do.

People's dreams and aspirations were identified and respected. One person was supported to access a training course in order to help provide them with the skills they needed to take the next step towards their chosen career. This person proudly showed us the certificate that they had received upon completing the course. Staff worked with people to help them achieve their goals. A staff member told us, "[Person using the service] makes a list of the things he wants to achieve and it's our job to make it happen." We saw that staff supported people to take the necessary steps in preparing themselves for a trip out in the community. For some people this required a structured routine and support to prevent them becoming anxious. In these ways staff understood what was important to people and ensured that the support that they needed was in place.

The support that people needed was assessed prior to them receiving care from Lifeways Community Care. This was so that the registered manager could be sure that the service could meet their needs.

The support that people received was agreed with them and recorded in care plans. A staff member told us, "The support plans are detailed and get reviewed. There are goals we help them to reach. They are around independence." We saw in people's support plans it was detailed how they had been involved in the development of their support. For example in one support plan it said, "I sat down with my service manager

and my staff to help write my support plan. We also made phone calls to my sister to help complete some parts of the plan." People's support plans were written in the first person detailing their levels of independence and the specific support that they needed from staff. For example the name and address of a hair dresser that a person prefers to visit. Where people had specific routines that they needed to follow these were clearly detailed. This was to guide staff to ensure that people received the support they wanted.

People's care was reviewed with them to ensure that it continued to reflect their needs and wishes. One staff member told us how a person had developed skills and that this was celebrated as part of their care review. They said, "The feedback from parents is that they are completely different people from when they moved in." We saw that in one person's review they had identified that they became bored in the evenings. We asked what action had been taken in order to address this. We were told that themed nights had been introduced. Another person met with their preferred staff on a weekly basis to review the things that they had done in the previous week. Staff told us that this was an opportunity for the person to express what they had enjoyed and if they had any concerns or disliked anything. We saw that staff used photographs and pictures to aid the person's understanding of the things that they had done that week.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. Care plans had been written that identified what may cause a person to display this type of behaviour and the ways that staff could support them to avoid these. We saw that staff had received positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. People's care plans guided staff to support people to calm following anxiety and to help keep themselves and others safe. In these ways staff understood and knew how to respond to people's behaviours.

People told us that they understood how to make a complaint if they needed to and they were confident that it would be addressed. One person said, "I was going to ring CQC last year. I complained to the area manager last year and it was dealt with and the person left but it is more stabilised now and I am more happy." Another person told us, "I would go to the staff. They listen. The staff would help." The service complaints procedure was available to people in a format that made it easier to understand. We saw that the registered manager had taken action when a complaint had been made. This had included completing investigations if required and meeting with people to discuss their concerns. The registered manager used complaints as a tool for driving improvement.

People were asked for feedback about the service that they received. One person said, "I am reasonably happy. We have meetings – talk about anything, food, outings." Another person told us, "We have a meeting at the table. We talk about how we feel, what we've been doing, any worries." Staff confirmed this. One staff member said, "We have tenants meeting. They discuss what they want and have the support of a keyworker." People using the service were invited to meetings where they were encouraged to offer feedback. One person confirmed that they had discussed a worry about their washing machine at a meeting. Following this the machine had been replaced. Some people set up and chaired the meetings themselves. The service manager told us that they did not always invite staff to attend but would feedback if there were any issues or concerns that needed to be addressed.

People were involved in the recruitment of their support staff. We saw that the provider had created a recruitment work book that prompted people to consider the types of staff that they wanted. This included the particular skills and attributes that the person valued in their support. It also gave people information about employment law and the different stages of the recruitment process so that they could be involved. We saw that people were involved in a variety of ways. Some people devised questions to put to perspective

staff, other people sat on the interview panel. The provider had set up recruitment forums with the aim of upskilling people further to enable them to gain greater skills and understanding of the recruitment process and be involved further in recruiting their own staff.

Is the service well-led?

Our findings

People told us that they felt that the service was well led. They told us that the registered manager was approachable and they were confident any concerns would be addressed. One person said "The manager for this place is really nice and on the ball. Complaints are dealt with. I've had my ups and downs but the management has sorted it. There have been a lot of staff changes." A person's relative confirmed this. They told us, "I just ring the manager or the team leader and just say we need to have a chat about it." Staff told us that they thought the service was well led. One staff member said, "You hear about so many bad places but I think Lifeways treat service users like royalty." Another staff member told us, "I think they have improved when you didn't think they could improve."

People were involved in the development of the service. The provider's policies were written with the assistance of people using the services via regional and national Quality working groups. Some people using the service had been invited to provide training to staff regarding conditions that they had. People were actively involved in the recruitment of staff. This demonstrated that Lifeways put people using their services at the centre of what they do.

The provider had conducted satisfaction surveys with people using the service and their relatives. The registered manager told us that they had taken action to address people's feedback. For example, where people had said that they did not always have control over who attended their meetings. The registered manager had written to people to inform them that they were completely in control of who attended their meetings and that this message was being communicated to all service managers and team leaders to ensure that this happened. All of the people surveyed responded to say that they felt safe, listened to and that their healthcare needs were being met.

The staff that we spoke with during our inspection visits felt supported and that they could raise concerns and that these would be addressed. One staff member said, "I'd be contacting [team leader] if I had a concern and then the manager if necessary. They would take it seriously. I did say about the security here in terms of having a side gate. I raised it in my appraisal. It was agreed and said they would look into it." Another staff member said, "My line manager and the manager [registered manager] always say 'you know where we are if you need us. I can call them anytime.'" Staff achievements were celebrated through staff recognition schemes. The registered manager told us how a staff member had received an award for their hard work in organising and facilitating a meeting for a person to enable them to meet their life goals.

Staff had access to policies and procedures and understood how to follow them. One staff member told us, "Its strict, they take policies very seriously." The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. It included the staff code of conduct and the confidentiality policy. Staff were required to read and sign key policies and answer scenario based questions to ensure that they understood their responsibilities in following the policies. We saw that action was taken when staff had not met the required standard and that investigations had taken place into incidents that had occurred. Where necessary staff had been managed in line with the provider's disciplinary policy and provided with additional support.

Staff at all levels were communicated with and their ideas and opinions were sought. The registered

manager ensured staff meetings took place regularly. Staff confirmed this. One staff member said, "Yes we have them quite often. If you can't attend you get a print out. There is so much to talk about." During the meetings, senior staff informed the staff team of any changes, new systems of working or updated them on policies and procedures. Staff were encouraged to offer ideas to develop the service or discuss anything of concern. Managers met on a weekly basis to share good practice and ensure that they were aware of any issues or concerns within the service so that these could be addressed. The registered manager shared the outcomes of inspections or quality audits with staff teams. This was with the aim of ensuring that they knew where the service was achieving and any areas that needed to be addressed.

There was a range of audit systems in place to measure the quality and care delivered and so that improvements could be made. These included medicines management, accidents and incidents and health and safety practice. These were effective in highlighting ways to improve the service. The registered manager conducted spot checks and site visits regularly to check that people were receiving the care that they should be. We saw that as a result of a spot check staff practice was identified as falling short of the standard that Lifeways expect. Disciplinary action was taken as a result.

The provider had a detailed quality monitoring system in place. We saw that the registered manager was required to provide information, such as accidents and incident and staff training and supervision, to the provider so that they could monitor the service. The provider's quality assurance team visited the service annually and completed a full audit of all aspects of service delivery. This included speaking with people who use the service. We saw that one of these visits had identified that a person using the service was unhappy with the service they were receiving. The registered manager was made aware and addressed the person's concern in line with the provider's complaints procedure. Any areas for improvement that were identified through the annual quality assurance audit were put on an action plan for the registered manager to follow. This was to ensure any actions required were addressed. The registered manager was required to feedback their progress against the outstanding actions. The provider had demonstrated that they were committed to measuring and reviewing the delivery of care and effective quality assurance processes were in place.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.