

Lifeways Community Care Limited

Lifeways Community Care (Lancashire South)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Lifeways (Lancashire South) is registered to provide personal care to people in their own homes in the St Helens and Manchester areas. People had varying degrees of support, including those with learning disabilities, autism and/or mental health needs. During this inspection eight people were receiving support with personal care.

People using the service either lived in a 'supported living' setting in their own flats or bungalows and received support from staff over varied number of agreed hours. People had access to staff support 24 hours a day. The supported living setting included two apartment blocks with up to 12 and 15 single occupancy flats and three single occupancy bungalows. A separate office was located within the apartment blocks which also included sleeping facilities for staff to access.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were motivated to deliver care and support that was person-centred and based on people's needs and preferences. People were encouraged and supported to be as independent as possible. People's needs and choices had been assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred.

People and family members spoke positively about the caring approach of the staff team and how well they knew people's needs. Positive relationships had been developed between staff and people using the service. People and family members told us staff treated them with kindness, compassion and respect and observations showed that staff interacted well with people.

People told us they felt safe whilst being supported by staff and were confident they were well looked after. People living within the 'supported living' settings told us they felt safe because staff were available whenever they needed them. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm.

Risks to people had been assessed and those identified were managed safely by competent staff. Where people required support with medication this was managed safely; people and family members confirmed that medication was received at the right times. Where required, people had access to appropriate equipment and were supported to ensure their homes remained safe.

People were supported to access a range of social activities that were based on their interests and goals.

Activities were used as a way to help develop independence, skill development and healthy living. People spoke positively about the activities they accessed and told us everything they did was their choice.

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

The leadership of the service promoted person-centred care and a positive culture within the staff team. The newly recruited registered manager was open and transparent and had worked hard to address issues identified when they first came in to post. Positive comments had been received by people, family members and staff regarding the changes they had already made to the running of the service. Effective quality assurance systems supported with the continuous learning and development of the service.

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

Rating at last inspection

This service was registered with us on 25 May 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection scheduling and previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Lifeways Community Care (Lancashire South)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited two people in their own homes and spoke with three family members to ask about their experience of the care provided. We spoke with four members of staff including the registered manager and service manager. We reviewed a range of records; this included people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. and so on.

Is the service safe?

Our findings

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

This is the first time this key question has been rated under the new registration. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe with the staff who supported them. Comments included "Yes I feel safe with the staff that look after me. At first they had a lot of agency staff but now it is much better" and "Staff make me feel safe. They are always around when I need them."
- Family members felt confident their relatives were safe with the staff who supported them. One relative told us "Yes I think [name] is safe. Staff are there if he needs them."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs and keep them safe.
- People told us they were supported by consistent staff who knew them well. One person told us staffing had previously been an issue but that since the new registered manager had been in post this had been addressed and they now received support from regular staff.
- Safe recruitment processes were being followed.

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care plans provided detailed guidance for staff to keep people safe from avoidable harm.
- Risks to people were continuously reviewed and records updated to reflect any identified changes to ensure people received the right support in the least restrictive way possible.
- Where appropriate, the service had implemented individual safety checks for each person's flat; safety checks were based on people's individual risks and abilities.
- Medicines were managed safely by trained staff. People told us, and family members confirmed, that medicines were administered at the right times. Staff completed medicine administration records (MARs) where required.
- Where people were responsible for the administration of their own medicines, appropriate assessments had been completed.
- Guidance was in place for staff to follow in relation to medicines that were to be given 'as required' (PRN); staff demonstrated their understanding of when PRN medicines should be administered.

Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff used personal protective equipment (PPE) and followed correct guidance in relation to disposal of PPE and other waste products.

Learning lessons when things go wrong

- A record of any incidents or accidents that occurred was kept and reviewed regularly by the registered manager to identify any patterns or trends so that lessons could be learnt when things went wrong.

Is the service effective?

Our findings

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

This is the first time this key question has been rated under the new registration. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed with the involvement of people, family members and health and social care professionals prior to people receiving support to ensure staff were able to meet their needs. This information was used to help deliver effective care.
- Assessments of people's care and support needs were completed in good detail and included expected outcomes based on their needs and choices.
- Staff knew people well and how best to meet their needs; people were encouraged and supported to learn new skills to help develop independence.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from health and social care professionals this was recorded within their care plans.
- Care plans documented the importance of people being supported to access health appointments and provided guidance for staff to do this effectively without causing distress to people.
- People told us that where required, staff supported them to access health appointments.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training relevant to their role and people's needs.
- People and family members told us they felt staff knew what they were doing and supported them well. Comments included "I like continuity and having regular staff means that they get to know me and I feel comfortable with them. They know how to support me and they do a good job" and "Yes I do think they know what they are doing. I have quite a few support needs and they do everything I need."
- People were given the opportunity to be part of the recruitment process of new staff to ensure the right staff were recruited. The registered manager told us they were hoping to create an interview panel for people to part of.
- "Choosing my support team" in people's care plans provided information about the qualities people would like to see in the staff who supported them to help them feel more comfortable and build positive relationships.
- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss work concerns or learning development when needed.

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

- Staff recognised the risks associated with poor food and drink take and supported people to maintain a healthy balanced diet without taking away their choice and control.
- People were supported and encouraged to participate in the preparation of meals in order to develop and maintain independence.
- Staff had good knowledge of people's preferred food choices, food faiths and dietary requirements and ensured these were provided. One person's care plan clearly detailed food items the person was unable to eat due to their religion; staff ensured this was adhered to at all times.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Where people had authorisations in place to deprive them of their liberty this was clearly recorded within their care plan.
- People told us they were given choice and control everyday and that staff always asked for their consent or agreement before tasks were carried out.

Is the service caring?

Our findings

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

This is the first time this key question has been rated under the new registration. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support from staff who knew them well.
- People were treated with kindness and spoke positively about the caring attitudes of staff. Comments included "Once you get to know staff they are good, they are kind and caring. It just takes me time to get to know people", "I can have a good laugh and a banter with them" and "I get on well with staff, we can have a laugh and they get my sense of humour."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. Interactions between staff and people were genuinely kind and compassionate.
- Staff used information about people's life histories, important relationships, likes and dislikes as well positive interaction to get to know them.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way.
- Staff wore casual clothes when on duty as this made people feel more comfortable and meant they were not identified as people who needed support whilst out in the community.
- Staff understood the importance of maintaining people's dignity whilst providing support and explained ways in which they would do this.
- Staff ensured people's confidentiality was maintained; where people preferred, care records were stored in the office and only accessed by staff or relevant others. Records kept in people's own homes, staff ensured only relevant people had access.
- People were encouraged and supported to have choice and control over their day-to-day lives. People told us

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

- People, along with family members, were encouraged to share their views about the care provided with regular care plan reviews and meetings. One person told us "I have regular reviews with [manager] and I get to tell them how I feel and discuss any changes to my support. [Manager] always listens to me."
- People were provided with information about how to access advocacy services; these services support and enable people to express their views or concerns and access relevant information.

Is the service responsive?

Our findings

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

This is the first time this key question has been rated under the new registration. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care and support in the way people wanted.
- People, and where appropriate their family members, were involved in care planning. One person told us "I was involved in my support plan and I have regular one-to-one meetings to see if anything has changed. I can also tell [manager] if anything has changed and my support plan is updated quickly." One family member told us "I was originally involved when [name] care plan was created but he can make decisions for himself so I don't get involved but I am kept updated."
- Care plans contained detailed and person-centred information that was relevant and up-to-date. Regular reviews were completed to ensure staff had access to relevant information.
- Care plans included information regarding all tasks required for each visit or hours of support and ensured people received care that was person-centred and appropriate to their needs.
- Staff maintained daily records in order to provide up-to-date information regarding the support people received and any identified changes to people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- A 'communication passport' had been created to ensure that health professionals were provided with information regarding people's communication needs.

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

- The service promoted positive relationships with family and significant others. Care plans provided information and guidance about who is important to people and how staff can support them to ensure relationships are maintained.
- People were supported to access activities and hobbies of their choice. Care plans detailed what people like to do and encouraged them to choose the activities they wished to take part on.

- People's religious and cultural beliefs were considered when planning activities to ensure they were supported to access places of prayer and religious ceremony.

Improving care quality in response to complaints or concerns

- Each person's care plan contained relevant information about how to make a complaint. People and family members told us they knew who to contact if they had any concerns and were confident they would be dealt with. One family member told us "[Name] is definitely empowered to raise concerns. I also know how to make a complaint if I need to and [manager] is very approachable."
- The service maintained a record of complaints. Those recorded had been dealt with appropriately.
- Prior to the inspection taking place, we had received information relating to complaints from people regarding staff conduct at one service. The registered manager told us, and commissioners confirmed, that concerns and complaints had been listened to and dealt with. Evidence provided during the inspection confirmed that complaints had been dealt with appropriately.

End of life care and support

- The service was not currently supporting anyone with end-of-life care however the registered manager was aware of their roles and responsibilities in ensuring people at end the end of their lives received the best care possible.
- Staff told us they were confident that should end-of-life care be required appropriate training and guidance would be offered.

Is the service well-led?

Our findings

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

This is the first time this key question has been rated under the new registration. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

Continuous learning and improving care

- A new registered manager had recently been recruited since the service had re-registered with CQC. They were supported in their role by a service manager.
- Prior to the inspection we had received concerns regarding one of the two services at Lifeways (Lancashire South). Concerns related to staff conduct and people not being happy with the service they were provided. Since being in post, the registered manager has made numerous changes and worked hard to address the issues.
- People and family members positively commented on the changes made by the registered manager and were happy with the service they now received.
- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the registered manager and senior staff to identify areas of improvement.
- Additional spot checks and inspections were carried out by managers from other services within the provider group, area managers and the provider's quality team to check the safety and quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering; How the provider understands and acts on the duty of candour; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service, family members and staff.
- People and family members were provided with opportunities to put forward their views and opinions about the service and how it could be improved. This was done through regular discussions and meetings.
- People and family members spoke positively about the service they received and described improvements since the new registered manager was in post. Comments included
- Staff spoke positively about the new registered manager and told us things had improved since they came into post. Staff described an increase in morale and team work and felt listened to and supported in their role.

Working in partnership with others

- The service had good links with the local community and key organisations, local authority commissioners, safeguarding teams and external health and social care teams.

- Managers and staff worked closely with other health and social care professionals to develop their skills around meeting people's needs.