

Lifeways Community Care Limited

# Lifeways Community Care Limited (Nottingham)

## Inspection report

SHG House, Cliff Hill Avenue  
Stapleford  
Nottingham  
NG9 7HD

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Lifeways Community Care Limited (Nottingham) is a domiciliary care service which provides personal care and support to adults in their own homes. The support people received ranged from short visits to 24hour care depending on people's needs. At the time of our inspection there were 49 people using the service.

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

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

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

#### Right Support

People were protected from the risk of abuse and neglect and risks to people's health were assessed to reduce risks. There were enough staff to provide safe care to people in their homes.

Medicines were safely administered. Staff followed infection control policies and procedures, including current guidance for COVID-19 to reduce the risk of the spread of infection. Systems were in place to ensure that accidents and incidents were recorded and acted upon.

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.

#### Right Care

People had their needs assessed prior to receiving personal care. Staff were effectively inducted into the service and trained for their role. Staff received supervision to develop their roles. Where needed people were supported with their meals and to maintain a balanced diet. Referrals were made to other health and social care professionals as and when required.

#### Right Culture

People were listened to and were able to make decisions about their care. Staff were kind, caring and respectful. Care was provided in a dignified and respectful way.

People received person-centred care and were able to make choices about the way they wanted their care to be provided. A complaints policy and system were in place so that any complaints could be dealt with

appropriately. The registered manager was reiterating the complaint process to people and staff to ensure all complaints would be addressed and followed up.

People were involved in the way the service was run, however relatives felt communication from the service could be improved. The registered manager had a good understanding of the regulatory requirements of their role. Systems were in place to monitor and check on all areas of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was Good, published on 01 September 2017.

#### Why we inspected

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Lifeways Community Care Limited (Nottingham)

## **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.

#### Inspection team

This inspection was carried out by one inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

#### 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 there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

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

Inspection activity started on 24 October 2022 and ended on 16 November 2022. We visited the location's office 10 November 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

#### During the inspection

We spoke with 9 relatives of people who used the service, the registered manager, 2 service managers and contacted nine staff members, which only one staff member responded. We reviewed a range of records which included, support plans, risk assessments, recruitment information and training records and audits carried out to monitor the way the service was run.

# 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 changed to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicine administration records (MAR) were completed and regularly audited. This meant we were assured people received their medicines as prescribed.
- Relatives confirmed their family members received their medicines, as and when required.
- Staff had received training in medication administration and had been assessed as competent in administering medicines safely. One member of staff we spoke with said, "I administer medication daily when on shift. I have completed Lifeways e-learning for medication, and I have had competency assessments in the past."
- The service manager described the medicine process that was in place at the service locations they oversee. This was in line with the providers policy and procedures.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm, risk of abuse and neglect.
- Relatives told us their relations were safe with the service provided. One relative said, "[Name] feels safe. I specifically ask them." [The relative] also told us, "[Person], tells staff personal things and relative know staff listen, reassure the person and record it."
- Staff understood safeguarding procedures and knew how to report concerns if they needed to. One staff member we spoke with said, "I would follow Lifeways safeguarding policy on who to inform. I have also completed Lifeways e-learning course on safeguarding."

### Assessing risk, safety monitoring and management

- Risks were identified and managed. Support plans showed risks had been assessed and how staff should support people to manage those risks.
- Risks were reviewed and updated to ensure staff were working with the latest information about people's care and support needs.

### Staffing and recruitment

- The staff member we spoke to told us there was enough staff to meet people's needs. Service managers had identified shortfalls and taken action to reduce risk. Management told us they had reviewed the staff rotas and made changes to support requirements to ensure support was more consistent and staff were known to people.
- The staff member we spoke to said, "We are always fully staffed at the location I work at, if however, there is staff sickness then someone will always come in to cover the shift, sometimes agency staff is used."
- One relative told us they have the staff they need, someone on the sleepover and enough for 1 to 1

support time. Another relative when asked if there was enough staff they said, "Yes, very good."

- Staff were recruited in a safe manner, and the appropriate checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks 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

- The provider had an infection prevention and control policy and staff were trained in this area.
- Staff confirmed they had completed training in infection control and records we viewed confirmed this. One staff we spoke with said, "I have completed and I'm up to date on Lifeways e-learning courses on infection control and hygiene. When providing personal care, I use gloves, apron and a face mask."
- Relatives told us, during the COVID-19 Pandemic the standard of hygiene and care was exceptional and vigorous.

#### Learning lessons when things go wrong

- The provider had processes in place to investigate incidents and accidents.
- The provider shared lessons learnt and good practice across all locations to improve the quality and safety of the service. For example, individual medicine errors, incident and background information was recorded along with lessons learnt and action taken.



# 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 Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction training before starting work. One staff member we spoke with said, "I personally feel I have enough training and experience to do my job and care for the people I work with. I have completed e-learning courses, a zoom lesson on trauma response and classroom based first aid training."
- Plans were in place for staff to receive regular supervision. The staff member said, "I have regular supervisions with my manager, which I am given a copy of the record so that I can refer back to if needed."

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

- People were supported to eat and drink. Support plans identified what support people required. For example, one person lacked motivation to cook, but once encouraged by staff they enjoyed the process of cooking for themselves.
- Support plans contained information on people's preferences and dietary requirements to ensure people made healthy choices. For example, one person's support plan stated, 'Staff will encourage me to purchase fruit and fresh vegetables to make my favourite takeaway meal.'

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

- Management and staff were aware of people's health needs. They worked alongside healthcare professionals when required. For example, we saw referrals were made to the Speech and Language Therapy team and people were supported to attend appointments, such as an optician or hospital appointment.
- People's health was monitored, and changes made to reduce the impact on people's health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- People's consent was sought. Where people lacked capacity, the service was working within the principles of the MCA. This means assessing capacity and best interest decisions for people.

# 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 Good. At this inspection the rating for this key question has remained 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 were treated with dignity and respect. One relative said, "I cannot speak highly enough of them [staff], they are extremely supportive and caring. I am always struck with how well provided for [name] is, for example, I know they will sort out any problem as they occur, such as, personality clashes." Another relative said, "The staff are absolutely lovely, they really take care of [Name]. They [Name] say they are really happy."
- The registered manager told us staff have enough time to build relationships with people. Staff confirmed they had good relationships with people they cared for. The staff member we spoke with said, "I feel I have a great rapport with the people I support. I spend a lot of time with them, and have grown to understand their likes/dislikes, and I'm aware that their decisions at times, can change."

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

- People were involved in their own care and made decisions about their care and support. One relative told us, "Staff are just brilliant. They are particularly good at giving personal attention to [name] needs."
- The registered manager told us regular checks were completed to ensure people's voices were heard. We reviewed the service survey. The outcome of the service survey included positive feedback. The questions asked had either agree or strongly agree responses. For example, 'I am involved in my planning and support' and 'My support staff listen to me and treat me well.'
- There was a process in place to also gain relatives feedback, however, the registered manager told us this had been discontinued during the COVID 19 pandemic.

Respecting and promoting people's privacy, dignity and independence

- People's support plans identified how staff could support people to be independent and respect their privacy.
- Staff told us they respected people's privacy and dignity. One staff member we spoke with said, "I will always knock and wait for a response before entering a person's home. When supporting someone with their hair wash, I gain their permission to do so, by asking them if it's okay. I will ensure doors and curtains are closed to protect their privacy and dignity."

# 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 Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- We found no complaints had been received. However, when we spoke with relatives, we identified a family member had raised a concern with a member of staff. We discussed this with the registered manager. We were not assured the providers complaints process was being followed at all locations. After our visit the registered manager told us they had implemented a process to ensure staff, people and families would be fully aware how to raise a complaint to ensure this drives improvement.

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

- Support plans were regularly reviewed, during the inspection reviews were being carried out. We found the records we viewed during the inspection were detailed and reflected people's needs.
- Support plans contained clear guidance for staff on how to provide care in people's preferred way and had information about people's likes and dislikes. For example, one person said they would like a haircut every 3 to 4 months. There was information in the support plan how staff could assist the person to ensure this happened.

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.

- People's communication needs, and requirements were documented in their support plans. For example, [Name] communicates with non-verbal communication, using facial expressions, pointing and some Makaton, signs and symbols. (Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.)
- The registered manager told us picture cards and different formats of documents were available to ensure people were able to understand information being shared with them. We saw the complaint policy was in picture format.

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 maintain relationships.
- Support plans identified how people wanted to be supported to maintain relationships with family and friends. For example, who they wanted contact with. How contact will be maintained and what support they

require from staff.

#### End of life care and support

- People were supported to have discussions about their plans for end of life care. No one was receiving end of life care at the time of the 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 Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged and involved in the service. However, some relatives felt communication could be better. One relative said, "I used to get a brochure about the service and questionnaire. However, not anymore." There were processes in place to gain feedback from people who used the service. The registered manager told us they had extended this to family before the pandemic COVID19 and would be reimplementing this going forward.
- Support plans demonstrated that people's equality characteristics were considered and respected. For example, [person] does not have the capacity to work and needs support from staff to reach their full potential to socialise outside their home. We saw it was documented what activities the person liked to do, such as, shopping. The person was fully supported to go shopping with staff assistance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust systems were in place to monitor and improve the service. Managers were supported by senior management to ensure improvements identified would be implemented and sustained.
- Incidents and accidents were consistently monitored and analysed. Changes were made to mitigate risk, such as, people moved to different placements if relationships were not suitable.
- Audits and monitoring were completed to ensure the managers had full oversight of the service and how it was run.
- The registered manager and the management team understood their roles and responsibilities. Staff complimented the management team and told us there had been improvements since the new management team had been in place. One staff we spoke with said, "Management are very easy to approach and listen to me. I would feel comfortable to raise any concerns."
- A relative said, "Managers come and go, we don't know who it is and have had no contact from them." We spoke with the registered manager and they told us there were plans in place to engage more with people and families.

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

- The management team had a good knowledge of people they were supporting. Relatives gave positive feedback of their experience of the service.
- One relative said, "We are extremely happy and appreciate what they do. They are so helpful monitoring

[Name] and drawing my attention to what they are concerned about. Good team working." Another relative said, "1 to 1 care and social activities are brilliant. [Person] goes out every day and they listen to him about what he needs."

- Staff told us there is an open culture here at Lifeways and they believed all staff were treated fairly by the company.

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 information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Continuous learning and improving care

- The providers completed their own monitoring of compliance for ongoing governance and performance management.
- The registered manager confirmed internal audits led by the providers quality team or an operations lead audit had taken place. Those services which required additional support had been escalated and were working towards an action plan to improve continuous learning to provide effective care and support for people. They shared a copy of the action plan with us.

Working in partnership with others

- Referrals were made to other health and social care professionals when required, to ensure people's needs were met.
- The registered manager was open and honest during the inspection, and receptive to feedback.