

Lifeways Community Care Limited

Lifeways Community Care Ltd (Leicester)

Inspection report

Unit 9, Warren Park Way
Enderby
Leicester
Leicestershire
LE19 4SA

Tel: 07805408704

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15 October 2019

16 October 2019

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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 Ltd (Leicester) provides personal care and support to younger and older people living with physical and learning disabilities, mental health needs, autism and dementia. People were living in their own homes or within supported living accommodation. The service was supporting 200 people. 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.

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

People were protected from the risk of abuse and from potential discrimination. Risks people faced had been assessed and those identified were safely managed. Medicines were managed safely. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Staff had been safely recruited and staffing levels were maintained. People were supported to take their medicines and protected from the risk of infections.

Staff received a range of training appropriate to their role and people's needs, and were supported to develop through regular supervision. People were encouraged and supported to maintain good nutrition and hydration and access the healthcare they needed to stay well.

Staff were respectful and communicated effectively to support people to make choices and decisions about their care and support. 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.

Staff knew people well and were described as caring and respectful by people and relatives. People were at the centre of the service and involved in all aspects of the care and support provided. The service was effective at promoting people's independence. People had made significant achievements with the support of staff.

The service provided people with personalised care that met their needs and took account of their wishes. People's support focused on them having as many opportunities as possible for them to gain new skills, and become more independent, to achieve the best possible outcomes. People and relatives were supported to make complaints and raise concerns. These were used to drive improvements within the service.

Effective systems were in place to consistently monitor and review the standard of care and support provided. The leadership of the service promoted a positive culture that was person-centred and inclusive. The manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people using 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

The last rating for this service was Good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the 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 ●

The service remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Lifeways Community Care Ltd (Leicester)

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

The inspection was carried out by one inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lifeways Community Care Ltd (Leicester) is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection the agency was providing personal care to 200 people. Of these, 68 people 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.

The service did not have a manager registered with the Care Quality Commission. However, a manager had been appointed and had made an application for registration with the Care Quality Commission which was being processed at the time of this inspection. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 14 October 2019 when we made telephone calls to people and their relatives. We visited the office location on 15 October to review records and speak with staff. The inspection ended on 16 October 2019 when we visited people in their own homes.

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 authorities who commission and monitor the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spent time with five people in their own homes and spoke with 19 relatives by telephone. We also spoke with the manager, the regional quality manager, the senior service manager, three service managers and 12 support staff. We reviewed care plans and records for eight people and looked at three staff files in relation to recruitment. We looked at an overview of training and supervision for all staff. We also reviewed a range of records relating to the day to day management of the service, including medicines, policies and quality assurance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe because staff had a good understanding of what could go wrong and took steps to protect people. Relatives had been given contact details of agencies to raise any potential concerns under safeguarding.
- Staff knew how to recognise the signs of abuse and when to report it. Staff were able to describe the actions they would take if they suspected abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team and protect people from the risk of discrimination.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- The manager and staff had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way.
- People and, where appropriate, relatives had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- People had positive behaviour support plans in place where needed. These set out the support people needed to manage behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations.
- Risk assessments were regularly reviewed and updated as a matter of routine or following an incident or accident.

Staffing and recruitment

- There were enough staff available to meet people's needs. One relative told us, "Because the shifts and rotas are planned and organised, they [staff] can organise the care and help they give to the residents in a way that means nobody gets rushed at all."
- We saw there were sufficient numbers of staff available to support people in the home and to go out on activities within the local community.
- Robust recruitment checks were carried out on new staff to ensure they were suitable to work in people's homes. These included identity checks and a check with the Disclosure and Barring Service.

Using medicines safely

- People continued to receive their medicines safely and as prescribed by staff who had completed formal training. Relatives told us they felt staff were 'on top of the job' in ensuring people received their medicines

on time and had sufficient supplies in stock.

- People's care plans detailed the support they needed to take their medicines and how they liked this to be provided.
- Medicines were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed by both staff and, where relevant, the person. Protocols for administering 'when required' medicines were in place.
- Routine medicine audits were completed which helped to identify any issues in a timely manner.

Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place, including the use of personal protective equipment, such as gloves.
- Staff supported people to maintain a clean home and observe good hygiene practice.

Learning lessons when things go wrong

- Incidents were recorded and had been reviewed by senior staff and the manager. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans.
- Staff took part in debriefing sessions where necessary following incidents. These were used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The manager and senior staff carried out a thorough assessment of people's needs before agreeing to provide their care and support. The individual, and those who knew them well, were included in agreeing to the needs assessment.
- Assessments helped to ensure the service would be able to meet a person's needs and expectations, and took into account their protected characteristics, such as culture, sexuality and age.
- The manager used the needs assessments to develop individual care plans which guided staff on how best to support people.

Staff support: induction, training, skills and experience

- Staff were skilled and competent to provide people's care. Staff spoke positively about the training they received. One staff member told us, "The training is Informative. It prepares you for things and a lot of it is practicable. We can go over the information if needed and ask the service managers further training if we need it."
- Relatives felt staff were competent. One relative described how staff had undertaken specialist training to meet the needs of their family member.
- Records showed staff were required to undertake a range of training that the provider deemed as essential in their role. Staff were expected to complete the Care Certificate; a set of nationally recognised standards within care and support.
- Staff told us they received supervision to support their development and managers were approachable in providing guidance and advice.

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

- Relatives told us people were supported and encouraged to maintain a healthy balanced diet, which included appropriate hydration. One relative told us, "They [staff] do give [name] a choice of meals. [Name's] food all has to be blended so [name] can swallow it and is diabetic so they have to watch for sweet things, They manage this well."
- Staff were knowledgeable of people's individual dietary needs and preferences. People's care plans included guidance from professionals, such as dieticians, and this was followed by staff.
- Staff supported people to follow specific diets in line with their cultural or lifestyle choices.

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

- The service had systems in place to plan referrals to external services and to maintain care and support.

Staff worked with local health services to ensure people received the support they needed. Examples included their GP, psychiatrist and mental health nurses.

- Relatives told us they were able to see their doctor and other health professionals when needed and staff were responsive to changes in people's health and wellbeing.
- Staff had recorded the outcome of appointments in people's care records, including any advice or guidance that needed to be followed.

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

- The focus of the service was to provide high-quality care which promoted people's rights. People were supported to make decisions about all aspects of their care and the staff respected the decisions people made.
- People's care plans included mental capacity assessments, how staff should support them to make specific decisions, and when to refer to best interest processes.
- Where relatives or representatives had legal authority to make decisions on behalf of people, this was recorded in people's care plans. Relatives confirmed that staff consulted with them appropriately.
- We observed staff gaining people's consent before providing any support and respecting people's choices when they declined an aspect of their care.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people who used the service and their families with kindness and respect. A relative told us, "Staff are lovely, they are very caring. It is like a family, they have a positive relationship with all the people there. They have a lot of laughter and banter and it is really nice to see."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support and intervened in a timely way when they recognised people needed help. Staff were aware of people's different needs and responded to them in an individual way.
- People's diverse needs, such as their cultural or religious needs, were reflected in their care plans and staff supported these needs.

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

- People were involved in planning their care; their care plans clearly showed how people preferred to receive their care. One relative told us, "The agency are very good and always include us in anything that they think we should be. We've never had to chase them nor have we found out about any meetings after the event that we should've been at."
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.
- Information about advocacy services was readily available to support people in ensuring their views and opinions represented.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. For example, we observed staff supported people after meals and drinks by prompting or supporting them to change their clothing and reminding people to close doors when they needed private time.
- People's independence was promoted. People's care plans described their abilities and when staff needed to provide support. This helped to ensure people did as much as possible for themselves, including learning new skills.
- People's information was stored and managed in line with legislation and confidentiality requirements

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service provided people with personalised care that met their needs and took account of their wishes. Staff developed people's care plans with them.
- The care records guided staff on how people wanted their care to be provided to achieve the best possible outcomes. A relative described how this approach helped their family member. "Unfortunately, [name] was in institutionalised care for many years and we were really concerned that [name] wouldn't settle into living in a normal home environment. The staff however have been so caring and took time to find out what [name] needs. It has been lovely to see how [name] has blossomed and we can now say that [name] lives a really fulfilled life, just as anybody else would do."
- People's care plans were reviewed with people and their relatives regularly or as their needs changed. This ensured care plans reflected people's current 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.

- Staff had identified people's communication needs and included them in the care plans. People used a range of methods to communicate, such as objects of reference, Makaton, signs and gestures. We observed staff followed this guidance when providing information for people or supporting them to make decisions or choices.
- Care plans contained detailed information about how people's communication needs may change if they became unwell.

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 take part in a range of activities they enjoyed. Examples included support to take part in voluntary and paid employment, community groups, leisure and recreational activities, local events and specialist centres.
- People were supported to maintain relationships with family and friends and be involved in their local community.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure for receiving and managing complaints about the service. This

was available in easy read format.

- Relatives told us they were confident in raising concerns to the manager or care staff if they had any complaints about the care and support provided. Complaints had been managed in line with the procedures.
- Staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- There was no one receiving care who required end of life support. The manager had links with local specialist services they could contact to support people as they came to the end of their lives.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider and manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. Staff told us the manager worked with them to ensure people received the best support to enable them to achieve their outcomes.
- Most relatives praised the management and told us the service was well run. Comments included, "When I want to talk [to the manager], they take it on board. I feel listened to," and "They are approachable, on top of things and good at communicating."
- The registered manager had a good understanding of their responsibilities under the duty of candour. They were open and honest and committing to making improvements when things went wrong.

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

- The manager had recently been appointed into the post. They were in the process of applying for registration with the Care Quality Commission. They demonstrated they were clear on their role and responsibilities.
- Staff had a sound understanding of their roles and spoke positively about the leadership of the manager. Comments included, "[Manager] is how every manager should be, open, approachable, just the right style. [Name] is there for you and above that any call is always answered. [Name] will help you to find answer," and "[Manager] is very supportive. [Name] doesn't mollycoddle you but encourages you to learn and develop new skills and knowledge."
- The provider had robust quality assurance systems in place. These included monthly reviews of key aspects of the service by managers, which in turn was reviewed by the provider's representatives and benchmarked against other services. A dedicated audit team undertook annual audits in all areas of the service to ensure overall compliance. Any improvements were identified and action plans developed and monitored to ensure improvements were made in a timely manner.
- Ratings from our last inspection were displayed in the service, in line with legal obligations. The provider had notified the Care Quality Commission of significant incidents and events within the service.

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

- The provider had systems to gather people's views to identify how the service could be improved. These were varied to ensure people were not discriminated against. People could share their views directly with the manager who was in regular contact, through people-led consultative forums and through pictorial satisfaction surveys. Surveys were also sent out to relatives and external professionals. These were analysed by the quality audit team and any negative comments or suggestions for improvements were followed up.
- The manager involved people in the running of the service in a meaningful way. For example, people were able to be involved in interviewing and recruiting staff. People shared their achievements on a 'we did it' wall of information and were supported to learn and share information with other agencies, such as police and safeguarding.
- Staff were able to share their views individually or through staff meetings. One staff member told us, "The provider and manager has a clear vision and values in giving people the best possible support, which we share as staff. Our opinions are really valued and we are listened to."

Working in partnership with others; Continuous learning and improving care

- The manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with communities, commissioners and health and social care professionals.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.
- The manager attended local and regional forums and used these to share best practice with staff.