

Lifeways Community Care Limited

Lifeways Community Care (Warwickshire & Coventry)

Inspection report

West Plaza
144 High Street
West Bromwich
West Midlands
B70 6JJ

Tel: 01216550901

Date of inspection visit:

14 March 2023

15 March 2023

16 March 2023

17 March 2023

Date of publication:

16 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lifeways Community Care (Warwickshire & Coventry) is a supported living service providing personal care to people with learning disabilities and autistic people living in their own homes. 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. At the time of the inspection there were 19 people receiving personal care.

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

Right Support:

Most 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. For one person further review was required to ensure they were being supported to maximise their capacity and choices.

Some people's care plans did not contain key information on how to support them, but staff knew people well. Staff received training and had competency assessments to ensure they had the skills to work with people.

Right Care:

The quality of person-centred care people received across the different supported living settings was not consistent. In one setting improvements were required to ensure people received care that supported their needs and aspirations, whilst in other settings this was in place for people.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People told us they received care from staff who were kind. We found however, that some language used in care plans needed improvements to ensure people were treated with dignity and respect.

Right Culture:

The management team were making changes to promote a positive culture and people and staff told us they had seen improvements. These improvements required further embedding and to be applied

consistently to ensure people's wishes, needs and rights were at the heart of everything they did. The registered manager was quick to respond to the concerns we identified on inspection, however systems needed improving to ensure concerns were identified to ensure a culture of continuous improvement.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 24 January 2023) and there were breaches of regulation. At this inspection we found improvements had been made however, there were ongoing breaches of regulation 9, person-centred care and regulation 17 good governance.

This service has been in Special Measures since 27 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 July 2022. Breaches of legal requirements were found. We undertook this inspection to check if they now met legal requirements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified continued breaches in relation to person-centred care and governance. We have imposed conditions on the provider's registration and asked them to send a monthly report that shows what action they are taking.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lifeways Community Care (Warwickshire & Coventry)

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

The inspection was carried out by 2 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.

Service and service type

This service provides care and support to people living in six 'supported living' settings, 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.

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

We gave the service 24 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.

Inspection activity started on 14 March 2023 and ended on 27 March 2023. We visited the location's office on the 14 March 2023 and visited people in their flats in the supported living settings on the 14, 15, 16 and 17 March 2023.

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 work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 7 relatives about their experience of the care provided. We spoke with 16 staff including the regional director, registered manager, service managers, team leaders and care staff. We reviewed a range of records. This included 6 people's care records and a range of medication records. We looked at 2 staff files in relation to recruitment and supervision. We spoke with 1 professional who worked with the service. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found risk assessments had not always been completed in relation to known risks to people. At this inspection risk assessments were in place and there were improvements in the guidance for staff to manage these risks. However, there were some inconsistencies, and some people's care plans did not include key information. Staff we spoke with were aware of people's risks and the support they required, but the missing information increased the risk of inconsistent care. The registered manager immediately updated people's care plans when we fed back our concerns.
- Improvements had been made to the structure of people's care plans since the last inspection, which meant information about people's needs could be quickly accessed. Staff told us they had time to read people's care plans and they signed to show when they had done this.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. When required, staff supported people to keep their properties clean. People told us they were happy with the cleanliness of their flats.
- Staff used personal protective equipment (PPE) effectively and safely. Staff had training on infection prevention and control and hand washing and PPE competencies were in place.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably trained staff. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had recruited more staff which meant a reduction in the amount of agency staff used. Staff

shared with us the improvements in this area, but we received mixed feedback about this from people and relatives. One person told us, "We don't have regular staff, there is quite a lot of different staff." Another said, "A few of the old staff have come back, before then staff were coming and going."

- At our last inspection the provider had failed to ensure there were sufficient numbers of staff to meet people's needs. At this inspection we found improvements and people told us staff were quick to respond to their needs.
- People's care records contained a clear summary page with essential information about the person to ensure that new or temporary staff could see quickly how best to support them.
- The provider had a recruitment process which involved checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people were safeguarding from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There had been a delay of 3 days in reporting a safeguarding concern in relation to medicines and alerting the registered manager. When the registered manager became aware it was reported immediately and further action taken to safeguard the person. This was an isolated incident and all other safeguarding concerns had been reported appropriately.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us, "The night staff make me feel safe." A relative said, "I'm really happy with them in terms of safety. I don't have to worry anymore."
- Staff had training on how to recognise and report abuse. One staff member told us, "All the safeguarding policies are upstairs, I'd report abuse to [registered manager] and talk to [service manager]. If nothing was done, I'd go to HR (human resources) or CQC, it's the correct thing to do."
- Since the last inspection the provider had introduced a system to ensure people had more opportunities to talk with staff about concerns that had been raised. The registered manager told us this had been offered to all people.
- The service had a system to manage incidents affecting people's safety, ensure incidents were investigated and share lessons learned. Learning was shared from the provider's other services to reduce risks to people and ensure good practice was being followed.

Using medicines safely

- At our last inspection, when people required 'as and when required' medicines protocols were not always in place. At this inspection improvements were found, and protocols were in place for these medications. However, some further details were required in relation to the signs and symptoms to look out for and when to offer the medication.
- There were some improvements required when people received their medicines covertly. A protocol was not in place for one person who received their medication covertly and a pharmacist had not been consulted. It is good practice to consult a pharmacist as some medicines can become ineffective when

mixed with certain food or drink.

- People were supported by staff who had received training in medicines and undertook an annual competency. There were regular audits carried out to ensure oversight of medicine management.

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 inadequate. At this inspection the rating has changed to requires improvement. At this inspection this key question has now changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For one person staff had not fully supported a person to maximise their capacity and had not clearly recorded how they had concluded the person lacked capacity. We fed this back to the registered manager who agreed to take action.
- Staff had received training and had a good understanding of the Mental Capacity Act. One staff member told us, "We have to assume capacity." Another said, "If people don't have capacity, then we have to make sure things are done in their best interests."
- Most people told us staff empowered them to make their own decision about their care and support. People told us staff asked for their consent. One person told us, "I am very involved in my care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements were required to ensure people had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. Although this was in place for some people it was not consistent across all of the settings.
- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. This included information about the person's culture and people who were important to them.

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

At our last inspection the provider had failed to meet people's nutritional and hydration needs. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- At our last inspection we found concerns about specialist nutritional advice not being followed and contradictory guidance in care plans for staff regarding people's needs. At this inspection we found improvements had been made. Care plans included clear guidance for staff to follow which was in line with specialist professional's recommendations.
- People were referred to the speech and language therapist (SALT) for an assessment when required. There was clear evidence of their assessment and recommendations in people's care plans so staff could read this and know how to support people safely. Staff we spoke with had good knowledge about people's dietary needs.
- Where people needed their nutrition and hydration intake monitored, records were in place. The provider had a system in place to ensure there was oversight of these records to monitor any concerns.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training, supervision and appraisal. This placed people at risk of harm. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There was a range of training available for staff. Updated training and refresher courses helped staff to continuously apply best practice. This included training in supporting people with a learning disability and autistic people.
- The provider had a system in place to monitor staff training and ensure the mandatory training was completed. The service checked staff's competency in medicines, infection control and moving and handling to ensure they understood and applied training and best practice.
- At our last inspection we found staff were not receiving any formal supervision or support. At this inspection improvements had been made and staff received meaningful supervision and an appraisal.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy

lives. Staff supported people to attend appointments and referrals were made in a timely way when there were observed changes in health needs. People and relatives spoke positively about the support given. A relative told us, "They make sure they goes to all his appointments." Another said, "They take them to check-ups at the hospital. He sees the dentist and opticians."

- People were supported to attend annual health checks, screening and primary care services. Care records showed people had annual checks with the GP and had access to a dentist.
- Each person had a hospital passport which gave key information about how the person was to be supported if they went into hospital. We found some inconsistent information and missing information in two people's hospital passport. We shared this with the registered manager who immediately updated them.

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 requires improvement. The rating for this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed ensure service users were always treated with respect and dignity whilst receiving care and treatment. This was a breach of Regulation 10 (Dignity and Respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection we found the language used in some people's care plans to be disrespectful. Whilst we found improvements at this inspection some further work was required. For example, whilst there was guidance for staff to explain why one person may become upset or angry this was still labelled as a "behaviour". Whilst we did not see an impact on the person, this was not a respectful way to describe the person's emotions and feelings.
- People told us they were treated with dignity and respect. Staff had training in dignity and respect, and service managers carried out spot checks to ensure staff were supporting people in a respectful way.
- People had the opportunity to develop new skills and gain independence. Some people had detailed goal plans in place, which they could work through a step at a time to gain a new skill.
- People told us staff were kind and caring. One person told us, "The staff are very kind and helpful." Another person said, "Yes the staff treat me kindly."
- One of the service managers had supported people to understand their rights and choices by sharing information about the 'Right support, right care, right culture' guidance. They had discussed people's rights in meetings and displayed information around the supported living setting to encourage an open culture.
- Staff carried out equality and diversity training. People had been supported through an Easy Read document to learn more about the LGBTQ+ community and appropriate language.

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

- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative told us, "Yes, I am involved, I've seen their care plan. We just recently did a new one, we changed a few things and they listened to me." A person told us, "I've recently had my care plan reviewed, I was part of that."
- Staff supported people to maintain links with those that are important to them. People had regular contact and visits from family members and friends.



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 requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to assess people's needs and choices. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- There was inconsistency in supporting people to identify and achieve their goals and aspirations. Whilst there was detailed goal planning for some people, at one of the supported living settings nobody had any goals in place. One person spoke with us about their aspirations which they had raised when planning for a previous review. They had been told their goal was unrealistic and there had been no further exploration or planning. We shared our concern with the registered manager who spoke to the person and took some first steps towards the person's wishes.
- For another person a professional had raised concerns that staff were not supporting them to engage in meaningful activities. At the inspection we found the situation had not improved and the person was still not involved in leisure or community activities as per their assessed need. The person had lost their place on their educational course because of the lack of action from the service.
- One person told us that some staff did not fully understand their health condition and were not always responding in a person centred way. Although the person's care plan contained information about the health condition, staff had not received training and there wasn't any available for this specific health condition. We raised this with the registered manager and service manager. An emergency staff meeting was held, and immediate action was taken to arrange for this training to be developed and provided.
- Some key information from the assessment that was completed when the person first received support from the service was not included in one person's care plan. A health diagnosis was clearly recorded in their assessment but was not in their care plan. Not all staff were aware of this person's diagnosis, and whilst the person had not come to harm, this increased the risk of inconsistent care.

The provider had failed to assess people's needs and choices consistently across the service. This was a continued breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff ensured people had access to information in formats they could understand. For example, there were easy read documents available, and care plans included pictures where appropriate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Although some timely action had been taken in relation to a professional raising a concern, other action was outstanding. This meant the concern had not been addressed in a timely way.
- People could raise concerns and action would be taken. One person told us, "I can approach [service manager] about anything, he will do his best to sort it out." Another person said, "If I'm not happy I would talk to [service manager] they would listen."

End of life care and support

- The provider had a last wishes document in place if people wanted to share their wishes. No one was being supported with end-of-life care at the time of our 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection the provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's governance system to ensure care plans included key information was not always effective. For example, there was lack of guidance for staff in relation to a person's health condition, symptoms to look for and how staff should support them. This was particularly important as the person required emergency treatment if their condition deteriorated. Another person's care plan did not contain information about a recent injury and how to reduce the risk of pain when supporting them to move.
- Medication audits had not been effective in identifying detailed guidance was not in place for staff when people were prescribed 'as and when' required medication. For one person guidance was conflicting and for another there was not enough information about when to give the medicine.
- The provider had not taken action to ensure two people's emergency evacuation plans, were realistic. These plans give staff details of how to support people in the event of the fire. Although managers had raised concerns about how people could be supported at night, they had not updated the plans to ensure there was an accurate plan of how people could be safely evacuated.
- Systems hadn't ensured person-centred care was being consistently provided across the supported living service. At one supported living setting there was no evidence of goal planning and two people told us about restrictions in choices. A further person was not receiving person-centred activities as per their assessed need.
- Whilst there was evidence that a number of issues had been identified for improvement and actions taken, the oversight of the service was not effective enough to ensure this was consistently applied. There had been a delay in alerting the registered manager to a medication and equipment concern in one of the settings. This had meant a delay in timely action to address the concerns.

The provider had failed to ensure that effective systems were in place and this was a continued breach of

- The provider had improved their systems since the last inspection in relation to consent, staff training, safeguarding, oversight of incidents and accidents and supporting people's nutritional and hydration needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was further improvement at one of the supported living settings to ensure person-centred care was applied consistently to ensure positive outcomes for people. The management team had highlighted some concerns with how staff were responding to people's needs at the service and changes had been made. The registered manager told us they were making further changes to ensure more effective oversight of people's care.
- We received mixed feedback from relatives about whether they thought the service was well managed . One relative told us, "It's a lot better now, the new management are better." Another told us, "At times it feels like it's well run, but at times no. I'm bringing up the same things at each annual meeting, things seem to slip."
- People told us things were improving and we saw meetings were taking place with people so they could share their views. One person said, "It's definitely much better since [service manager] arrived. There has been a big improvement."
- Staff told us they felt improvements were being made in the service. One staff member told us, "[Registered manager] and [service manager] are improving morale. There's been a positive impact." Regular staff meetings were taking place.
- Since the last inspection the management team were working to set a culture that valued reflection and learning. Good practice examples were shared across the management team, and they met on a weekly basis to discuss concerns and share practices.

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 their responsibilities under the duty of candour, to apologise to people, and those important to them, when things went wrong.

Working in partnership with others

- The service worked in partnership with health care professionals to ensure people were getting the care they needed. Referrals we made appropriately and advice was followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that person centered care was being provided consistently across the service.

The enforcement action we took:

Imposed a condition

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to ensure good quality care was being provided consistently across the service.

The enforcement action we took:

Imposed a condition