Care Quality Commission

Lifeways SIL Limited

16 Lorne Road

Inspection report

16 Lorne Road
Northampton
Northamptonshire
NN1 3RN

Tel: 01604624946

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17 March 2017

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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

16 Lorne Road provides personal care for people living at home. At the time of our inspection there were five people receiving personal care. This announced inspection took place on 17 March 2017.

There was a registered manager in post at the time of our inspection, although they were in the process of de-registering. The provider had ensured that a manager remained at the service during the transition from one registered manager to another. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe.

People were assessed for their risks whilst gaining independence following discharge from mental health hospitals. People received their prescribed medicines as planned there was a programme in place for each person to increase their independence whilst maintaining their safety.

People were assessed before they received care to determine if the service could meet their needs. Staff worked closely with health professionals to implement their mental health plans.

There were enough staff to provide all the care that people required to continue their plans of care to increase their independence. People could be assured that appropriate recruitment practices were in place.

People were supported by staff that had an induction and a wide variety of training which reflected people's varied conditions. People received care from staff that had the skills and knowledge to meet their needs. Staff were supported to carry out their roles through regular supervision from a clinical team.

The manager and staff were aware of their responsibilities under the MCA code of practice. Staff gained people's consent before they entered their homes and before providing any care.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell.

People received care from staff that were kind. People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People felt confident that they could raise their concerns or make complaints and they would be dealt with in a timely way.

The provider continued to develop the service through quality monitoring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

People received their prescribed medicines as planned.

Is the service effective?

Good

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and

preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good

This service was responsive.

People were involved in the planning of their care which was person centred and care plans were updated as people's needs changed.

People using the service knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good

This service was well-led.

The provider had ensured there was a manager overseeing the service during transition of registered managers.

There were systems in place to monitor the quality and safety of the service

There were policies in place to guide staff to carry out their roles.

CareQuality Commission

16 Lorne Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2017. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the local commissioners of care for feedback about the service.

During this inspection we spoke with two people who used the service and looked at care records and charts relating to three people. In total we spoke with five members of staff, including two care staff, the acting manager, two members of the clinical team and the provider. We also spoke with a visiting Community Psychiatric Nurse. We looked at two records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People told us they were treated well by staff and felt safe when they were around. Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "We have a duty of care. I would always report anything of concern to my manager." We saw that the manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

People were assessed for their risks whilst gaining independence following discharge from mental health hospitals. Potential risks such as self-neglect, potential exploitation and self-harm were assessed by a clinical team of staff which consisted of an occupational therapist, a social worker and a recovery coach. The team provided an in-depth assessment of all risks and devised plans for staff to follow to mitigate the risks. Staff were given guidance on people's individual behaviours which would help identify the triggers and signs that people were increasing their risks. For example, one care plan described how not complying with fire drills and not answering the door could indicate that people were becoming more withdrawn.

People received their prescribed medicines as planned. People were assessed for their ability to self-administer their medicines; there was a programme in place for each person to increase their independence whilst maintaining their safety. For example one person's medicines were no longer supervised in the staff office; they had a locked cabinet in their own flat, which staff unlocked and supervised them taking their medicines at set times. One healthcare professional told us "[name] has moved on with their independence of their medicines. I'm kept informed of their progress." Staff carried out regular audits and involved people in taking responsibility for taking their prescribed medicines at the right times.

People had access to staff as planned during the day for advice, one to one sessions and assistance with gaining their independence. There had been a recent change over in staff and recruitment was continuing to achieve a permanent staff group. One person told us "There are new staff. I like them." The provider had ensured that during the change in staff that there were enough staff to provide all the care that people required to continue their plans of care to increase their independence. The clinical team was also expanding; they had employed a registered mental health nurse to assist staff with advice and further guidance.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included classroom training for ten days and spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. One member of staff told us "The training has helped me to understand people's disorders and how to meet their needs." New staff were employed with qualifications relevant to health and social care; the provider enhanced their knowledge with a wide variety of training which reflected people's varied conditions including personality disorders, learning disability and schizophrenia. One member of staff told us "We have training in first aid, personal care and how to keep people's personal information safe." People received care from staff that had the skills and knowledge to meet their needs.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported. One member of staff told us "The occupational therapist is very supportive." The provider's clinical team provided guidance and supervision to care staff so they could confidently implement people's care plans and recognise people's changing behaviours. The occupational therapist told us "My role is to improve staff confidence and competence; we also provide informal supervision and training."

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.

The manager and staff were aware of their responsibilities under the MCA code of practice. Staff gained people's consent before they entered their homes and before providing any care. We observed staff seeking consent to provide care and where the person declined care, staff tried again later.

People were assessed for their risk of self-neglect, including not eating and drinking enough to maintain their health and well-being. People's behaviours were monitored and healthcare professionals were involved where people required additional assistance to plan meals, purchase food and prepare their meals. One person had been identified as losing weight; they had been involved in planning their goal to maintain their weight and had been set an action to contact their GP for a referral to the dietitian, which staff were supporting them with.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. Where people were on a conditional discharge from hospital that required them to have regular contact with their consultant and community nurse, staff ensured the health professionals

were kept informed of people's progress and reported any changes promptly.

Good

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about staff that supported them. One person told us "Staff are lovely, they understand me."

Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One new member of staff told us "I am getting to know people. We have a person centred approach, we tailor make people's care." Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. People were encouraged to make decisions about when they were supported to carry out their plans towards independence. We saw that people were given time to discuss their concerns and were supported to take a problem solving approach to overcome barriers to recovery.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. People were learning how to live independently and be mindful of how their mental health can influence their decision making when making friends and allowing people into their homes. Staff helped and supported people to look at the consequences of their decisions to help them to develop privacy in their lives.

People were supported to rekindle family relationships and friendships by helping them to develop their social skills and support them in public situations. People had time to talk about their experiences and feelings with staff to understand how they could improve their social interaction.

There were arrangements in place to gather the views of people that received care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided.

Good

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. The provider's clinical team carried out an in-depth assessment of people's history and current needs; they involved people in devising their plans for independence.

People's plans centred on recovery; which included all aspects of their lives, such as keeping people safe whilst learning how to manage their behaviours and new life skills. The plans were comprehensive and supported care staff to provide the care people needed; they included information about people's personal care and hygiene, social inclusion and finances. The recovery plans were based on managing people's mental and physical health needs and living skills. One person told us of their future plans and said "I'm very happy with the support I get."

Staff worked closely with health professionals to implement people's health plans, one mental health professional had praised staff for what they were doing for one person, they had written "It's the best I have ever seem [name]."

People had the opportunity to be involved in their recovery plan and people told us they felt able to talk with their keyworker or any other member of staff about it if they needed to. People's aspirations included applying for work, either paid or voluntary; staff helped people to plan to achieve their goals through problem solving and supported them to manage their health, time and resources to be in a position to work. We saw that one person had applied to re-commence a course at the local college which could lead them to paid work.

People were helped with their decision making around finances; this helped people to ensure they had enough money to buy food. Some people had used food banks to acquire their food; staff helped people to plan and budget within their means.

People felt confident that they could raise their concerns or make complaints to their key worker or any member of staff. We saw that complaints had been logged and actions taken had been taken as a result; all of the complaints we saw related to the environment; these were directly referred to the landlord. There was a complaints policy and procedure in place and an easy-read complaints poster was displayed in the office where people visited; complaints had been dealt with in a timely way.

Good

Is the service well-led?

Our findings

There was a registered manager but they no longer worked for the provider. The registered manager was in the process of cancelling their manager registration. In the meantime the service was being managed by another of the provider's registered managers. The temporary manager understood their responsibilities which included notifying the commission of incidents or changes to the service. A new manager was due to commence employment immediately after our inspection, the provider intended to register the new manager as soon as possible.

The temporary manager had made major changes to the culture of the service by implementing clear boundaries and guidelines for staff and people who used the service in order that people's needs were met. This included re-establishing key worker roles and times for people to access staff for one to one sessions. They had identified areas that required improvement such involving people more in their recovery planning and understanding their path to independence. The temporary manager had managed a change in staff and ways of working which had established working practices that were geared around people's needs.

Staff respected the temporary manager one member of staff told us "The manager is very supportive, they have been instrumental in changing everything, for the better."

The provider had increased the involvement of their clinical team to assist the temporary manager in implementing ways of translating people's aspirations into short term achievable goals. The provider continued to expand the expertise within the clinical team by employing a registered mental health nurse. The clinical lead told us "We plan to implement reflective practice sessions for staff."

The provider continued to develop the service through quality monitoring. Audits provided information about the quality of the care and actions were set to improve the service, for example to how to incorporate feedback in one to one sessions to update people's plans.