Lifeways Community Care Limited

Lifeways Community Care (South Shields)

Inspection report

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Ratings

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

Overall summary

The inspection took place on 22 and 27 October 2015 and was announced, which meant the provider knew we were coming. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day, so we needed to be sure someone would be in.

The last inspection of this home was carried out on 24 September 2013. The service met the regulations we inspected against at that time.

Lifeways Community Care (South Shields) provides care and support for up to four adults with learning and physical disabilities and associated complex health needs. At the time of this visit four people were using the service.

The home is a large four bedroom house in a residential area. People's rooms were on the ground floor with one

Summary of findings

bathroom shared between two people. People had access to a communal lounge, kitchen and dining room. The first floor housed the registered manager's office and a staff sleep-in room.

The registered manager has been in post since 2010. 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.

The people who lived at the home had complex needs that limited their communication. Relatives made positive comments about the service. They described the service as safe. Relatives felt involved in decisions about their family members' care.

Staff knew how to recognise and report abuse. The provider made sure only suitable staff were employed. Medicines were managed in a safe way, and records were up to date with no gaps or inaccuracies.

Staff were familiar with people's individual needs and received relevant training to support each person in the right way. Staff received regular supervisions and appraisals.

People were supported to enjoy a healthy diet which met their individual dietary needs. Staff were knowledgeable about people's likes and dislikes in relation to food, as well as activities and what clothes people liked to wear. People were encouraged and supported to make their own decisions where possible.

Care records were up to date and reviewed regularly. Each care plan was person centred and specific to the person's needs as an individual. Staff were caring and supportive when talking with people. There were good relationships and communication between people, relatives and staff.

People had a range of activities they could take part in which were discussed with them weekly. People and their relatives had information about how to make a complaint, although none had been made recently.

Relatives and staff felt the home was well managed. There was a positive and open culture at the home.

Systems were in place to record and monitor accidents, incidents, complaints and safeguarding concerns which helped the provider monitor the quality of the service.

Summary of findings

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.

Staff knew how to recognise and report abuse.

Comprehensive checks were carried out on all staff before they started work at the service, and there were enough staff to make sure people had the care and support they needed.

There was a clear system in place for the safe administration of medicines.

Risks to people were identified and managed in order to keep people safe.

Good

Is the service effective?
The service was effective.

Staff were trained to ensure they had the skills and knowledge to support people effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005) and the importance of gaining people's consent.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

People's health care needs were assessed and monitored, and the home liaised with other healthcare professionals where appropriate.

Good

Is the service caring?
The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

There were good relationships and communication between relatives and staff.

Staff ensured they gave people as much freedom as was safe to do so.

Good

Is the service responsive?
The service was responsive.

Care plans were well written and reflected the needs of individuals. They were reviewed and updated regularly.

Staff understood people's different ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Relatives knew how to make a complaint. We saw that complaints had been investigated and responded to appropriately.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

Observations and feedback from relatives and staff showed us the service had an improving, positive and open culture.

Staff felt their ideas were listened to.

Feedback was regularly sought from relatives and staff. Actions were taken in response to any feedback received.

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

There was learning from accident and incident audits.

Lifeways Community Care (South Shields)

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.

The inspection took place on 22 and 27 October 2015 and was announced, which meant the provider and staff knew we were coming. The provider was given 48 hours' notice because the location was a small care home for adults who were often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before our inspection we checked the information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had happened at the service. A notification is information about an event which the service is required to tell us about by law.

We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

The four people who lived at the home had complex needs that limited their communication. This meant they could not all tell us about the service, so we asked their relatives for their views.

During the visit we observed care and support and looked around the premises. We spoke with the registered manager, the team leader and two support workers. We talked to two relatives who were visiting the service. We viewed a range of records about people's care and how the home was managed. These included the care records of two people who used the service, medicine records for four people, recruitment records for three staff, and other documents related to the management of the service.

Good

Is the service safe?

Our findings

We asked relatives if people were safe. One relative told us, "Yes they are absolutely safe. You can see it in [family member's] persona that they feel safe. They come to the family home for sleepovers but they call here home, and are always happy to return."

The registered manager told us, "People are safe here because we have a good security system and risk assessments are in place." One staff member we spoke with said, "We all know people's individual needs so we can keep people safe both inside and outside the home." Another staff member said, "It's my role to keep people safe."

Systems were in place to reduce the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure people were protected from abuse. The provider operated a telephone whistle blowing hotline which staff could access 24 hours a day. Staff told us, and records confirmed, staff had completed up to date safeguarding training. Staff had a good understanding of what to do if they witnessed abuse or abuse was reported to them. A safeguarding log was kept which showed the registered manager had taken appropriate action.

One staff member told us, "If I had any safeguarding concerns I would report them to my manager straight away." The registered manager told us they spend two days a week working directly with people who use the service, so they can see the interactions between staff and people who live there. The registered manager said, "If I had any concerns about safeguarding or anything else I would nip it in the bud straight away."

The registered manager had developed safeguarding worksheets to refresh staff knowledge in between mandatory safeguarding training sessions. This was a good prompt for staff and meant that safeguarding was discussed often.

The home had a whistleblowing policy and staff knew what to do if they had any concerns. Staff told us they would approach the registered manager or the team leader if they had any concerns.

We found that a thorough recruitment and selection process was in place that ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information and background checks, including a Disclosure and Barring Service (DBS) check and appropriate references. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

We reviewed the rota for the week of our inspection and noted that the staffing levels were as described. People who used the service had been assessed as requiring high levels of staff support to keep them safe. Our observations were that when people were in the home there were four staff on duty during the morning and three on duty during the afternoon. Staff we spoke with said some people who use the service require 2:1 support for personal care, so they felt there should be four staff on duty throughout the day. At night time there were two members of staff, one waking night and one sleep-in. Relatives we spoke with felt there were enough staff on duty.

We asked the registered manager if they thought there were enough staff on duty, and they told us "Yes we've got enough staff. We have an on call team and a pool of staff we can use if there is an emergency, but we don't use agency staff."

Each person had a personal emergency evacuation plan (PEEP), which had details about the specific needs that each individual had. This meant people could be evacuated safely in the event of a fire, according to their individual needs.

Risks to people's health and safety were appropriately assessed, managed and reviewed.

Risk assessments in care plans related to various daily activities such as choice and control, health and wellbeing, and managing money. This meant people could be as involved as possible in daily activities, with the right support to minimise the risks.

We found incident and accident forms were completed accurately, and detailed information relating to accidents and incidents were held in each person's individual care plan as well as centrally. This meant such information was easily accessible to staff if they needed it to update a relative or review a care plan. These forms described the event, which members of staff had been involved and what had been done. This meant staff could learn from incidents

Good

Is the service safe?

and accidents. We saw that people's care plans had been amended to reflect lessons learnt, for example additional support for certain activities and ways to minimise trip hazards.

The provider had safe arrangements in place for managing people's medicines. Medicines were stored securely in a locked cabinet in the registered manager's office, and the organisation had clear policies and procedures for supporting people with medicines. Each person had a 'medicines pen picture' which detailed what medicines were prescribed and why, the correct method of administration and possible side effects. The dates of opening and expiry was written on bottled medicines, and any changes to people's medicines were recorded. There was also a clear procedure in place for administering medicines when people who used the service went on holiday. This meant the risk of medicine errors was reduced.

All staff members who administered medicines were trained in the safe handling of medicines. We observed staff supported people to take their medicines safely and appropriately. We found that staff took time to explain to people who used the service what medicines they were taking in a supportive and respectful way.

We looked at all the medicine administration records (MARs) and saw that on the day of inspection and the three weeks before these had been completed correctly. Two staff made sure medicines were given in the right way. This meant every time a medicine was given, it was checked and witnessed by another member of staff. Medicines were checked weekly and audited regularly. Where an error had occurred an incident report was completed and the matter was investigated. The provider had developed good guidance on 'as needed' medicines, for example paracetamol. This meant staff could tell when a person was in pain and what steps should be taken to support them.

The home was clean, comfortable and modern. The provider had carried out regular checks on all aspects of health and safety, and all required certificates were up to date. This meant the premises were safe for people, staff and visitors.

Good

Is the service effective?

Our findings

One relative we spoke with said, "Staff are sufficiently trained and well experienced." Another relative told us they had seen "vast improvements" in their family member's ability to communicate since they had moved to the service. They put this down to the knowledge and experience of staff and said, "[family member's] life is very good now."

Staff told us they received relevant training to meet the needs of the people they supported. One staff member we spoke with said, "Yes I've had enough training, it's very good." Another staff member told us, "I've had enough training to do my job. When I did my induction I learned about things I didn't know much about before". Staff told us they received classroom based training and a computer based training system which is known as e-learning.

The provider had a comprehensive training programme in place. The organisation employed a training co-ordinator who managed all of the provider's training needs in the region. New staff received a comprehensive induction training programme that included values of care, moving and positioning, privacy and dignity, person centred care, safeguarding adults, basic life support and food hygiene. The organisation used a computer based training management system which identified when each member of staff was due any refresher training. The registered manager had access to the training system so they could check at supervision sessions with individual staff members that they were up to date with their training. The purpose of supervisions was to offer support, promote best practice and highlight any areas for development.

Staff told us they had regular supervision sessions and an annual appraisal with senior staff. One staff member told us, "These are useful. I can talk about anything." Records confirmed staff had individual supervision around four times a year where they could discuss their professional development and any issues relating to the care of the people they supported. We also found that group supervisions took place when all staff needed to be aware of a change in a person's needs. Staff we spoke with said they would go straight to the manager if some things couldn't wait until the next supervision.

Training records showed all staff members had completed mandatory training in areas such as safeguarding adults, fire awareness and food hygiene. However, some areas of refresher training such as the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were overdue. The registered manager told us training on MCA and DoLS had been booked for a few weeks' time.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made DoLS applications to the relevant local authorities for every person who used the service. This was because they needed support from staff to go out and because people needed 24 hour supervision. DoLS applications were person-centred and contained people's individual needs and circumstances.

All four people had DoLS authorisations from the relevant local authorities. Best interest meetings had been carried out when needed, to make a decision on a person's behalf if they did not have the capacity to make that decision. For example, best interest meetings had been held about a person's mobility and medicines. This meant staff were working collaboratively with local authorities to ensure people's best interests were protected.

People were supported to have enough to eat and drink, and to maintain a balanced diet. Each person had an individual menu planner for four weeks. There was a good choice of healthy foods available, as well as drinks and snacks. Individual needs and preferences were noted and staff were able to discuss these in detail. This meant staff had a good understanding of people's specific nutritional needs and individual preferences. One member of staff told us one person who used the service was unable to say if they were hungry or thirsty, so staff prompted them

Good

Is the service effective?

throughout the day to eat and drink. People's food and fluid intake was monitored daily and weights were recorded monthly, so action could be taken to address any significant weight fluctuations.

People were supported to maintain good health because they had access to healthcare services. People's care plans gave clear guidance about their health needs and medical history. Each person had a 'health action plan' which covered all aspects of health such as medical history, current medicines, diet, mobility, respiration, continence, mental health, vision and hearing. Essential information should a person need to be admitted to hospital was also recorded and was readily available in the event of an emergency. Records were kept of all health care appointments, including the outcome and any recommendations staff needed to be aware of.

The home had links with health care professionals such as the dentist, podiatrist, psychiatrist, speech and language therapist, occupational therapist and community learning disability team. Staff told us they had a positive relationship with the local Speech and Language Team (SALT), and followed their guidelines.

Good

Is the service caring?

Our findings

Relatives told us staff were caring, friendly and helpful. One relative told us, "Staff are very caring and conscientious about their work. I can't fault them on any level. It's absolutely superb here." Another relative we spoke with said, "This home was heaven sent as my [family member] is happy, content and stimulated."

Relatives said they felt "fully informed" about their relatives' care. They told us there was frequent contact between staff at the home and relatives, which gave them peace of mind their family member was being well cared for. A staff member told us, "We have good interaction with people's families which they seem to appreciate."

Staff felt their colleagues treated the people who lived there with respect. One support worker said, "We always knock on people's doors first. When doing personal care we talk them through it so they know what's going on. We always ask if they want care and we give people a choice of the staff on duty who they want to receive care from. It's important that we do this."

People's privacy and dignity were promoted. Care plans contained guidance on supporting people in a way that maintained their privacy and dignity, and staff described how they put this into practice. One staff member told us, "The lads deserve respect so we make sure the doors are shut when doing personal care."

People living at the home had limited verbal communication skills, but staff told us and we saw how people were able to communicate their preferences through physical gestures. This meant people could make choices about daily living such as activities, meal times and what to wear. In this way people's independence was encouraged.

A staff member said, "My role is to care for the people who live here, to promote their choices and independence and to help them get involved in the community. Whatever the people here need we support them with." Another staff member told us, "It's not just a job to me. I feel proud doing this job, it's rewarding. I'm impressed by the quality of care here. I would put my own mother in here."

The registered manager told us, "We give people a good quality of life and a nice homely atmosphere".

On the day of our visit staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew the people who lived there well.

The registered manager had devised safeguarding worksheets for staff to complete regularly which included human rights and equality issues. This was a good prompt for staff and showed staff had a good understanding of such issues.

Good

Is the service responsive?

Our findings

People had limited involvement in their care planning because of their limited communication and complex needs. Staff knew how people communicated what they wanted and this was included in care plans. Relatives we spoke with told us they felt involved in planning and reviewing their family member's care. Keyworkers, who have responsibility for individuals who used the service, were also involved in care planning.

We saw from people's care plans and by talking to staff, that staff knew people's likes and dislikes well. For example one staff member told us, "One person doesn't like a vegetable cooked in a particular way, but if staff cook it the way he likes it he will eat it". Staff also knew what toiletries people liked, and they had drawn up a list for one person as this was important to them. One staff member we spoke with said, "One of the people who lives here needs reassurance, so we make sure they get it so the person is put at ease". The registered manager told us in detail about each person who lived there and their specific needs. This meant staff had a good understanding of what was important to people.

Care plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. The care plans contained guidance for staff on personal care, people's preferred method of communication, their likes and dislikes and their ability to make decisions. This meant all staff had access to information about how to support people in the right way.

The care plans were written from the individual's perspective and had good descriptions of what people's goals were, what steps needed to be taken and a target date for completion. This meant staff could support people to develop their potential and achieve their goals such as to be more mobile.

One staff member told us, "We review people's goals and update them". They gave us an example of when a person had mobility issues and their care needs changed, so the care plan was amended to increase the amount of support the person received with personal care. The staff member said, "When the person's mobility improved the care plan was updated again to reflect this."

Another staff member said, "All the people who live here are individuals and have different needs. When one of them shouts I know whether they want a drink or personal care or something else, as I know them so well."

The registered manager told us "The service is very good at responding to people's changing needs."

Staff were able to describe the impact of person-centred care. For example, staff told us that one person was not able to communicate when they first came to the home, but staff later realised they could communicate using physical gestures and picture symbols. We saw how staff had developed this, and now the person made decisions about what activities they wanted to do, what they wanted to wear and what they wanted to eat. Staff were delighted this person could now make every day decisions.

Each person had a timetable of daily activities which were planned on a weekend with the person, for the week ahead. There were a variety of activities to choose from such as bowling, going to a disco, pet therapy, arts and crafts, aromatherapy, cinema, and going to the local pub. The registered manager told us people who lived there really liked the pet therapy which happened weekly. They told us, "They get enjoyment from the dog coming in. They enjoy the interaction with the dog and its owner."

The provider had a complaints policy which was available to people, relatives and stakeholders. A service users' guide which contained details of how to make a complaint, was usually given to families, although an easy read version was also available for people who used the service. Relatives said if they had any concerns they would speak to the registered manager straight away. One relative said, "I have confidence in the manager to deal with things properly." There had been no complaints in the last 12 months.

Good

Is the service well-led?

Our findings

Relatives we spoke to were happy with the management of the home and couldn't think of anything that needed to be improved.

The registered manager had worked at the home for several years, and was assisted by a team leader. Staff understood the lines of responsibility within the home and the organisation. Staff had designated roles which meant they knew what areas they were responsible for. Relatives told us the registered manager was "approachable and helpful".

Staff had positive comments to make about the management team and working at the home. One support worker said, "It's like a family here. It's nice to come to work." Another support worker told us, "The registered manager is very good. She's always there for anything we need and the team leader. I feel very supported".

The registered manager told us, "I'm well supported by my manager and the provider. I can ask for advice at any time." They also said, "There is always room for improvement. I like to maintain high standards. I work with our quality team and keep up to date." The registered manager worked alongside care staff a couple of days a week, which allowed them to observe the care provided and to check the home's values were put into practice. The aims of the service were displayed at the home.

Staff had monthly meetings where they reviewed each person's care in detail including their outcomes and goals. Staff training needs, audits, staff wellbeing and safeguarding incidents were also discussed at staff meetings. There was a good structure to team meetings which meant staff could discuss best practice, raise concerns and make suggestions for improvement. Minutes of staff meetings were taken so staff not on duty could read them later. One staff member said, "Staff meetings are helpful as it's good to talk amongst ourselves and to get updates from the registered manager."

The registered manager made sure systems were in place for recording and managing accidents, incidents, complaints and safeguarding concerns. We saw detailed records were kept which logged what immediate action had been taken, and what measures were being put in place to reduce the risk of them happening again. For example, a trip hazard had been identified outside of the home so an alternative route was used until the issue could be fixed. This meant the manager acted upon issues quickly.

The registered manager completed regular audits and a monthly report for the area manager on safeguarding incidents, incidents, accidents, complaints and compliments. We saw the provider also carried out audits on these areas. This meant the registered manager, area manager and other representatives of the provider could monitor the service for any trends and identify best practice.