

# Lifeways Community Care Limited

## Flaxman Avenue

### 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?

Requires improvement 

#### Overall summary

We inspected this service on 4 September 2015. The inspection was announced. The provider was given 24 hours' notice because the location provides accommodation for younger adults who are often out during the day; we needed to be sure that someone would be in.

Flaxman Avenue is a residential respite service that specialises in supporting people with a learning disability. The service is situated in a residential suburb on the

outskirts of York. Flaxman Avenue provides temporary accommodation for up to six people, both as planned respite if, for example, a carer goes on holiday and emergency respite during periods of crisis.

Accommodation is provided across a spacious purpose built bungalow with six single bedrooms, a communal living room and two kitchen/dining rooms.

# Summary of findings

The service was previously operated by another registered provider, but registered under a new provider, Lifeways Community Care Limited, in February 2015. This was the first inspection of this location following registration under the new provider.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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.

When we inspected this service we found that it was safe for the people staying there. There was enough staff to meet people's needs. Staff had training to enable them to keep people safe and effectively manage risks. Staff understood individual risks and worked proactively to manage these, whilst promoting the choices and independence of people using the service. Staff showed a good understanding of the types of abuse they might see and what action they should take to raise concerns.

The service had systems in place to manage and administer medication. The service completed daily audits of medication to ensure that people had received the right medication at the right time.

The people staying at Flaxman Avenue had a care plan containing personal information about their needs and preferences. We saw that staff understood the needs of the people they were supporting and had systems in place to share information about new arrivals. We saw that the service worked hard to support people new to the service to settle in. Staff understood the importance

of flexible person-centred care and this was reflected in the support they provided. It was clear that the staff we spoke with genuinely cared about the people they were supporting and this was reflected in the feedback and positive experiences of people using the service.

The service had a robust recruitment and induction process to equip staff with the skills needed to meet people's needs. On-going training was provided for all staff and people we spoke with were knowledgeable about their work. There was a supportive environment with experienced staff supporting new members of staff. Staff spoke highly of the management and support they received.

We received positive feedback about the food provided at Flaxman Avenue. It was clear that the service had a flexible approach to preparing meals and drinks to meet the needs and preferences of the people using the service. People had choice and control over what and when they ate.

People staying at Flaxman Avenue were supported to maintain their daily routines and access the wider community. The home encouraged people to maintain contact with family and friends. People had choice and control over how they spent their time whilst staying at Flaxman Avenue.

The service had a complaints procedure in place and people using the service, staff and visitors told us they felt they could raise concerns and that these would be listened to.

People told us they felt the service was well-led. However, records were not always well maintained and the systems in place to monitor the quality of the service had not always identified and addressed these problems.

# 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 had training to enable them to identify and appropriately respond to signs of abuse.

The service had a system to identify and manage risks to keep people safe and prevent avoidable harm.

The service employed sufficient numbers of trained staff to meet the needs of people staying at Flaxman Avenue.

Good



### Is the service effective?

The service was effective

Staff had training and on-going support to enable them to effectively meet the needs of people staying at Flaxman Avenue.

Staff understood the principles of the Mental Capacity Act 2005 and people were supported to make decisions where possible.

People were supported to eat and drink and had access to a varied diet personalised to their needs and preferences.

Good



### Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people using the service.

Staff used their knowledge and experience to support people to express their wishes and views.

Staff respected the privacy and dignity of people using the service.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and they were supported to have choice and control over their daily routines.

Staff understood the needs of people living at Flaxman Avenue and used this to provide personalised care and support.

The service had a system in place to manage and respond to complaints, comments and concerns.

Good



### Is the service well-led?

The service was not consistently well-led.

Requires improvement



# Summary of findings

The service had a positive culture which respected the rights, wishes and views of the people staying at Flaxman Avenue.

We found that records were not always well maintained and information was not consistently detailed.

Whilst systems were in place to monitor the quality of the service, these were not always effective in identifying problems and driving improvements.

# Flaxman Avenue

## 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 4 September 2015 and was announced. The provider was given 24 hours' notice because the location provides temporary respite for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team was made up of two Adult Social Care (ASC) inspectors. Before this inspection we looked at information we held about the service, which included notifications we had received from the registered provider and information we had received from the City of York (CYC) commissioners and safeguarding team. We did not ask this service to send us a provider information return (PIR)

before the inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

During our inspection we looked at communal areas, vacant bedrooms and one bedroom that was currently being used (with the person's permission). We spent time observing staff interactions with the people using the service, relatives and other staff. We observed the care and support being delivered in the communal areas of the service and we spoke with people in private. We spoke to two people staying at Flaxman Avenue, one relative and a visiting professional. We also spoke with the registered manager, the area manager, the provider's quality assurance officer and interviewed three members of staff.

We spent time in the office looking at records, which included the care records of four people who use the service, two staff recruitment records, training files and a selection of records used to monitor the quality of the service.

# Is the service safe?

## Our findings

We found that the service was safe and people were protected from abuse and avoidable harm. During our inspection we observed interactions between staff and the people staying at Flaxman Avenue. We saw that people using the service were relaxed, confident and outgoing around staff and clearly felt safe and at home in their surroundings. People told us that they “Love coming to visit” and that they “Like the staff”. A visiting professional told us the person they supported always “Looks forward to respite” at Flaxman Avenue.

We saw that all staff had completed training on Adult Safeguarding. Staff we spoke with showed a good understanding of the types of abuse they might see and appropriately described what action they would take if they had concerns. Comments included “I would tell the manager or a senior member of staff if I had any concerns, everyone is very approachable” and “I would report it, document it in the cardex and go straight to the manager”. From speaking with staff it was clear that the training had equipped them to identify abuse and respond appropriately to keep people using the service safe. We saw evidence that the service had referred a safeguarding concern to the Local Authority and that the registered manager had taken appropriate steps to respond to the concerns raised.

The service had systems in place to identify and manage risks to keep people safe. We saw that people’s needs were assessed before they stayed at Flaxman Avenue. We reviewed four people’s care plans and saw that each contained individual risk assessments documenting risks to self and risks to others. We saw evidence that risk assessments were being used proactively to prevent accidents and injuries. One record documented that crash mats, which had been used to reduce the risk of injury if the person rolled out of bed, had been removed as these were identified as a “trip hazard”. This showed the service balancing the risk of rolling out of bed against the risk of tripping and falling. In response the service introduced a bed sensor to alert staff if the person got out of bed at night.

Care plans and risk assessments supported staff to meet people’s needs and manage behaviour that might challenge. We saw detailed risk assessments that documented individual’s signs of distress, possible causes

and guidance on how staff should respond to best minimise risks and keep the person safe. Staff we spoke with clearly understood the specific needs of the people they were supporting. Staff told us how they used this knowledge and their experience to de-escalate situations. We saw that staff were able to support people who were becoming anxious or displaying behaviour that could cause harm to themselves or others on a one to one basis in a specially adapted unit. This unit could be securely separated from the main building if needed and had toughened glass, secure cupboards and telecare alarms to call for assistance. When these arrangements were in place, we saw that they were recorded in management plans and had been agreed by all parties concerned. By employing distraction techniques or one to one support, staff told us how they managed behaviour that might challenge to keep the person and others staying at Flaxman Avenue safe.

On the day of our inspection we saw that there were sufficient numbers of staff to meet the needs of the people staying at Flaxman Avenue. Staff told us “There are enough staff” and “We have enough time”. We spoke with the manager who explained that staffing levels changed to reflect the number of people using the service at any one time. The manager told us that they worked out the number of staff needed based on their knowledge of the person and an assessment of their needs completed before they arrived. We reviewed staff rotas, which showed flexibility in the number of staff working. Staff told us they felt that the staffing levels were generally right. However, they said it could be difficult and busy at times as people could act very differently out of their home environment. We found one record in daily handover notes that identified problems with staffing levels on that day. However, staff consistently told us that they felt well supported and listened to when they raised concerns. Comments included “If staffing levels are a problem we speak to the manager” and “We’re good at covering shifts - we are all quite flexible”.

The service had a robust recruitment process. Recruitment records showed that all new staff completed an application form, were interviewed and references were obtained. This ensured that staff had the right qualifications, skills and experiences to work as a carer. Staff had Disclosure and Barring Service (DBS) checks completed before they started work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

## Is the service safe?

The home had a system in place to manage medication. People using the service brought medication from home and staff checked and signed this in. The manager told us that medication had to be in the original packaging so that staff could follow the pharmacy label for instruction. None of the people using the service at the time of our visit self-administered medication. Staff then transcribed instructions from the pharmacy label onto Medication Administration Records (MAR) charts, which were used to record medications given to the people using the service. We saw that another member of staff did not countersign these handwritten MAR chart records. Although there had been no copying errors, we discussed this with the registered manager who told us that she would instruct staff to countersign records to reduce the risk of this happening. We saw that medication that had been administered was correctly documented on the MAR chart and staff completed a nightly spot check to ensure the amount of medication in stock was accurate. We observed that medication was safely stored in a secure cabinet.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. During the inspection no-one staying at Flaxman Avenue

required a controlled drug. However, we saw the service had a suitable controlled drugs cabinet and controlled drug book if needed. The manager told us that any unused medication was returned to the carer or relative at the end of the person's period or respite. We saw that staff had training on medication management as part of their induction. The service supported carers to learn how to administer medication by shadowing more experienced staff and the manager told us that staff had to be observed a minimum of three times before they could administer medication independently.

We observed that the home had fire alarms, extinguishers and automatically opening fire exits which were tested regularly. This meant people using the service were protected from the risks associated with a fire. The manager told us there was an evacuation plan agreed to a safe place locally should people who use the service need to move in the event of an emergency. The premises had secure access and alarms at the front of the building to alert staff if someone approached the building at night. We saw that lifting equipment was serviced and maintained and the provider had an electrical installation and gas safety certificate in place. This showed that the registered manager was maintaining the building to a safe standard.

# Is the service effective?

## Our findings

We spoke to one new member of staff who explained they had to complete a six day induction programme before starting work at Flaxman Avenue. This included training about learning disabilities, moving and handling, and first aid. We saw that new starters also had to complete shadow shifts and an Induction Portfolio as part of their probation period. Existing staff told us they had received induction training when the service was newly registered. We saw training records which showed staff had completed training on Fire Awareness, First Aid, Food Hygiene, Health and Safety, Infection Control and Manual Handling. We reviewed individual training records and saw that staff had also received additional non-essential training and new starters were being supported to complete the Care Certificate. This meant that staff had the skills and training to meet people's needs.

We saw that staff had completed training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA) and are designed to ensure that the human rights of people who may lack capacity to make decisions are protected. We saw that DoLS were in place for one of the people staying at Flaxman Avenue to protect their human rights. Staff we spoke with showed a good understanding of the MCA meaning that people were supported to make decisions where possible. One member of staff told us "Because of their high needs, a lot of the people we support cannot make decisions for themselves." Staff gave us examples of how they showed people options to help them decide what to wear and described how they interpreted non-verbal communication to understand people's decisions. We saw a record of a Best Interest Meeting and staff explained how they "Discuss with care managers and parents" when making decision on behalf of people.

Staff told us they had supervision every three months to discuss any concerns they might have, talk about any team issues and their training and development needs. The

registered manager showed us a record of how they monitored when supervision was due. We saw evidence of regular team meetings and that minutes for these were produced and distributed. Staff told us "We have team meetings; you have to attend so many a year." They told us they had to "Read the minutes or talk to a staff member who was there" if they could not attend.

People using the service told us they "Loved" the food and "The food is nice." A person visiting the service told us the food looked nice and "There was a lovely smell of food cooking yesterday!"

The registered manager told us that they planned the meals and snacks available around the wishes and preferences of the people staying that week. We saw records that showed staff had prepared a variety of meals in the week prior to our visit to cater to people's specific needs and preferences.

Staff we spoke with understood people's nutritional needs, likes and dislikes. On the day of our inspection the people using the service did not have any specific dietary requirements. However, the registered manager told us that they gathered information about preferences, allergies or specific dietary needs from their pre-assessment documents and used this to tailor the menu. We saw evidence of people's like and dislikes documented in their care plans. The registered manager explained that they had food available in the cupboards and freezers and a local supermarket so made every effort to prepare and cook whatever was asked for.

We found that care plans contained information about people's health needs. Care plans contained specific health care plans detailing the management of certain health conditions. These documented signs and symptoms to look out for and guidance on when to seek further medical attention. Care plans documented involvement from other healthcare professionals and contained a 'Health Appointment Record' for staff to record any appointments people using the service might attend during their period of respite.



# Is the service caring?

## Our findings

People told us they felt that staff genuinely cared for them. Comments included “Loves it, staff are friendly and helpful” and “(The person) loves coming to Flaxman Avenue, she has friends here, likes the staff...they know (the person) well.”

We observed positive interactions between staff and the people who used the service. Staff were observed to be warm, friendly and attentive towards the people staying at Flaxman Avenue. We saw that staff acknowledged and made eye-contact as they moved around the unit and spoke to people in an appropriate manner and tone. Staff consistently told us they felt other people who worked at Flaxman Avenue cared about the people they were supporting. One member of staff said “Staff here are definitely caring; you can tell by the way they treat people – how you would like to be treated.” Another said “Staff care, they know people quite well and are always giving information about what they like.”

Staff explained that it could be difficult sometimes to get to know people as they stayed for short periods of respite and there were always new faces coming in. However, staff we spoke with told us that they were actively encouraged to read people’s care plans and that these contained information that helped them to get to know that person. We reviewed four people’s care plans and confirmed that they documented likes and dislikes, family relationships, hobbies and interests. One member of staff told us “Each time somebody different comes in I read the files.” Staff told us how they communicated and shared information with staff who had not met a person to help them build a relationship and get to know that person - “I’ll ask - have you met...? Go read their file and I’ll answer any questions you have.”

Staff told us they had time to spend with people using the service so they could get to know them and develop meaningful relationships. Comments included “We get to socialise with the people coming in” and “We have enough time. We can give time to get to know people”. We saw that interactions were informal and unrushed throughout the day and staff clearly had one to one time to spend with the people using the service.

We saw people being cared for by staff who clearly understood their needs and individual preferences. We read one person’s care plan which contained information on ‘How best to support me’ and instructed staff to “Talk to me first before moving me and follow my routines.” Later in the day we saw staff following this care plan by explaining what they were doing, but not leading or coercing the person and respecting their wishes and views.

Staff we spoke with gave us examples of how they supported people to express their wishes and views and make decisions wherever possible. Staff told us how they used visual prompts to support people to express their views. One worker said “You have to let the customers lead” and “They’ll let you know if they don’t want to do something.” Staff described how they used their familiarity with the people they were supporting to understand non-verbal communications. We saw staff enabling people who used the service to do what they wanted to do and could clearly see that the people using the service led and expressed their views.

Staff we spoke with explained the importance of maintaining people’s privacy and dignity. We observed that conversations and support provided in communal areas was appropriate and respectful. Staff told us how they provided personal care in people’s room to maintain their dignity.

# Is the service responsive?

## Our findings

The people who had respite care at the home usually had a programme of activities that they took part in on a weekly basis, sometimes with a paid carer. People were encouraged and supported to continue with these activities during their respite stay.

On the day of the inspection we saw that the two people who were having respite care at the home did not return until the end of the afternoon; one person was accessing day care and another was out with their support worker. We spoke with two people who used the service on a regular basis. Both people told us that they continued to spend time in the community with their support worker whilst staying at Flaxman Avenue. One person told us that they went out shopping to Leeds and Selby, and enjoyed going to an aerobics class. Another person told us about the activities they took part in, such as bowling and going to the cinema.

A member of staff told us that they frequently arranged baking sessions for people who were at Flaxman Avenue over the weekend. One person who had respite care at the home confirmed this. They told us, "At weekends we watch the TV and do baking." We saw that there were games, sensory equipment and TV's in various rooms of the home for people to access. One television was stored within a secure cabinet so that people could not harm themselves if they became anxious.

People were encouraged and supported to stay in touch with family and friends whilst they were at Flaxman Avenue, and on occasions people were reunited with people they had been friends with at school or when attending day centres. This was encouraged by staff at the home and we saw numerous photographs displayed of people when they were younger and at school, college or a day centre. Staff told us that some people who had respite care at the home enjoyed looking at the photographs and finding themselves or their friends.

People told us that they were able to make choices whilst having respite care, such as what activities to take part in, what to wear, what to eat and drink and what time to go to bed. This was confirmed by the relative and visitor who we spoke with.

The registered manager explained that new admissions were accepted following an assessment and referral from

the Local Authority. Staff told us that "When new people are coming in we go and meet them and discuss their needs". Staff explained "We arrange a visit for the person, they may need a few visits – they come during the day or for tea."

Where people were unable to verbally communicate, staff told us "We speak to parents regarding personal preferences and try and follow routines from home". The registered manager showed us a completed form that they asked relatives or carers to fill in to provide additional information about that person so that staff could better understand their needs and how best to support them. Staff explained how it was important to know as much as possible about a person before they arrived. They told us how small details, for example, whether people slept with the light on or off, curtains open or closed and whether they liked to have their door shut at night could significantly impact on how well people settled in. From this it was clear that staff understood and demonstrated the principles of person centred care in their work. We found that the service made significant effort to get to know people, understand the needs of people who may be unable to verbally communicate and maintain their routines when planning care and support. One worker told us "We are always changing our approach; you have to treat people as individuals."

We checked four care plans for people who had respite care at the home. We saw that care plans recorded the level of involvement people had in developing their specific care plan for their stays at Flaxman Avenue. Care plans were based on an initial assessment of care needs and focussed on the needs of the individual; a one page profile recorded what was important to the person, what people liked and admired about them and how best to support them. Care plans covered areas such as choice and control, health and well-being, everyday tasks, living safely and taking risks, family and relationships, community life and behaviour. Each section included information about what the person could achieve themselves and what they would need support with.

We saw that care plans and risk assessments were reviewed each time a person used the service and that a new record was made of the medication they were prescribed. In some care plans we saw evidence of more formal reviews of care plans that were carried out by the community team for people with a learning disability. Staff from Flaxman Avenue were invited to these reviews, which

## Is the service responsive?

were usually attended by the person whose care was due to be reviewed. This meant that staff from the home were able to discuss the person's current care needs with them and with other professionals involved in the person's care. As a result, all staff involved in the person's care had up to date information to follow.

We asked people who used the service if they would know how to make a complaint. They both told us that they would be happy to speak to any of the staff if they had a concern or wanted to make a complaint. One person said, "I would speak to the staff."

It was clear that there were good relationships between people who used the service, staff and people's family or carers. Relatives and carers told us that staff always

contacted them if there were any queries or concerns, and similarly, they were able to ring the home at any time to discuss concerns or ask questions. The relative who we spoke with said that they were very confident that, if they raised a concern, it would be dealt with professionally and promptly.

We checked the complaints log and saw that two complaints had been received during the previous year. There was a record of the complaint, the investigation that had taken place and the outcome that had been shared with the complainant following the investigation. There was a system in place for any complaints received to be audited by the organisation to identify any trends or areas that required improvement.

# Is the service well-led?

## Our findings

Staff told us they felt the home was well-led and we received consistently positive comments about the registered manager. One member of staff told us “(The manager) is very supportive” and another said “If there’s any problems I tell the manager and she gets straight on with it”. Staff told us that they felt supported in their role and that help was available if needed; comments included “Support is always there, I’m not made to feel silly for asking.”

A relative we spoke with told us that they could not speak highly enough of the staff. They said, “I can ring them at any time for a chat...they ring me. I am very confident that if I raised a concern or had a complaint they would deal with it.” We saw that there was a positive atmosphere in the service. One member of staff told us the culture was “Relaxed and informal” and they felt it was a “Very nice atmosphere for the people staying here”. Others said “It is a close knit team” and “We support each other”. We saw evidence of a positive culture of learning with more experienced staff supporting the development of new staff. One member of staff told us the registered manager led by example “If (the manager) over hears anything she will say - she does hands on shifts.”

We saw that there was a system in place to monitor the quality of the service. However, this was not always effective in identifying problems and driving improvements.

We found that records were not always well maintained. The manager had a system to audit care plans, however, gaps in the care plans had not been identified and updated. We saw that a Health Action Plan, Goal Achievement Record and Emergency Information had not been completed in one person’s file. Another care plan had incomplete records about that person’s family and relationships and “What I can do for myself.” We found that whilst the registered manager and staff showed a good understanding of the MCA, mental capacity assessments were not consistently documented. These gaps in records had not been identified and addressed through the services’ quality assurance system.

The registered manager told us that the service was in the process of introducing a new care plan format and showed us a care plan and risk assessments completed using the

new paperwork. We found the care plan and risk assessments that had been completed on this paperwork were detailed and person centred. However, we found that the paperwork had not been fully completed and changes not always updated. We found that risk assessments completed using the old paperwork were brief and did not contain the same level of information. Although staff we spoke with showed a good understanding of the needs of the people they were supporting, gaps in recording might have placed people at risk if relevant information was not available to staff who were providing care and support.

**We recommend that all care plans are kept up to date and are routinely checked to ensure they contain all relevant information.**

Staff told us that the registered manager was proactive in addressing problems or concerns. We saw that the registered manager had reviewed accident and injury forms and documented follow-up actions to reduce the risk of further incidents. We saw that one person using the service had slipped in the bathroom and the registered manager had made arrangements to purchase a new non-slip bathmat. This showed that the service was learning and taking proactive steps to reduce the risks of further accidents or injuries. However, this was not consistent and we found that a minor medication error had not been investigated so there had been no learning from this incident. We subsequently reviewed training records and found that the registered manager did not carry out competency checks for staff administering medication. Without competency checks the service could not evidence that training had equipped staff with the necessary skills or that staff were maintaining their skills over time. The registered manager told us she would introduce these and that the provider had a resource she could use to complete and document competency checks.

At the time of our inspection there were no completed staff surveys or feedback from the people who used the service. The registered provider told us they undertook an annual audit to monitor the quality of the service and this included seeking the views of people who used the service. This had not been completed when we inspected as the service had only been registered for six months.

The manager explained that she completed a ‘manager’s workbook’ which was submitted to the area manager each month. This collected information about the service including information about accidents and injuries,

## Is the service well-led?

incidences of aggressive behaviour, compliments and complaints and a record of staff supervisions and appraisals completed during that month. The 'manager's workbook' also recorded a monthly 'Essential Safety Check'. We saw that the manager had completed this checklist confirming that a visual inspection of the premises had been completed, that the fire alarms had been tested and emergency lighting was in working order and that fridge temperatures and water temperatures had

been checked. The area manager explained how they reviewed this workbook and made recommendations if further action was needed to address any problems identified. On the day of our inspection the registered provider was also undertaking an internal audit and explained the process they used to address concerns through action plans and use of the 'manager's workbook' to monitor the quality of the service.