Lifeways Community Care Limited

Lifeways Community Care (Doncaster)

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

Summary of findings

Overall summary

The inspection took place on 23 & 25 August 2016 and was announced. We gave the service 48 hours' notice in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Care Quality Commission in July 2012. The service was last inspected in January 2014 and the service was meeting the regulations we looked at.

Lifeways Community Care (Doncaster) is a domiciliary care agency which provides personal care to people in Lincolnshire, Nottingham, Doncaster, Barnsley and Sheffield. They deliver care and support to people who live in supported living accommodation. The service supports people with a learning disability, physical disability and people with complex needs. At the time of this inspection there were 109 people using the service.

At the time of our inspection the service had a registered manager in post. 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 service had a policy in place to safeguard people from abuse. This included how to recognise the types of abuse. It also gave guidance to staff about how to report any concerns.

We looked at systems in place to manage people's medicines in a safe way. We saw medication administration records (MARs) were completed appropriately.

We looked at care plans belonging to people who used the service and found they identified risks associated with people's care. Staff we spoke with were knowledgeable about different risks and how to support them.

The service had a staff recruitment system in place to ensure the people employed were safe and suitable for the role they applied for. Pre-employment checks were obtained prior to people commencing employment.

Staff we spoke with told us they received appropriate training to carry out their role. This included subjects such as first aid, manual handling, food hygiene, infection control and safeguarding.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We looked at care plans which contained information about the person's capacity to make decisions. We saw that mental capacity assessments had been undertaken and best interest decisions had been made where people lacked capacity to make a decision.

We spoke with people who used the service and looked at their support plans and found that support plans clearly identified the nutritional support people required.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

Care plans we looked at contained information about people's likes and dislikes and food preferences. For example, one person liked holidays, baking, shopping, and films.

Staff we spoke with knew how to preserve people's dignity and gave examples of how they respected people.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at a selection of care plans and found they included the desired outcomes for the person.

The service had a complaints procedure in place and the company welcomed them as an opportunity to learn, adapt, improve and provide a better service. People we spoke with were confident that any concerns raised would be dealt with appropriately and in a timely way.

We saw audits had been completed to ensure policies and procedures were being followed. Any areas of improvement raised at part of the audit process were placed on an action plan and service managers were responsible for taking action and feeding back the outcome to the registered manager.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

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.

We saw systems in place to handle people's medication in a safe way.

The service had policies and procedures in place to protect people. Staff we spoke with were knowledgeable about safeguarding and knew how to report any concerns.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

The service had appropriate arrangements in place for recruiting staff.

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We spoke with staff, and found the service to be meeting the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink sufficiently to maintain a balanced diet. Some people were supported with the preparation of meals.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People's care plans we looked at included information about their preferences.

Staff we spoke with gave clear examples about how they respected people and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at a selection of care plans and found they included the desired outcomes for the person.

The service had a complaints procedure in place and the company welcomed them as an opportunity to learn, adapt, improve and provide a better service.

Is the service well-led?

Good

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw evidence that audits had taken place to ensure policies and procedures were being followed.

We saw evidence that people were consulted about the service provided.

Lifeways Community Care (Doncaster)

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 checked 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 the 23 & 25 August 2016 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection was completed by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the service. We spoke with the local authority and other professionals to gain further information about the service.

We spoke with six people who used the service, and two relatives of people who used the service.

We spoke with five support workers, two service managers, the regional quality assurance manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We also looked at five staff files. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and some people's relatives and we found that people felt safe when staff were supporting them. One person said, "I feel really safe in my home and the staff are great."

Staff knew what to do if they suspected any abuse and told us they would inform their manager without delay. They were confident the management team would take action and address the situation immediately. The service had a policy in place to safeguard people from abuse. This included the types of abuse and how to recognise abuse. It also gave guidance to staff about how to report any concerns. Staff we spoke with told us they had received training in safeguarding and that this was repeated on an annual basis. We spoke with the registered manager who confirmed that they kept a record of any safeguarding concerns and what action was taken to address them.

We looked at systems in place to manage people's medicines in a safe way. We saw medication administration records (MARs) were completed appropriately. We spoke with a service manager who explained the process for ordering receiving and administering medicines. We were informed that each member of staff completed medication training as part of their induction. They were also observed administering medicines three times prior to completing the task alone. This was to ensure they were competent.

We looked at a selection of MAR sheets and found some people were prescribed medication on an 'as and when required' basis. Prior to this type of medicine was administered, staff has to speak with a team leader of service manager first to explain the reason. Specific PRN instructions were available to inform staff of the reasons for administration. However, we found one person did not have this guidance in place. We raised this with the service manager on the day of the inspection and they addressed this immediately.

We looked at care plans belonging to people who used the service and found they identified risks associated with people's care. For example, moving and handling, keeping their key safe, labelling food correctly and evacuating the premises safely if needed. We also saw a risk management plan in place for one person who had epilepsy. This explained risks than may present and how to keep the person safe and minimise the risk of the incident occurring. Staff we spoke with could tell us about the risks involved in people's care and could explain in detail how they ensured the risk was reduced.

The service had a staff recruitment system in place to ensure the people employed were safe and suitable for the role they applied for. Pre-employment checks were obtained prior to people commencing employment. These included three references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to five staff and found the recruitment policy had been followed effectively.

We spoke with staff who confirmed these checks had been completed when they had started working for the

service. Staff also told us that they received an induction programme which included mandatory training, reading policies and procedures, being issued with a staff handbook and shadowing experienced care workers until they felt comfortable to do the job alone.

Staff we spoke with confirmed that there were enough staff available to support people correctly and appropriately. They felt able to speak with their manager if the needs of people changed and they felt more staff were required. We visited some supported living accommodations and found staff were available as required. People we spoke with told us there were always plenty of staff around

Good

Is the service effective?

Our findings

We spoke with people who used the service and they felt the staff were competent to complete their role. One relative said, "I think staff have read up about [person's name] condition and they are knowledgeable about their role." Another relative said, "Staff know what they are doing."

We spoke with staff who told us they received training on a regular basis. They told us the service had a training co-ordinator who arranged all mandatory training and annual updates. Staff told us the training provided gave them the necessary skills to complete their role.

We spoke with the registered manager about training staff received and we were shown a training matrix which identified training completed and required. We noted from the training matric that some training had not been completed in line with the company policy. The registered manager told us that this was being addressed, and that the training matrix was not updated until certificates had been received. Mandatory training included health and safety, first aid, safeguarding, food safety, infection control and manual handling.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Care plans we looked at contained a consent assessment which gave consent to care and stated that the person had been involved in the care plan. These had been signed by the person or their representative where appropriate and a member of staff. Care plans stated whether people could make their own decisions and appropriate action had been taken where people lacked capacity. The registered manager told us about different situation where they have had best interest meetings in line with the Mental Capacity Act 2005.

People were supported appropriately to shop for and prepare for meals of their choice. People we spoke with told us the meals and snack provided were good and what they had chosen. One person said, "There is plenty to eat. I decide on a shopping list and choose what to eat." Another person said, "Meals are OK, I like meat cobbler and lasagne best. Sometimes we have takeaways or pub meals out."

Staff we spoke with were knowledgeable about people's dietary needs and food preferences. Staff told us they were involved in supporting people to decide on the weekly menu, make a shopping list and shop for and prepare meals.

Care records we looked at included a health action plan outlining the person's medical history and important current health needs. We also saw from care plans that people had access to healthcare professionals when required. For example, one person had been assessed by the speech and language

therapist and staff had followed the advice they were given.

Good

Is the service caring?

Our findings

We spoke with people who used the service are their relatives and they told us they found the care workers to be kind, considerate and caring. One relative said, "On the whole I am extremely satisfied and [person's name] is very happy. We had a big meeting prior to using the service and went through care plan and our opinions were taken on board." One person said, "Everyone is friendly. Staff are nice and they talk to me."

Care plans we looked at contained information about people's likes and dislikes and food preferences. For example, one person liked holidays, baking, shopping, and films. One person's plan said how they enjoyed going to day centre and social groups. This person also had their own front door key and liked people to knock and wait or ask permission prior to entering their room. Staff we spoke with were aware of people's individual preferences and they were able to tell us how they ensured they respected the person.

Staff we spoke with knew how to respect people's privacy and dignity and gave examples of how they would do this. For example, knocking on doors prior to entering, closing curtains and talking to the person explaining what they are doing when providing care.

Care plans also identified people and other agencies that were part of the person's support package. This included people's families, friends, keyworker and service manager involved in their package of care and support. Staff we spoke with found it very important to build on relationships that people had. For example, one person liked people to visit their home and share a meal with them. Staff encouraged and supported this.

Care plans also contained an account of how people liked to spend their day and what routine they preferred. This included cultural requirements and spiritual needs. For example one person did not believe in God but enjoyed celebrating religious festivals such as Easter and Christmas.

Staff understood that communication was an important part of people's care needs. For example one person's communication plan specified that they understood plain English and short phrases and preferred to chat with staff on a one to one basis. Staff we spoke with were aware of how to communicate with people.

Lifeways had 'ethics of excellence' to support each person as an individual. The provider's ethics were to treat people with respect, privacy and respect and to always find ways to improve the service.

We observed how staff interacted with people and found they were respectful and caring. Staff evidently knew people they were supporting well and recognised their needs and assisted them in a caring manner.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and found they were involved in their care package. One relative said, "The staff discuss [person's name] care plan with us and involve us in their care."

We looked at a selection of care records belonging to people and found they were clearly ordered and easy to read. Each person had an assessment form which was completed by the service prior to it commencing. This was to ensure the service could meet the person's needs. Care plans contained pictures where appropriate to aid people's understanding. Care plans were in place around areas such as, choice and control, health and well-being, everyday tasks, living safely, family and relationships and managing money.

Care plans gave instructions on how to support each person. For example, one care plan in place for daily living skills, identified support the person required when using the kitchen. Staff were reminded that the person required full support and particularly to remind the person not to knock the pan handles as they were hot.

People we spoke with told us about the several activities they were involved in and what they liked to do. People told us that they were supported to go on trips to the theatre, picnics in the park, and holidays. People were excited about forthcoming holidays; one person told us they were going on holiday with staff to Devon later in the year. This holiday had been chosen by the person with the help of the staff as they wanted to go to the monkey world in Devon. This showed that staff had listened to the person and respected their wishes.

The service had a complaints procedure in place and the company welcomed them as an opportunity to learn, adapt, improve and provide a better service. The procedure was available in people's files and also in an easy to read format. The policy clearly explained how to make a complaint and who to speak with if someone had concerns to raise.

We spoke with people who used the service and their relatives and they told us they would speak to a member of staff if they had a concern. People were confident that their concern would be heard and dealt with in a timely and appropriate manner.

We spoke with the registered manager who showed us a log of concerns which was kept. The log gave details of action taken, the outcome and learning from the incident. For example, some people had complained about the use of agency staff and the company had employed new staff in order to minimise the use of agencies.

Good

Is the service well-led?

Our findings

We spoke with people who used the service and they felt the registered manager was approachable. They also told us they could contact the office staff if they needed to.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a team of service managers. The company provided support to people in different geographical areas and each area had a service manager who were responsible for the day to day running and management of the service.

We saw evidence that audits had taken place to ensure policies and procedures were being followed. Each service manager completed a workbook every month specifically in relation to their area. This contained information about the service, audits completed, staff issues, and areas of discussion regarding people who used the service, complaints and any other relevant information.
This information was collated by the registered manager, so they were up to date and knew areas identified for improvements. The quality manager also had sight of these workbooks and these helped to plan improvements in the service as required. We spoke with the quality manager and were told that they visit every supported living service and audit them on an annual basis. If a service scored poor it was escalated up to regional level and was visited more frequently until the service issues had been rectified. The registered manager was then responsible for checking the service regularly by completing spot checks and overseeing the action plan.

We also saw that audits took place in each supported living accommodation. These were completed by the service manager and included, medication, health and safety and care plans.

We spoke with staff and they told us they were supported by the registered manager and their service manager. They told us they could ring the office for support if needed and there was always someone that could help them. They told us that managers were also available out of office hours as they had an on call system. Staff felt their views and opinions mattered and they felt listened to.
Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

We saw that a log of accidents and incidents had been recorded by the registered manager. Any actions identified as a result of accidents and incidents were added to the service action plan and given to the service manager who then worked on improving the identified areas of concern.

There was evidence that people were consulted about the service provided. Each supported living service held house meetings where people could express their views and opinions. Relatives we spoke with told us that relatives meetings took place which gave them an opportunity to inform managers about their opinions and be involved and consulted about the service.