

Lifeways Community Care Limited

Lifeways Community Care Limited (Birmingham & Walsall)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Lifeways Community Care Limited (Walsall) is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability and learning disability. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection look at people's personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 40 people receiving support which was overseen by 2 registered managers across 20 locations.

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

Right Support:

Not all staff training and competency checks were up to date and further work was required to address this to ensure all staff had the skills to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and people told us they felt safe when supported by staff, but some people's care plans did not contain up to date or correct information about how to meet their needs.

Right Culture:

The registered managers responded quickly to the concerns we identified on inspection, however, it was acknowledged the existing systems and processes in place were not providing them with effective oversight of the service and the people and staff they were responsible for.

Management's plans to improve quality assurance systems had not been fully implemented and the registered managers had to rely on other, less effective methods of gathering information in order to provide them with oversight of the service.

The service was supported by two registered managers, who were working closely together to promote a positive culture within the service. People and staff told us they felt supported and were able to raise any concerns confident they would be listened to and dealt with appropriately.

Right Care:

Across the different supported living settings we visited, we found people received person centred care and were treated with dignity and respect. People were supported by staff who were aware of what was important to them and how they wished to spend their time.

Staff had received training in safeguarding people from poor care and abuse and were aware of their responsibilities to report and act on any concerns that came to their attention.

People told us the staff who supported them were kind and caring and we observed positive relationships between staff and people being supported by the service.

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

Rating at last inspection The last rating for this service was good (published 27 April 2021)

Why we inspected

The inspection was prompted in part due to concerns received about moving and handling practices. A decision was made for us to inspect and examine those risks.

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

During the inspection, the provider took action to mitigate any potential risks that were brought to their attention.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifeways Community Care Limited (Walsall) on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to regulation 17 good governance and regulation 18 staffing at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Lifeways Community Care Limited (Birmingham & Walsall)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Assistant Inspector contacted relatives over the telephone following the inspection.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post with collective responsibility for the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 2 February 2023 and ended on 1 March 2023. We visited the location's office on 2 February and 1 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority in relation to the concerns received. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people (who consented to speak with us) in their own homes and 13 members of staff, including the regional operations director, both registered managers, the quality lead, service managers, team leaders and care and support staff.

We reviewed a range of records. This included 11 people's care records and 5 medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service including training records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records and quality assurance records. We spoke with 1one professional who worked with the service and 2 relatives about their experience of the care provided to people.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management

- Risks were assessed and staff were aware of the risks to the people they supported. However, the information held in people's support plans did not always provide staff with the correct information on how to support them safely. For example, in 1 person's care file, guidance for staff to follow if a person experienced a seizure whilst eating, was incorrect and placed the person at potential risk of harm. This was raised with the registered manager and immediate action was taken to ensure correct the information was recorded and staff were made aware of this.
- Registered managers told us it was company policy that each person who had received a Speech and Language Therapy [SALT] assessment, would have access to their own de-choking device and this would be documented in their eating and drinking support plan. [This is a device that can be used to clear airways when a person is choking]. We found evidence that de-choker devices were on site for those people who had been assessed. However, we found this piece of equipment was not referred to in 2 out of 5 of these support plans looked at. The registered manager confirmed they would ensure this was updated immediately.
- We found some inconsistencies in the information held in some people's files. For example, 1 person's care plan provided detailed explanations on how to support them to safely use a particular piece of equipment. However, in another part of their plan, detailed information regarding another piece of equipment was missing. On querying this, we were told this piece of equipment should only be used with the person and their occupational therapist. This meant there was a risk staff could mistakenly try and support the person with the equipment, potentially placing them at risk of harm.
- People told us they felt safe when supported by care staff. We spoke with 3 people who were supported in a hoist and all told us they felt safe when this was carried out. One person described how prior to being supported in a hoist, they observed all staff being trained in using the hoist. They told us, "I was a happy observer, and it gave me a chance to see what they are doing."
- Individual risks to people were assessed and reviewed. For example, where people could display distressed behaviours in response to a particular need, risk assessments identified the signs and symptoms to look out for and how to respond to these events in order to reassure the person and keep them safe. A member of staff told us, "Everything we need is in the support plan and the risk screening covers everything."

Learning lessons when things go wrong

- Systems were in place to ensure when things went wrong, lessons were learnt. For example, following a particular incident regarding moving and handling, action was taken to ensure all manual handling risk assessments and support plans were reviewed and any recommendations from these reviews, implemented.
- A registered manager confirmed there was currently no procedure in place to provide overall analysis of these events to identify any patterns or trends. This meant potential opportunities to learn lessons quickly when things went wrong, were lost.

Using medicines safely

- Support was provided with medicines by trained staff, but at 1 location the provider's records confirmed 5 staff had not had their competencies checked in medication management for over 12 months. This meant the provider could not be assured staff were competent to administer medicines at this location.
- Systems and processes were in place to record people received their medicines as prescribed. Care records held information regarding people's medication and for time critical medication, instructions were clearly documented. Where people received support with 'as required' medication, guidance was available to staff regarding the circumstances in which to administer this.
- We observed a member of staff support a person with their medication. They explained what the medication was for, provided a drink of their choice to help them take the medication and sat patiently with them during the whole process.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in recognising types of abuse people may be at risk of. A member of staff told us, "I haven't had to raise any [safeguarding concerns] but we have covered the subject in staff meetings and do online training."
- Where safeguarding concerns had been raised, action had been taken and the appropriate professionals had been involved. A member of staff described to us a particular safeguarding concern that had been raised and the actions taken to safeguard the person.
- Relatives told us they considered their loved ones to be safe and had no concerns regarding their care and support.

Staffing and recruitment

- People were supported by a team of staff who were aware of their needs. A relative told us, "[Person] is used to the carer." Another said, "There is a different carer every day. I am ok about that. The service is excellent. I cannot fault it."
- Recruitment checks were in place to ensure people were supported by safely recruited staff. This included obtaining references and ensure Disclosure and Barring Service checks (DBS) were in place prior to staff commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were supported by staff who had received training in preventing and controlling infection.
- Staff told us they had access to plentiful supplies of personal protective equipment (PPE).
- We observed staff using PPE appropriately and in line with the latest government guidance.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- The providers training systems had failed to ensure staff received appropriate up to date training to enable them to carry out the duties they were employed to perform. Individual staff training and development needs had not always been addressed in a timely manner.
- We looked at the training records of all staff who supported people with their personal care. Records showed a number of staffs training was not up to date in the following areas including moving and handling, fire safety, medication management, basic life support, fluid and nutrition and safe swallowing. This meant the provider could not be assured people were supported by staff with the most up-to-date training and skills to meet their needs. This placed people at potential risk of harm.
- We found despite requests being made for staff in 2021 and 2022 to receive specialist training to support people with an acquired brain injury, this had not been done. This was brought to the attention of the registered manager who made arrangements for an external provider to carry out this training as soon as possible.
- At one location where 4 people required a modified diet to reduce the risk of them choking, 5 staffs fluid and nutrition training had not been refreshed in a timely manner, in line with the providers own policy.
- The provider's records showed that not all staff had had their refresher training or competencies assessed in a number of areas for over 12 months, including swallowing and dysphagia, medication management and moving and handling. This meant the provider could not be confident all staff were provided within the training and skills to meet people's needs safely and effectively.

The provider had failed to ensure all learning and development and required training completed was sufficiently monitored to ensure all training requirements were met. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by a group of staff who had received an induction which included shadowing

other colleagues and completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff told us they felt well trained and supported in their role. One member of staff told us, "Training has increased [recently]" and another said, "I do feel well trained, but I do think the training could be more in-depth [referring to learning disability training]; I think it should be more about the approach."

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

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

- People received support to eat and drink to maintain a balanced diet and were involved in choosing their food and planning their meals. One person used picture cards to choose what they wanted to eat and told us staff would prepare their meals for them.

- For those people who had particular dietary requirements, for example, required their food to be prepared in a certain way, information and guidance was readily available to staff.

- Where people were identified as at risk from choking, eating and drinking support plans were in place which provided staff with information on how to prepare people's food and support them at mealtimes to reduce their risk of choking. A member of staff were able to show us, with the person's permission, where this information was kept in their home to ensure they prepared their meals in line with their needs.

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

- A pre-assessment process was in place to ensure the service was able to meet people's needs prior to offering support. The assessments were used to develop people's care plans and risk assessments to ensure their needs were met.

- The pre-assessment process involved matching people to staff, a service manager told us, "We look at the support and skills needed, personality characteristics and shared common interests."

- One person told us, "They asked what I like to do and that sort of thing and how I like to be supported, what time did I need to get up and go to bed."

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

- People were supported to have an active role in maintaining their own health and wellbeing. Each person's care records included information regarding their health care needs and guidance for staff on how to support people to manage those needs.

- People were supported to access healthcare services and to make decisions about their healthcare support. Arrangements were made for staff to support people to attend medical appointments and where appropriate, contact healthcare professionals on their behalf. One person told us, "They [care staff] support me with hospital and doctors' appointments and even dentist appointments. I just go to [service manager's name], no problem."

- The service worked alongside a number of healthcare professionals to support people to maintain good health including GPs, neurologists, physiotherapists and dentists. A healthcare professional told us they worked with the service and described how staff took on board all advice given and actively sought guidance from them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered managers understood their responsibilities under the Act. Capacity assessments were in place and people's care records clearly set out their ability to make their own decisions.
- Best interests meetings took place to demonstrate why some decisions needed to be made for people.
- Staff had received training in MCA and understood how to support people in line with the Act. People spoken with confirmed that staff obtained their consent prior to offering support and we observed this.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us, "I get on with all the staff and they are all very good. I am alright with everyone and it doesn't make a difference to me [who comes to support] as long as they are doing the best to their ability then they are fine."
- A relative told us the existing staff group who supported their loved one were new, but added, "I understand [person] is used to the staff now. I know they are happy there." Another said, "Yes they [care staff] do know [person], they get on with them."
- We observed a number of positive interactions between people and staff who supported them at all the locations we visited. Staff had warm, friendly and respectful relationships with people; we observed they spoke to people as their peers, using appropriate language. Staff were aware of how people were spending their day and were able to chat with them about their plans. One person told us, "I'm very happy at the service, it is good" and another said, "It's a good place to live, I love it here."

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

- People were involved in planning their care and support on a daily basis. People told us and we saw, they had been involved in developing their care plans and planning their days.
- People were supported to access advocacy services if they wished.

Respecting and promoting people's privacy, dignity and independence

- People were supported to identify goals they wanted to achieve which in turn would help promote their independence, for example, going shopping for ingredients and then making their own lunch.
- We observed staff treat people with dignity and respect. Staff referred to people by their preferred name and knocked on doors and waited for a response before entering people's homes.



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were involved in the planning of their care and we found evidence to support this. One person told us, "They [care staff] ask me what I like to do and that sort of thing and how I like to be supported."
- People's care was reviewed on a monthly basis or if changes in their care needs had been identified. We saw people were involved in these updates both formally and informally. One person told us, "I have monthly reviews of my care and if I need it, I can ask for a 1:1 and ask for just 5 min."
- Staff engaged in conversations with people about their hobbies and interests and displayed a genuine interest in how people chose to spend their time. We observed staff stop and chat with people about their plans for the day, or where they had been or who they were going to see.
- People were supported to take part in a variety of activities both in their own home and in the community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by a group of staff who understood their communication needs. People had a communication plan in place which met their needs and which staff were aware of, understood and used. For example, a member of staff explained how a person chose what they wanted for lunch, using picture cards. The person they supported confirmed this arrangement worked well for them.
- Communication care plans offered clear guidance for staff to support them to communicate with people

effectively. For example, one plan gave examples of short and simple sentences to use to when speaking to a person and included guidance on how to use picture cards to assist in communication when arranging daily activities.

- Peoples consent was sought before they agreed to speak to the inspector. Each person was provided with an easy read notice with a photo of the inspector, what their role was and the time and date they had agreed to speak to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints about the service but were confident if they raised concerns they would be listened to.
- There was a clear complaints process in place, which was provided in an easy read format to support people through the process.
- Where complaints had been received, they were responded to appropriately and monitored for any trends to help drive improvement.

End of life care and support

- Whilst no one was currently receiving end of life care, the provider had a policy in place and was aware of the additional support networks to access should they need them. People were supported to have end of life plans in place.



Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The introduction of an electronic system in June 2022, to replace existing paperwork and quality assurance systems had not been fully implemented which meant registered managers were not provided with effective oversight of the service. Further, the full implementation of this system would not be completed until December 2023.
- There were a number of audits and quality assurance checks in place, but they had failed to identify the issues found on inspection.
- Care plan audits had not identified where information was incorrect or out of date in people's support plans. For example, 1 person's care plan had provided staff with incorrect and unsafe instructions on actions to take should a person suffer a seizure whilst eating, placing them at potential risk of harm.
- Staff training and competency assessments had not been sufficiently monitored to ensure they were up to date to enable staff to fulfil the requirements of their role.
- Current systems did not provide registered managers with up to date details of which service users were in receipt of a regulated activity. This meant the provider could not be confident they were notifying CQC of certain incidents or events as required by the regulations.
- There was no active system in place to analyse information such as accidents and incidents for any trends or patterns and opportunities to learnt lessons were lost.

The provider's quality assurance systems and processes did not enable them to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to concerns raised during the inspection in respect of oversight of the service, the registered

managers had put together a spreadsheet to help capture the information required with their service managers on a monthly basis, which would provide them with improved oversight of the service.

- A number of audits were in place to assess the quality of the care provided and to drive improvement. Systems were in place for daily notes, charts, and accident and incident records to be checked by the service managers on site. This information was passed to registered managers at the main office and random spot checks of information were carried out.
- Action plans were in place to help drive improvement. For example, at one location an action plan was in place following a change in management to cover a number of areas including staff support, care records and risk management.

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

- People and relatives told us based on their experiences they would recommend the service. A person told us, "I would recommend the service 100%. Everything is really good. I'm really happy and content."
- Staff spoke positively about the service, told us they would recommend it and felt supported in their role. One member of staff told us, "They are a good company to work for and listen to our concerns to support our clients; we are being supported to keep people safe."
- People's views of the service were formally sought on an annual basis. Overall, people had responded positively to the questions asked. One person had commented, "Staff give me the care and support that I need and help me to attend my appointments and activities. Help me to keep a healthy diet" and another had said in response to asking what the service could do better, "Staff being trained to feed me."
- The registered manager and staff continued to develop working relationships with health professionals and worked to implement any recommendations made. A healthcare professional spoken with told us they had no concerns regarding the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives confirmed they had no problem getting hold of staff at the service and were kept informed of any events that took place involving their loved ones.
- The registered manager and staff were open and transparent during the inspection and receptive to feedback given.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems and processes did not enable them to effectively assess, monitor and improve the quality and safety of the service.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure all learning and development and required training completed was sufficiently monitored to ensure all training requirements were met.</p>