

# Lifeways Community Care Limited

# Cambridge Park

## Inspection report

40b Cambridge Park  
Twickenham  
Middlesex  
TW1 2JU

Website: [www.lifeways.co.uk](http://www.lifeways.co.uk)

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10 February 2017

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 10 February 2017.

The home provides care and accommodation for up to eight people with learning disabilities. It is located in the Twickenham area and the registered provider is Lifeways Community Care Limited.

At the time of our inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

This was a follow up inspection to one we carried out on 6 October 2016 where there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the recording of medicine administered. At this inspection the home met the regulations. We found improvements had been made around the management of medicines and we have revised our rating to good for the safe question.

People were safe living at the home and using facilities within the local community and said they liked living at Cambridge Park, the activities they did and the way that staff supported them and provided care. People chose their own activities and when they took place. When we visited there was a friendly, warm, and welcoming atmosphere with people using the service coming from and going to activities. Frequent positive interaction took place between people using the service and staff. There was a variety of home and community based activities available with one person celebrating their birthday.

The records we looked at were easily accessible, up to date and covered all aspects of the care and support people received. This included people's choices, activities and safety. People's care plans were complete and the information contained was regularly reviewed. This enabled staff to perform their duties efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required.

People knew the staff that supported them well and the staff were very familiar with people, their likes, dislikes and preferences. They were well supported and enjoyed the way staff delivered their care. The care and support staff provided was professional, friendly and focussed on people as individuals and staff had appropriate skills to do so. The staff were well trained and accessible to people using the service. Staff said they liked working at the home and had received good training and support from the manager.

People said the management team was approachable, responsive and listened to them. The quality of the service provided was consistently monitored and assessed.

## 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.

People told us that they felt safe. There were effective safeguarding procedures that staff used, understood and risks to people were assessed.

The staff recruitment procedure was thorough and there were suitable numbers of staff to keep people safe.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered and their records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

# Cambridge Park

## **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.

This was an unannounced inspection and took place on 10 February 2017.

The inspection was carried out by one inspector.

During the visit, we spoke with four people who use the service, two staff and the registered manager. There were eight people living at 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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

To identify that people were safe we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for two people using the service and staff rota to make sure there were enough staff to meet people's needs.

# Is the service safe?

## Our findings

People told us and indicated by their body language that they felt safe living at Cambridge Park.

At the last inspection we checked the medicine administration records (MAR) for all people using the service. We found recording gaps on some of the sheets with no written explanation. At this inspection we found that the medicine administered to all people was appropriately recorded. There were new recording audit systems that included medicine given at each shift handover, weekly record checks by senior staff on duty and monthly audits by the manager. Medicine was safely stored and appropriately disposed of, as required. Staff were trained to administer medicine and this training was regularly updated. The pharmacy delivered medicine five days before the course was due to start so that it could be checked to ensure that it was correct and if there were any errors the medicine could be returned and changed before the course was due to begin.

Staff understood the different forms of abuse and action to take if encountered. This was in line with the provider's policies and procedures. They also understood how to raise a safeguarding alert, when this should happen and had received appropriate abuse and safeguarding induction and refresher training. This meant they were able to protect people from abuse and harm in a safe way. There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. People had access to information about keeping safe and staff advised and supported them accordingly. Staff told us they received induction and mandatory refresher training to assess acceptable risks to people.

The staff recruitment process was comprehensive and included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a three month probationary period. If there were gaps in the knowledge of prospective staff, the organisation decided if people's knowledge could be improved by the induction training provided and the person employed. Staff received a handbook that contained the organisation's disciplinary policies and procedures. The staff rota showed and staff confirmed that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely.

People's support plans and the reference files contained risk assessments that enabled them to take acceptable risks and enjoy their lives in a safe way. These included risk assessments for all aspects of people's lives including activities they undertook at home and in the community. Staff received support plan information that enabled them to accurately risk assess people's chosen activities. They were able to discuss, evaluate and compare risks with people against the benefits they would gain. This was demonstrated by the way people were enabled to access facilities and work in the community. The risk assessments rated the level of risk to the individual and the advantages to them of taking risks. They were regularly reviewed and adjusted when people's needs and activities changed. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly

serviced and maintained.

Staff shared any risks to people during handover and during team meetings, including any incidents or activities that had taken place during the shift. As part of their induction they were made familiar with each person and any specific risks of harm to them. Staff knew people living at the home well and were able to identify situations where people may be at risk or feel uncomfortable and took action to minimise the risk and make them feel relaxed.