

Lifeways Community Care Limited

Lifeways Cumbria

Inspection report

1-16 Petteril Bank Road
Carlisle
CA1 3AW

Tel: 01228631284

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19 December 2022
17 January 2023
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
|---------------------------------|--------|

| | |
|---------------------------|--------|
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Lifeways Cumbria is a supported living service providing personal care to people with a learning disability, physical disabilities and mental health needs. At the time of our inspection there were 15 people receiving personal care.

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.

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.

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

Right Support:

People were empowered to lead fulfilling lives and make choices about how to spend their lives. Staff worked in partnership with other health and social care professionals to make sure people received the required support. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

Right Care:

People received person-centred support which promoted their independence and human rights. People were able to make their own choices and these were respected. People said they felt safe and enjoyed the service they received. The provider made sure there were enough staff to support people. People said staff assisted them to take part in their individually preferred activities and to follow their own lifestyles.

Right Culture:

The service had a positive and open culture. People were encouraged to be involved in decision-making about their service, including recruitment of staff and quality checking. Some people were 'voice ambassadors' to given people's views at meetings with managers. Staff told us they enjoyed their roles and felt valued. Feedback about the improved management arrangements was positive. Processes were in place to safeguard people and appropriate risk assessments were in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifeways Cumbria on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lifeways Cumbria

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service and 3 relatives. We spoke with 6 staff including the registered manager, service managers, team leaders and support staff.

We reviewed a range of records. This included 3 people's care records and medicine records. We looked at 3 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found the provider had failed to follow risk management strategies which was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved the systems in place to protect people from avoidable harm.
- Risks to people had been assessed and measures had been put in place. People care files contained information about individual risks.
- There had been fewer incidents since the last inspection because risks were managed in a more effective way.

Using medicines safely

At the last inspection we found the provider had failed to consistently follow medicine management auditing processes resulting in significant medicine errors, which contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed in a safe way.
- Staff had training in medicine management and had regular competency checks.
- Medicine records were regularly audited to support any areas for improvement. A minor recording anomaly about remaining stock was discussed with the registered manager and addressed immediately.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. Staff received training in safeguarding and understood their responsibilities to report any concerns.
- People told us they felt 'safe' at the service. Their comments included, "I feel very safe. Staff are all so kind" and "I feel safe and I like living here."
- Relatives said staff supported people to be safe. One relative commented, "They're very careful when out and about and [family member] has a good level of support all day and night."

Staffing and recruitment

- The provider ensured individual people received their correct number of support hours. Support times were arranged, where possible, around people's individual lifestyles and interests.
- People said staff supported them at the agreed times and for the full length of time. One person told us, "There's plenty of staff to support me when I want to go out."
- The provider used safe recruitment practices to check new staff were suitable to work with people. The registered manager said they made sure sufficient staff were in place before considering new care packages so these could be safely provided. Recently, agency staff had been used to fill some gaps in the rota and they received induction training before starting to work with people.

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place.
- The provider had clear, up to date guidance for staff about how to protect against COVID-19 and what to do in the event of an outbreak.
- Staff received training in this infection control and had access to supplies of personal protective equipment (PPE).

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents and the actions taken to manage them. The reports were held electronically so they could be accessed by senior managers.
- The registered manager reviewed all accidents and incidents regularly. Any trends identified were acted on to improve the quality of the care provided to people.

Is the service effective?

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out detailed assessments of people before they started using the service. The assessment process had improved to ensure the number people with complex needs was manageable.
- Some people had moved to alternative services. This had improved the ability of the service to meet remaining people's needs in line with current best practice.

Staff support: induction, training, skills and experience

- The provider made sure staff had essential training relevant to their role. This included training in specific needs such as learning disability and epilepsy.
- Relatives felt regular experienced staff were competent and well-trained, although were less certain about newer staff.
- Staff received individual supervision. Staff said they had sufficient training and support to carry out their roles effectively. Staff told us, "We get lots of training. We're are really interested in training in learning disability and autism so that we understand people better and how to support them."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were assisted with grocery shopping and meal preparation if this formed part of their individual care package. Staff were knowledgeable about people's specific dietary likes and needs.
- Where necessary, staff had sought advice from healthcare professional about people's dietary needs, such as modifying the texture of foods.
- Some relatives felt people should more involved in making their own meals. One relative commented, "I understand that it is quicker for staff to just make them."
- It was evident from people's care records there was effective collaboration with health and social care agencies for people.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People were empowered to make their own decisions about their support.
- Where people had been assessed as lacking capacity for any specific decisions, there was a record of assessments and best interest decisions.
- Relatives confirmed there were no unnecessary restrictions placed on people.

Is the service well-led?

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the inconsistent approach to management and governance systems was a failure which contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service as well-led. The provider and registered manager had made effective improvements to the stability and experience of the management team. The provider and registered manager carried out audits of the service and acted on the results.
- Some people were also involved in the governance process as 'quality checkers'. They carried out visits with the provider's auditors to the locations to check the quality of the service for people using it.
- People, relatives and care professionals had more confidence in the way the service was run.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture where people were valued. People said they were happy with the service. One person told us, "I'm really glad I came here, it's the best thing I could have done. (Staff) are great and are helping me to be more independent."
- Relatives said it was a good service for their family member. Their comments included, "Lifeways Cumbria are really good and do their level best" and "I'm happy with where he is and he's happy."
- Staff said they enjoyed their roles and felt valued. The provider now had a Making a Difference scheme where people and staff could nominate staff members who had gone over and above for a £50 award.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged people to give their views in several ways. The service had 'voice ambassadors' where one person from each of the 3 locations met with service managers every 3 months to discuss suggestions and potential actions from people's comments at their Tenants' Meetings. Surveys were also used to get people's views and suggestions and these were acted upon.

- Relatives said they can get in touch with management if they need to and if they feel listened to. They told us, "If there's ever been an issue I'm informed straight away and I'm able to raise concerns" and "We get good communication and instant responses."
- Staff meetings were held in each of the schemes and now followed a standard agenda, including a review of people's support plans and progress towards goals. The meetings also gave managers and staff the chance to discuss organisational standards and staff said they were able to give their views.

Continuous learning and improving care; 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

- Since the last inspection the provider and registered manager had made improvements to the management of the three locations, including more effective risk management.
- Relatives said the management team had strived to make improvements. They felt staff turnover could be improved but said staff seemed happy in their roles.
- The service now produced a monthly Good News newsletter about successful achievements by individual people. These included some people learning to swim and people making their unused communal garden into a colourful place to spend time.
- The provider and registered manager were aware of their responsibilities under the Duty of Candour.

Working in partnership with others

- The provider and registered manager were committed to working in partnership with other health and social care professionals who were involved in people's care.
- The registered manager attended monthly regional registered managers' meetings to share best practices and lessons learnt.