

Lifeways Community Care Limited

Millwater

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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Millwater is a residential care home that was providing personal care for up to nineteen people living with learning disabilities and/or autism. The home is split into three separate units, Swan, Wren and Dove. At the time of the inspection 13 people lived at the home.

People's experience of using this service:

The service should be developed in line with the values that underpin the 'Registering the right support' and other best practice guidance. These values include choice, promotion of independence and inclusion. This should ensure people with learning disabilities and autism using this service can live as ordinary life as any citizen. The culture within the home had not always reflected the values that underpin the Registering the Right Support and other best practice guidance. Feedback from people, staff and relatives demonstrated the service was working to improve. This included choice, promotion of independence and inclusion so people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The management and recording of people's medicines required improvement. Risks to people's health and safety were assessed to ensure both the home environment and outings in the community were safe. However, they were not always up to date and reflective of people's needs. Staff understood how to protect people from risk of harm. There were enough numbers of safely recruited staff. Staff had access to equipment and clothing that protected people from cross infection.

Staff had completed induction training that included safeguarding, medication, health and safety and moving and handling and felt they had the skills and knowledge to meet people's care and health needs. Although training on some health conditions was required to ensure staff were aware of the current best practice to keep people safe. People were supported to access healthcare services. People, as much as practicably possible, had some choice and control of their lives and staff were aware of how to support them in the least restrictive way. We found people's legal rights were protected and decisions, where appropriate, had been made in peoples' best interests and recorded appropriately. However, some records could not be found to determine when applications made to restrict people in their best interests expired and new applications to be made. Most people's nutritional needs were being met, although improvement was needed to ensure those at risk of moderate malnutrition were effectively monitored and offered appropriate foods.

There were missed opportunities for meaningful engagement with people although staff were seen to be kind, caring and had built good relationships with the people receiving care and support. Staff encouraged people's independence, where possible and protected their privacy and treated them with dignity.

People were supported by staff who knew their preferences although more could be done to have information in a more accessible format to encourage people's participation and choice. We were unable to

review complaints made since the last inspection as paperwork could not be found. However, there was an easy read complaints policy and processes in place to investigate complaints and monitor for trends. Relatives knew who to contact if they had any complaints. We found care was tailored to meet people's varying needs although reviews had not been completed for over six months. Activities were varied and person-centred.

The service was currently without a registered manager. There was improvement required to the monitoring of the service to ensure audits were completed and up to date. We received positive feedback from staff and the relatives of people living at the home on how the home had improved since the provider had introduced a new management structure. Staff were knowledgeable about their roles and spoke passionately about the people they supported. Staff felt supported by the management team. Relatives and staff were happy with the way the service was now being managed. The service worked well with partner organisations to ensure people's needs were met.

Rating at last inspection:

Good overall with Requires Improvement under the question of is the service well-led (published 07 July 2017).

Why we inspected:

This was a planned inspection that had been brought forward due to the service being suspended.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not consistently caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Millwater

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We were informed in March 2019 the service had been suspended from admitting new people into the home and an improvement action plan had been implemented.

Inspection team:

The inspection on the first day was undertaken by one inspector, an assistant 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. Their area of expertise was learning disability and autism. One inspector returned on the second day.

Service and service type:

Millwater is a care home. People in care homes receive accommodation, nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not currently have a manager registered with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the provider had a management team in place to support the running of the service.

Notice of inspection:

The inspection took place on 21 and 22 May 2019. The first day of the inspection was unannounced and the provider was aware we would be returning 22 May 2019.

What we did:

We reviewed information we had received about the service since they were registered with us. This

included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually 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.

We contacted four relatives by telephone and spoke with four people living at the home to gather their views on the service being delivered. We also spoke with the acting manager, the deputy manager, two senior managers, seven staff that included senior and care staff and one professional. We used this information to form part of our judgement.

We looked at three people's care records and sampled eight people's medication records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

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

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.

Using medicines safely

- We found medicines management systems were not always safe. People were not always administered their medicines as prescribed and monitoring systems were not robust.
- Contradictory information in care plans regarding how medicines were to be administered meant staff did not have up to date and accurate information.
- Appropriate protocols were in place for medicines required 'as and when' although clearer instructions were required for staff to know when to administer.
- The fridge and medicines room temperatures were not consistently recorded to ensure they did not exceed maximum recommended temperatures.
- Liquid medicines were securely stored and stock balance checks were completed to ensure medicine quantities were accurate.

Assessing risk, safety monitoring and management

- Person-centred care plans and risk assessments were in place; although guidance for staff regarding certain conditions (epilepsy) required more information for staff to follow so they could effectively respond to any changes in people's needs in the most helpful way.
- Risk assessments had been reviewed and potential risks were anticipated both within the home and outside in the community. However, some of the information was out of date or inaccurate.
- People living at the home were monitored continually to ensure changes in behaviour were responded to promptly and that staff accommodated any potentially heightened behaviours in a caring and safe manner. One relative told us, "I have seen them (staff) in difficult situations (when people are upset) and they've dealt with it very well and professionally."
- Environmental risks such as fire and personal safety were acted upon. We found Personal Emergency Evacuation Plans (PEEPS) were in place detailing ways in which people living at the home could leave the building safely, but they were not always reflected of people's needs. For example, one plan said a person required the support of one staff member when it should have been two staff members.
- We found on both the mornings of the 21st and 22nd May 2019, the COSHH cupboard in Swan unit had been left unlocked following the night shift.
- One person was at moderate risk of malnutrition and staff were not following the instructions set out by the health professional.
- One staff member spoken with gave an incorrect account on how to use a de-choker safely which if used in this manner could pose a risk of harm.

The provider had not consistently ensured that care and treatment was provided in a safe way for people

and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- One relative told us, "[Person] is perfectly safe, staff are always there for their safety."
- The management team and staff were clear on their responsibilities in ensuring people living at the home were kept safe from the risk of harm or abuse. Staff were able to describe the signs of potential abuse and how they would report it.
- The provider had an effective system in place to monitor and manage allegations of abuse or harm. We found any concerns had been reported to the local authority safeguarding team and appropriate action had been taken.

Staffing and recruitment

- Staffing levels were set consistently with people's dependency needs to ensure that they were supported safely. One staff member told us, "Since the new managers have come in we have more carers, we do have agency (staff) but this will improve as soon as we have employed new carers." Our observations on the days of our site visits showed staff attended to people promptly and people were not left waiting for long periods of time for support.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. The provider completed employment checks that included the Disclosure and Barring Service (DBS). DBS checks helps providers reduce the risk of employing unsuitable staff.

Preventing and controlling infection

- We saw the environment was clean and staff had access to personal protective equipment when required.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team and used to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

Staff support: induction, training, skills and experience

- We found 12 staff, in post prior 2019, were yet to complete training on autism awareness and 17 staff yet to complete learning disability awareness training. As the home is providing a service for people living with a learning disability and/or autism, staff training should be up to date so they are effectively working to the current best practice guidelines.
- We were provided with a copy of the training delivered to staff that showed most staff had received basic training but this was not consistent. For example, safeguarding training should be reviewed every two years, one staff member had not had their training reviewed since 17 June 2015 and nine staff members since 2016. Infection prevention and control should be renewed every three years and three staff had not had their training reviewed since December 2014.
- New staff received induction training to the service and had started the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff we spoke with told us they felt confident with the training and induction they had received to support people.
- Staff told us they received supervision to support them in their roles. We also found the new deputy manager had introduced competency checks and observations of staff practices.
- Relatives we spoke with were happy with the support provided by staff to their family members. One relative told us, "They (staff) do an excellent job under a lot of pressure and to the right standard, how it should be done."

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

- People's weights were being monitored, however, one person was not being weighed monthly as indicated in their care plan. Weights for another person fluctuated considerably for example, they had lost 10.7kg in four weeks but this had not been investigated further to check the accuracy of the scales or if this was a recording error.
- People received refreshments and a range of different food choices were made available throughout the day.

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

- People's needs were assessed and the care plans were personalised. People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. However, relatives spoken with shared different experiences concerning their

involvement in re-assessing their family member's needs and there was little evidence to support the involvement of people using the service.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One relative told us, "The staff are very quick to let us know if there are any changes in [person's] health."

Adapting service, design, decoration to meet people's needs

- The building had been maintained and adapted, where appropriate, to meet people's individual needs and people had access to a sensory room. However, more could be done to the signage around the home to make it more user friendly for people living with a learning disability and/or autism. For example, use of pictures instead of word signage.
- People's bedrooms were individualised with pictures and personal belongings that reflected the person.

Supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals were consulted when required to ensure people's healthcare needs were met.
- Systems were in place such as handover meetings, to update staff coming on duty with people's health and support needs.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was in the process of reviewing everyone's DoLS as recent paperwork could not be located to confirm if people were been restricted lawfully.
- Where people living at the home did not have capacity to make decisions, they were supported to have some choice and control of their lives. However, the provider could increase the use of effective accessible communication tools to support people to be more involved in the decisions made about their care and support.
- Staff gained consent before completing any tasks and were clear on their role in supporting the person to make decisions. Staff knew how to recognise facial expressions and body language to determine whether a person consented to their care. One staff member told us, "To gain consent if a service user (person living at the home) cannot verbally communicate I observe their body language, facial expressions and where they are pointing."
- Staff had a good understanding of the MCA.

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations have been met.

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

- Some of the people living at the home were unable to verbally communicate their choices or wishes. Staff we spoke with explained what methods they used to understand people's needs. For example, body language, sounds, facial expressions and pointing. However, we did not see the use of picture cards or any other means of communication in an accessible format for people living with a learning disability and/or autism. One visiting professional told us, "I've never witnessed any picture cards or seen an easy read (information) to help people choose."
- Views from relatives spoken with were mixed when asked if they felt consulted with concerning their family members' needs. One relative told us, "I've not really been involved in discussing [person's] care plan, I have had reviews with the social worker." The care plans we looked at were not in an easy read format to support people to have some input into the planning of their own care and support. We saw there was reference to peoples' involvement which was a tick box but saw no evidence of how people's involvement was encouraged.
- People who could tell us said they were able to get up and go to bed when they wanted and were able to make choices about the clothes they wore, what they ate and drank and activities they wanted to do. One person told us, "I do things which I like and go to bed at any time, there is no restriction. I can lock my bedroom if I want to."

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

- Staff provided care and support ensuring they met people's diverse support needs and requirements. People's care was centred on achieving the best possible life for them. One relative said, "The care seems to be very good, they look after [person] very well, I have no concerns."
- People spoken with told us staff were kind and treated them with dignity and respected their privacy.
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love working here, the residents, the team, everything."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were promoted, and all aspects of care were carried out in ways that met people's individual preferences.
- People we spoke with told us their independence was promoted. One person told us, "I am quite independent and do lots of things by myself, but staff are always there to make sure I am ok." We saw two people accessed the kitchen to make themselves (with support from staff if the needed to) a hot drink.

- The home was visited by an advocate who held regular meetings to support people living at the home. An advocate is independent that will speak up for someone so that their needs are heard, their rights are understood and their problems are resolved.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Communication systems were in place for staff, however information was not always clear about any changes in people's needs. Instructions left by visiting professionals were not always identified by staff and implemented in people's care plans. For example, it was unclear in records and staff knowledge about how often a person should have been given a nutritional drink.
- Information had also been developed about people's health needs and person-centred documents were in place so that healthcare professionals would be aware of people's needs. For example, a hospital 'passport' had been completed should any person need to be admitted to hospital their care and support needs were clearly documented. However, information contained within one 'passport' was not reflective of the person's needs. The person required thickener in their fluids because they were at high risk of choking and this important information was missing from the 'passport.'
- The service did not demonstrate an awareness of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a consistent, specific approach to identify, record, flag share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way that they can understand to enable them to communicate effectively.
- Information was not consistently provided in accessible formats to enable people to understand and make choices.
- People were supported in some ways that were person-centred and tailored specifically to their needs. For example, triggers had been identified that might cause anxiety for people and measures were in place and followed by staff to ensure positive outcomes for people.
- Staff were able to tell us about how they worked with people to reduce any anxieties they might have.
- There was a strong emphasis on the provision of activities that were meaningful to the people living in the home. We saw that some people had access to a community day centre; people visited a local church most weeks for coffee mornings and worship. Staff accompanied people to local pubs for lunches and took people shopping. One person we spoke with told us, "The best thing about the staff is that they take me for shopping which I thoroughly enjoy."
- The garden area was safe and secure but the grass required cutting which meant an area of the garden could not be used to its full potential. A sensory room was also available which provided additional sensory stimulation.

Improving care quality in response to complaints or concerns

- Some people living at the home were unable to say if they had any issues or concerns. However, staff knew people well and were able to tell us signs that would indicate if a person was unhappy.
- Relatives we spoke with knew what to do if they had any concerns about the service provided. One relative told us, "I've never complained but if I did I think they (staff) would listen, they (staff) do an excellent

job."

- The provider had a complaints policy in place and this was the only document seen that was written in an easy read format. There was a complaints process in place to monitor the service for patterns or trends.

End of life care and support

- End of life care was not provided at the time of our inspection.
- The provider had processes in place to support people should they require end of life care and support.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

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

- Although there was evidence to support provider oversight of the service; the quality assurance checks had not identified issues raised by other agencies that had led to the service being suspended from admitting new residents.
- The provider's quality assurance systems had not identified issues we found across the service; including but not limited to the concerns with medication, accurate record keeping and weight loss.
- The provider's communication systems had not been effective in making sure staff acted upon information that was recorded in visiting professional's notes when there had been a change in people's support needs.
- The provider's systems to ensure staff training was up to date was not effective and ensure staff received refresher training in line with their own processes.
- The provider's monitoring systems to ensure equipment was regularly checked and maintained was not effective. They had not identified areas we had, including but not limited to, the calibration of weighing scales and temperature recording equipment, visual checks to bed rails, bumpers, window restrictors, hoists and slings.
- There were no consistent systems in place to ensure service users were given information in a way they could understand to enable them to communicate effectively. The management team had not ensured they had adhered to the The Accessible Information Standard. This meant that service users with limited ability to verbally communicate or lacked the mental capacity to understand decisions being made about their care and treatment did not consistently have the information they needed in an accessible format to support them to make decisions about their care and support.
- Information displayed within the service identifying who the first aiders were out of date and contained details of staff members that had since left their employment.

The provider had not ensured there were robust quality assurance and governance processes in place and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- There was no registered manager in post at the time of the inspection.
- It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. These included incidents such as alleged abuse. We found notifications were received as required by law, of incidents that had occurred.
- Staff were supported to understand their roles through regular supervision and meetings.

- There was now a clear management structure in place and staff were aware of who to report any concerns to. For example, staff were aware of the provider's whistle blowing policy. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and relatives we spoke with told us there had been an improvement within the home, since the introduction of a new management team. One staff member told us, "There has been a massive improvement since the new managers have arrived, there's good vibes, staff are smiling and the whole atmosphere of the home feels completely different." A relative said, "There is a new management structure and they are very approachable, the last manager never listened but these managers you tell them something and they act on it quickly."
- Staff we spoke with told us the management was supportive and led by example to demonstrate their expectations about how people should be cared for. One staff member told us, "[Deputy manager] is always here, you can call them anytime and they respond quickly. [Acting home manager] has an open door and you can go to them anytime."
- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- People had regular meetings with an advocate and we saw from minutes feedback was acted upon. One professional told us, "In the past the service was not quick to act on issues that were raised but in the last few months, there has been a big improvement."
- Relatives we spoke with told us there used to be six weekly meetings. One relative said, "The six weekly meetings where we could all get together were good but they stopped, it would be nice if these could be started again." There had been feedback surveys sent to relatives although there was little evidence to support how people's feedback was being sought because there was no easy read or picture format survey being used. The management team told us this was an area they were looking to develop.
- Staff told us they were now having meetings with the management team and discussed the aims and goals of the service.
- Staff were mindful how they communicated with people. This meant they communicated in a way people would understand.
- The culture within the home had not always reflected the values that underpin the Registering the Right Support and other best practice guidance. However, the feedback from people, staff and relatives demonstrated the service was working to improve. This included choice, promotion of independence and inclusion so people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Continuous learning and improving care

- The provider and current management team demonstrated a commitment to driving the continued improvements to develop the service.
- The provider and management team had started to introduce new processes that ensured staff received support and where staff felt comfortable in approaching the management team if they had any issues or concerns.

Working in partnership with others

- The service worked in partnership with the people's relatives, hospital consultants, social workers and other health and social care professionals to ensure the care and support people received was person-centred. This was confirmed by relatives spoken with and our observations.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had not consistently ensured that care and treatment was provided in a safe way for people and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>

The enforcement action we took:

We have issued a warning notice for the service to become compliant by 24 July 2019

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were robust quality assurance and governance processes in place and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</p>

The enforcement action we took:

We have issued a warning notice for the service to be compliant by 24 July 2019