Lifeways Community Care Limited

Lifeways Community Care Limited (Bolton)

Inspection report

Suite 29, 1-3 The Courtyard
The Valley, Calvin Street
Bolton
Greater Manchester
BL1 8PB

Tel: 01204385920
Website: www.lifeways.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 September 2018 and was announced. The last inspection was carried out on 5 August 2015 and the service was rated good overall and in all domains.

Lifeways is a national supported living scheme. Lifeways (Bolton) provides support for people living in the community in group home settings and caters for people with a diverse range of needs, such as learning disabilities, autism and acquired brain injuries. The office is located in Bolton and a small car park is available.

People lived in their own flats within houses with some communal areas and shared facilities. There was an office within the houses and sleep-in room for staff. The service could accommodate 121 people. At the time of the inspection there were 111 people using the service and 12 vacancies.

The registered manager had left the service, but the area manager, who had worked at the service for a significant length of time, was in the process of registering. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe within the service. Safeguarding training was undertaken by all staff and they were aware of how to recognise and report any concerns. There was a whistle-blowing hotline for employees to report any poor practice they may witness. Staff recruitment was robust and there were sufficient staff deployed to ensure people's needs were met.

Health and safety measures were in place for all properties and checks were carried out at each property on a weekly basis. General and environmental risk assessments were in place and were updated as required.

Medicines systems were safe and staff received appropriate training in medicines administration. There was an infection control policy, risk assessments were in place and staff undertook regular training in this area.

Initial assessments and risk screens were completed when people were referred into the service. Care files included a range of health and personal information and details of support needs.

Documents could be produced in easy read, or other formats to help people be fully involved in all aspects of their support.

The staff induction programme was comprehensive and on-going training opportunities for staff were plentiful. Supervisions were undertaken on a regular basis and there were annual appraisals.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA). Capacity and

consent was assessed for each individual and best interests decisions made where necessary with input from relevant professionals, family and advocates.

People we spoke with were positive about their support. We observed staff interactions with people and saw that they were respectful, kind and friendly. All staff had training in dignity and people's privacy and dignity was respected.

The service was committed to inclusion and encouraged people to be involved with their support planning as much as they were able. Confidentiality was respected and records were kept securely by the service.

Staff supported people to increase and maintain independence, ensuring people were encouraged to do as much as they could for themselves. Where people had capacity, the service ensured they had all the information available to enable them to make informed decisions and choices.

Care files were person-centred and included information contributed by the person who used the service and/or family members. People we spoke with were supported to attend college or with work placements and had a number of leisure activities and hobbies that they pursued with support from staff.

There were regular tenants' meetings in each of the properties and quarterly service user forums (SURFLIFE), which gave a platform for people to have their say. The service sent out annual satisfaction surveys to provide another avenue for people to make suggestions and raise concerns.

There was an appropriate complaints procedure in place, which was outlined within the service user guide in easy read format. Complaints were logged and addressed and a number of compliments had been received by the service.

There was a strong management structure within the service. There was an appropriate statement of purpose which included the aims and objectives of the service. There were regular staff team meetings and a monthly newsletter to ensure all employees had a voice and felt listened to.

There were monthly and weekly checks at each site to help quality assure the service. Issues identified were followed up with actions and lessons learned to inform service improvement.

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 they felt safe within the service. Safeguarding training was undertaken and staff were aware of how to recognise and report any concerns.

Health and safety measures were in place for all properties and checks were carried out on a weekly basis. General and environmental risk assessments were in place and were updated as required.

Medicines systems were safe and staff received appropriate training in medicines administration. There was an infection control policy, risk assessments were in place and staff undertook training in this area.

Is the service effective?

Good

The service was effective.

Assessments and risk screens were completed when people were referred into the service. Care files included a range of health and personal information and details of support needs.

Documents could be produced in easy read, or other formats to help people be fully involved in all aspects of their support.

The staff induction programme was comprehensive and on-going training opportunities for staff were plentiful. Supervisions were undertaken on a regular basis and there were annual appraisals.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were positive about their support. Staff interactions with people were respectful, kind and friendly. All staff had training in

dignity and people's privacy and dignity was respected.

The service was committed to inclusion and encouraged people to be involved with their support planning as much as they were able. Confidentiality was respected and records were kept securely by the service.

Staff supported people to increase and maintain independence.

Is the service responsive?

Good

The service was responsive.

Care files were person-centred. People were supported to attend college or with work placements and had a number of leisure activities and hobbies that they pursued with support from staff.

There were regular tenants' meetings in each of the properties, annual surveys and quarterly service user forums (SURFLIFE), which gave a platform for people to have their say.

There was an appropriate complaints procedure, which was outlined within the service user guide in easy read format. Complaints were logged and addressed and a number of compliments had been received by the service.

Is the service well-led?

Good

The service was well-led.

The registered manager had left the service, but the area manager was in the process of registering. There was a strong management structure within the service. There was an appropriate statement of purpose which included the aims and objectives of the service.

There were regular staff team meetings and a monthly newsletter to ensure all employees had a voice and felt listened to.

There were monthly and weekly checks at each site to help quality assure the service. Issues identified were followed up with actions and lessons learned to inform service improvement.

Lifeways Community Care Limited (Bolton)

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to ensure there was a member of the management team in the office to facilitate the inspection. We also wanted to arrange visits to some of the properties and ensure some staff and people who used the service would be present. The inspection was undertaken by one adult social care inspector.

Prior to our inspection we had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make. Before our inspection we contacted Bolton local authority commissioning team, the local authority safeguarding team and other healthcare professionals. We contacted Healthwatch Bolton to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service.

We looked at notifications received by CQC. We also contacted five health and social care professionals to gain their views of the service. The health and social care professionals did not raise any concerns about the service.

During the inspection the manager was on annual leave, so the inspection was facilitated by the senior service manager. We also spoke with other members of staff at the office, three team leaders and three care staff. We spoke with seven people who used the service.

We looked at records including five care plans, three staff personnel files, training records, health and safety records, audits and meeting minutes.

Good

Is the service safe?

Our findings

One person who used the service said, "Staff check safety. It feels OK safewise". Another said, "I feel safe here". The service had policies and procedures relating to safeguarding adults and children. These included contact details for reporting any concerns. All staff undertook safeguarding training on induction and then refreshers every two years. Staff we spoke with were knowledgeable about recognising and reporting concerns. Safeguarding was a standing agenda item at staff supervisions and team meetings.

There was a whistle-blowing hotline for all employees which could be accessed at any time. This meant staff could report any poor practice they may witness. The whistle-blowing hotline number was on the back of staff's ID badges.

We looked at staff files for three people. Each included an application form, interview notes, proof of identity and two written references. Applicants completed a verbal and written assessment around competency and values. Any gaps in an applicant's employment history were investigated. Disclosure and barring service (DBS) checks were completed for each applicant prior to them starting work. A DBS check helps a service to ensure people's suitability to work with vulnerable people.

There were sufficient staff on duty at each of the properties and staff we spoke with told us levels were flexible depending on the needs of people who used the service and activities undertaken. Rotas we looked at confirmed this. Staff told us cover was found from regular teams (bank staff), in the event of staff sickness. Bank staff are a team of staff who regularly work in the same property and therefore know the people who use the service well and this helps ensure continuity for people who used the service. One staff member told us, "Staffing levels are fine. Cover is supplied by bank staff if we need it". Another said, "There are always enough staff. It's always been a good staff team".

Health and safety measures were in place for all properties. Each property had suitable fire risk assessments, gas and electrical safety certificates and premises and equipment maintenance and servicing. Staff undertook fire awareness and health and safety training on a three-yearly basis. There were health and safety checks carried out at each property on a weekly basis by team leaders.

General and environmental risk assessments were in place at each property and were updated as required. Personal risk assessments, relating to issues such as mobility, nutrition, continence, choking, use of equipment, smoking/fire, hygiene, environmental hazards, were kept within people's care files and were reviewed and updated annually or as changes occurred. There was a personal emergency evacuation plan (PEEP) in place for each person in the service. Accidents and incidents were logged in individual care files. These were also logged centrally and monitored and analysed for patterns and trends. Any issues were followed up appropriately.

Medicines were stored safely at the properties we visited and we saw that Medicines Administration Record (MAR) sheets were completed as required. There was a medicines policy, including guidance for administration, record keeping, storage and disposal, medicines taken away from home, reviews and safety

incidents. This policy was accessible to all staff and there was a protocol to be followed in the event of a medicines error. Staff completed medicines training and competency assessments and were aware of the protocol for reporting errors.

There was a policy in place relating to the prevention and control of infection. Risk assessments relating to infection control were in place and staff undertook regular training in this area.

Good

Is the service effective?

Our findings

There was a basic care file for each person who used the service kept in the office. More detailed care files were kept within the properties. Initial assessments and risk screens were completed when people were referred into the service. This included taking into account information from the person, their family, advocates and professionals involved, to ensure their needs were fully understood. Consideration was given to compatibility with others already living in the property and placements were carefully managed, with introductions to other people who used the service and staff. Support plans were formulated from the information gathered and, following the person coming into the service, a six-week review was completed. If all went well with the placement, subsequent annual reviews were carried out or updates to support plans implemented as changes occurred.

The care files included a range of health and personal information, for all aspects of daily life. Nutrition and hydration were assessed and any special dietary needs supported. We saw that each person had a 'hospital passport' which included relevant information about their needs and wishes. This would help to make any admission and hospital stay easier and more comfortable.

The premises we visited were clean and tidy and easily accessible for the people who lived there. All the premises we saw had good accessibility for people whose mobility may be restricted. People's individual flats were adapted to their needs and communal areas were fully accessible to all those living in the property. People were supported as much as they wanted and needed with keeping their own flats clean and tidy.

Each individual had a key worker and they were responsible for evaluating progress towards goals and updating these regularly. Many of the documents within the care files were produced in easy read format, with pictorial representations. This helped people who used the service be fully involved in all aspects of their support. The service was able to produce information in other formats, such as large print, if required.

We saw evidence of written handovers between staff shifts at each property. This helped staff understand what was occurring in a household on a daily basis and any issues or concerns for them to follow up.

Staff told us they completed a 12 week induction programme including all mandatory training, shadowing and familiarisation with the key policies. Records we looked at confirmed that this was the case. Probationary reviews were carried out to help ensure new staff were competent to undertake their role.

The service used both in house trainers and outsourced training from local companies and authorities. Mandatory training refresher courses were undertaken regularly and further training was requested and arranged as required. Records we looked at demonstrated a range of bespoke training relating to the particular needs of people who used the service. Staff we spoke with told us there were ample opportunities for training offered at the service.

Staff records showed that supervisions were undertaken on a regular basis and discussions included work

issues, safeguarding and health and safety. We saw evidence of annual appraisals where staff and managers discussed achievements over the year, what had gone well and what could have gone better and further support and development required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. There was a mental capacity policy and procedure which referenced relevant legislation and guidance. We saw that written consent was gained for issues such as the use of photographs and assistance with dealing with finances. We observed verbal consent being sought by staff for all support given. We saw evidence within the care files that capacity and consent was assessed for each individual and best interests decisions made where necessary, with input from relevant professionals, family and advocates. Staff undertook regular, two yearly, MCA training and were aware of working in people's best interests.

Good

Is the service caring?

Our findings

All the people who used the service that we spoke with were positive about their support. One person who used the service said, "It's OK. My key worker is really good. There is nothing I don't like and everyone is pretty down to earth". Another told us, "Staff are really nice. They treat me with respect all the time. No improvements are needed, I'm happy with everyone". A third commented, "I love living here" and a fourth said, "I'm treated with respect".

We observed staff in three properties that we visited. Their interactions with people who used the service were respectful and friendly at all times. We saw that staff demonstrated kindness and compassion in the way they spoke to and about people who used the service.

Support plans included a section on 'How I was Involved', which set out the individual's abilities to communicate their choices and how these were considered and included in the support planning process.

Confidentiality was respected and an agreement was signed by all staff when they were employed by the service. There was a policy and procedure relating to records and information management, which referenced current legislation and guidance. All records were kept securely within an office in each house.

The senior service manager was the dignity in care champion in the Bolton service and took the lead on promoting person centred approaches. There was a policy and procedure in place regarding dignity and respect. This included a reference to equality, diversity and inclusion. There was also an equality and diversity policy, which included reference to protected characteristics, direct and indirect discrimination, victimisation and training. All staff had training in this area and were aware of the issues. We discussed equality and inclusion with the senior service manager, who was able to give examples of how the service ensured people were treated equally.

We saw that the service currently provided training with regard to sexuality and relationships to staff who provided support in this area. The aim was to improve staff awareness and understanding in more depth in respect of capacity and consent, choice and control and decision making regarding relationships. The service had developed a plan to provide this training to all staff within 12 months and this was ongoing.

We saw that the service was committed to inclusion in all aspects of people's support. For example, a person who used the service was part of the interview panel when new staff were being recruited. We saw evidence within care files that people had been consulted about the level of support they wanted and this was incorporated into the support plan.

Staff supported people to increase and maintain independence, ensuring people were encouraged to do as much as they could for themselves. People we spoke with agreed that they were supported with independence.

Where people had capacity the service ensured they had all the information and advice available in

accessible formats to enable them to make informed decisions and choices.

People who used the service were given a service user guide which provided information about the service in an accessible format, including the compliments and complaints procedure.

Good

Is the service responsive?

Our findings

Care files we looked at were person-centred. They included information contributed by the person who used the service and/or family members. Files also included sections about 'What people like and admire about me', 'What is Important to Me' and 'How Best to Support Me'. People's choices, preferences and routines were clearly recorded and people we spoke with felt their choices were respected. There was a 'Living Safely and Taking Risks' part to the support plan. This outlined exactly how risks could be minimised whilst supporting an individual to follow their chosen pastimes and hobbies. Risks were carefully calculated to help people keep as safe as possible, whilst allowing them choice and freedom. Files also included information about people's family relationships, negative relationships, holidays, interests and activities.

A person we spoke with told us how they were supported to manage a difficult family situation and some safety issues around this, whilst being supported to pursue their activities. This included college attendance, shopping trips, nights out to a local social group and other activities and was reflected in their care file. All staff were aware of how to support this person to access their choices whilst remaining safe.

The regular social group night out was attended by a number of the people who used the service, but was also open to the local community. This promoted good links with the wider community. Similarly, the college attendance, voluntary and paid jobs of many of the people who used the service enabled them to meet people outside the service and form relationships. Many of the people who used the service had friends and partners they had met in this way and staff supported them to entertain their friends and partners within their homes. Partners of people who used the service could stay overnight for a certain number of nights per week.

We saw a number of posters around the properties we visited, advertising forthcoming events and activities. People we spoke with were supported to attend college or with work placements and had a number of leisure activities and hobbies that they pursued with support from staff. One person told us, "Lifeways helped me a lot with college". We saw photographs and information about activities such as horse riding, cinema trips, meals out, holidays, bingo, barbeques and gardening.

There were regular tenants' meetings in each of the properties and quarterly service user forums (SURFLIFE), which gave a platform for people to have their say. We saw minutes of some of these meetings, which were well attended. Aims and goals of the meetings were outlined and discussions held. The SURFLIFE forums included arts and crafts activities as well as the meeting and discussions and we saw photographs of people enjoying these activities. The minutes of these meetings were produced in easy read format to be accessible to as many people as possible.

We saw the results of the most recent annual satisfaction survey, which was produced in an accessible format. Results were positive about how involved people felt in their planning and support, being listened to by staff and the staff having the right skills to support them. Most were aware of who the manager of the service was and all felt they were supported appropriately. Where questions had some negative answers, for example, some people were unsure how to be involved in choosing their own staff, we saw the service had

made plans to address this. They were looking to collect ideas to ensure all individuals who wished to be part of the interview panel could be involved in this.

People were asked what the best thing about the support provided was. Comments included; "I think the manager is lovely"; "Everything is good"; "The staff are nice"; "I love living here"; "Very good and listen"; "The staff always listen to my views" and "Good staff, nice house". When asked what could be done better comments included; "More days out"; "More staff at night time".

There was an appropriate complaints procedure in place, which was outlined within the service user guide in easy read format to make it easier for people to access. There was a complaints and compliments log and we saw that complaints were analysed and lessons learned from them to aid service improvement. All concerns and complaints had been addressed appropriately. People who used the service were able to tell us how they would raise a concern, for example, speaking with staff or telephoning the service manager.

We saw a number of compliments received by the service from professionals. Comments included; "I am writing to express my compliments to staff at [address] for the high standard of support they offer to the people living there, along with the equally high standard of décor and cleanliness within the home environment"; "I was delighted to see that [person] is now walking around the house and is able to get out with staff every day…credit should be given to the staff at [address] who have supported [person] to improve his mobility and to give him the opportunity to go out into the community"; "I was impressed with how quickly you were able to pass on information required, from your excellent filing system within the properties I visited".

A compliment received from a relative said, "Please can you pass on thanks on behalf of [person's] family to all staff at [address] for contributing in their own way to supporting [person] during her recent hospital stay".

The service supported people at the end of their lives if this was their wish. We saw that people's wishes, where they had expressed them, were recorded within their care files.

Good

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person who had been registered with CQC was no longer working with the service but had not yet deregistered. At the time of our inspection the area manager, who had worked at the service for a significant length of time, was in the process of registering

There was a strong management structure within Lifeways. This included the area manager who was to become CQC registered, a senior service manager, six service managers and 18 team leaders. All had appropriate health and social care qualifications. Policies and procedures were updated every two years, or when changes to legislation or guidance occurred. The policies were available to all staff to consult as required, copies being kept in the staff offices in each of the properties as well as at the main office.

There was an appropriate statement of purpose which included the aims and objectives of the service, standards, philosophy and mission, information about the service, contact details and information about the staff. Staff we spoke with told us they felt well supported. One staff member told us, "Management are really helpful if you need anything and team meetings are regular". Another staff member said, "Support from management is second to none, you can chat with them about anything."

We spoke with the manager following the inspection who told us that staff were supported to achieve their full potential by the service. For example, one service manager had achieved a Level 5 Degree this year and was nominated for the National Apprenticeship award. The National Apprenticeship service is part of the Skills Funding Agency and is a government agency that coordinates apprenticeships in England. This enables people to combine working with studying to gain skills and knowledge in a specific job. A Level 5 qualification is equivalent to certain higher education qualifications such as diplomas higher education and foundation degrees.

The service manager was a finalist for the 2018 Lifetime Learner Achievement Awards in the category of Higher Level Apprentice of the Year and was awarded Highly Commended at the presentation. The manager told us, "We supported [staff member] throughout, giving lots of encouragement and planning her study time. We strive to develop our staff and we recognise achievements. [Staff member] is a prime example of how people can achieve their goals/dreams".

The staff member said, "Completing my apprenticeship has broadened my knowledge of the essential standards required to working in the Health and Social Care sector. I have been able to transfer this knowledge to my working practice, ensuring positive and co-productive working relationships with the people we support, key stakeholders, my teams and my colleagues. I have improved the quality of support we deliver, achieving high scores through internal and external audits".

We saw minutes of regular team meetings, where discussions included feedback and updates, service

progress towards goals, safeguarding, training needs and reflection, involvement and inclusion, audit feedback and actions, health and safety, team well-being and new policies and procedures. We also saw records of staff supervision sessions and appraisals.

Lifeways produced a monthly newsletter which included staff news, SURFLIFE information, compliments and congratulations to staff for achievements. There was news of upcoming events and welcomes to new staff. Employee engagement had improved by commencing quarterly employee forums, chaired by the area manager. The aim was to ensure all employees had a voice and felt listened to.

We saw evidence of quality assurance via monthly and weekly checks at each site we visited. These included finance checks, medicines, meeting minutes and supervision planner. There were annual health and safety checks and spot checks around finances, records, medicines, activities, handovers, rotas and environment were regularly undertaken by managers, out of hours, to help ensure all was up to standard. Quality Auditors used audit tools which were based on the CQC key lines of enquiry to look at practices within services, seeking views from service users, family members and staff members and we receive feedback via the audit outcome.

Lifeways had a 'Making a Difference' award where Area Managers nominated staff for good practice. Following this the Quality Focus Group (User Group) were able to vote for the staff member that they felt was the most deserving. Staff received a financial reward by way of vouchers for this and a letter from the managing director as an additional acknowledgement/incentive.

Lifeways also had an 'Above and Beyond' award and 'Lifeways has Talent' award. These achievements were then placed in the 'Lifelines' quarterly magazine celebrating success across the organisation. In Bolton, a number of staff and teams had received awards for 'Above and Beyond' in the last 12 months.

The service worked well in partnership with other agencies from the health and social care sector, including Speech and Language Therapy (SALT), social work teams, local housing associations and the local safeguarding team. The service provided in-house training but also worked with an outside training resource to deliver specialist courses when required.

They also worked with Bolton job centre plus to attract staff across Bolton's diverse communities. The service had links with a local homeless charity. People who used the service had compiled and donated hampers to distribute to the homeless and the charity had donated a large TV to one of Lifeways' supported living properties. Lifeways had links with various local businesses, including caterers and local decorators. The service used local services to support activities, such as horse riding and dance classes. They had a contract with a local taxi firm used for both staff travel and for people who used the service to maximise their independence whilst ensuring their safety.

The service linked with Bolton Together – a consortium of community and voluntary service (CVS) enterprises, looking at ways to work together. The people who used the service fundraised via the Service User Forum to raise money for various local charities, such as Macmillan Nurses. The service provided free meeting in their Bolton office to voluntary organisations. The management team attended and contributed to the local Learning Disabilities Provider Forum and the Learning Disabilities Partnership Board.