Lifeways Community Care Limited

Prospect House

Inspection report

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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

This inspection took place on 30 and 31 March 2016. We last inspected this service on 18 February 2014 and found no breaches of legal requirements at that time.

Prospect House is part of Lifeways Community Care Limited. It is a domiciliary care agency that provides supported living services at a number of different addresses. People using the service receive personal care from the provider in their own homes for which they have a separate tenancy agreement with a housing provider. At the time of our inspection 25 adults with a range of needs including learning disabilities were using the service at nine separate addresses.

There was a registered manager at the service. 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 received a service that was safe. People were safe from harm because staff were aware of their responsibility and, knew how to report any concerns. There was enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these. People were protected from the risks posed by medicines because they were safely managed.

The service provided was effective. Staff received the training, supervision and support required to effectively meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. Where individual's required it, staff supported people to eat and drink. Staff ensured people received assistance from other health and social care professionals when required. People's communication needs were assessed and plans put in place to help people.

People received a service that was caring. People received care and support from caring and compassionate staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result. People were supported to participate in a range of activities based upon their hobbies and interests.

The service was well-led. The registered manager and senior staff provided effective leadership and management. The vision and values of the service had been identified, with the registered manager using staff meetings and face to face communication to reinforce these. However, staff did not always show a

good understanding of the implications of providing care in people's own homes. Quality monitoring systems were used to further improve the service provided.

The registered manager had taken care to provide CQC with the information required prior to our inspection and, worked positively with CQC to pilot our improved arrangements for the inspection of providers supplying regulated activity(ies) to people living in 'Housing with Care' (HwC) services.

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.

Staff were aware of their responsibility and, knew how to report any concerns regarding people's safety.

Risks to people were assessed and action taken to manage these.

There was enough skilled and experienced staff to safely provide care. Pre-employment checks were carried out to ensure people received care from staff who were suitable to work with vulnerable people.

People were protected from the risks posed by medicines because they were safely managed.

Is the service effective?

Good

The service was effective.

Staff received the training, supervision and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People's communication, eating and drinking needs were assessed and plans put in place to help people.

Staff ensured people received assistance from other health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were caring and compassionate.

Staff provided the care and support people needed and treated

people with dignity and respect.

People and, where appropriate, their families were actively involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care and support to people was provided in a person centred manner.

The service listened to the views of people using the service and others and made changes as a result.

People were supported to participate in a range of activities which took into account their hobbies and interests.

Is the service well-led?

Good

The service was well-led.

The registered manager and senior staff provided effective leadership and were well liked and respected.

The vision and values of the service had been identified, with the registered manager using staff meetings and face to face communication to reinforce these. However, staff did not always show an understanding of the implications of providing care in people's own homes.

Quality monitoring systems were used to further improve the service provided.

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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.

This inspection took place on 30 and 31 March 2016 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to visit people. The inspection was carried out by one adult social care inspector with a regulatory policy officer from CQC present on day one of the inspection.

Between February and March 2016 a small group of pilot inspections tested improved arrangements for the inspection of providers supplying regulated activity(ies) to people living in 'Housing with Care' (HwC) schemes. This location was selected to take part in the pilot; the registered manager was made aware of this before our visit.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted 16 health and social care professionals who had been involved with the service. Including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. You can see what they said in the main body of this report.

We visited people at two different addresses. At the first of these four people were receiving the service, at

the second two people. We were able to speak with some people in their home. Some people were not able to speak with us. We spent time with them observing how they were cared for.

We also spent time at the agency's office talking with staff and looking at written records.

We spoke with seven staff including the registered manager, rota co-ordinator, a team leader, an acting team leader and three care and support workers.

We looked at the care records of seven people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe using the service. They said, "Yes, I feel safe with staff" and, "I feel safe in my home". Health and social care professionals told us they felt people were kept safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice. The provider had submitted three safeguarding concerns in the 12 months leading up to our visit. These had been appropriately submitted, with the provider working with other health and social care professionals to ensure people were protected.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. Individual risk assessments were in place where people required help with moving and handling and also where people required assistance with mental health needs. Staff told us they had access to risk assessments in people's care records and ensured they used them.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People told us there was enough staff. Care records detailed when they needed care and support. This had been agreed with other health and social care professionals. Some staff time was shared when people lived with others, other staff hours were identified as one to one time for individual people. The registered manager monitored the hours people received and we saw people were provided with the staff time allocated. At the time of our inspection 1750 hours of care and support was needed each week, the service had staff vacancies amounting to 300 hours per week. Staff said they worked additional hours to cover these hours. Staff rotas and other records confirmed this and showed staff did not work excessive hours.

There were clear policies and procedures for the safe handling and administration of medicines. Some people required assistance to take prescribed medicines. Where this was the case the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People received their medicines as prescribed. Staff administering medicines had been trained. Staff said that as

well as receiving training they were observed administering medicines to ensure they were safe.

Staff providing care and support to people wore their own clothes and not a uniform. This was to avoid creating barriers between people and staff and not to draw attention to people when they were receiving support within their local community. The provider had a policy in place to guide staff on appropriate and safe clothing to wear. When providing care staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. We saw staff using personal protective equipment when necessary and washing their hands thoroughly.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "Staff are really good". When spending time with people we saw staff met people's needs effectively. This included identifying when people required personal care and were not able to ask, as well as interacting with people and engaging them in activities.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment and moving and handling. Staff told us they had the training and skills they needed to meet people's needs. Comments included: "Moving and handling training is very good. We have theory then practical training", "We have the training we need with the exception of epilepsy training" and, "Lifeways provide good training for staff".

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. We were shown an 'inclusive recruitment toolkit' that had been developed by the provider. This required senior staff to plan how people using the service would be involved in the recruitment of staff. The provider had used this successfully and some people said they had been involved in the recruitment of their staff.

The provider supported staff to complete health and social care diploma (QCF) qualifications. These are work based qualifications previously known as national vocational qualifications (NVQ's). To complete these staff must demonstrate competence which is assessed in the workplace, as well as knowledge. One staff member said, "I've been an acting team leader for three weeks and will be starting my QCF level three soon".

Formal and 'on the job' supervision of staff was being used to improve performance. Formal supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and senior managers were supportive. 'On the job' supervision is when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

Annual appraisals were carried out with staff. Staff said these were useful. We saw that these had been carried out thoroughly and included feedback for staff on their performance, details of any additional support the staff member required and a review of the individual's career goals and training and development needs.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the

mental capacity to make their own decisions, and respected those decisions.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where people had been assessed as not having the capacity to make a specific decision, a process of 'best interests' decision making had been followed. This was clearly documented and we saw it sought to determine the decision the person would make themselves if they were able to.

Some people's tenancy agreement for their home had not been signed. The registered manager explained this was because they had been assessed as lacking the capacity to make decisions regarding this. They had a plan in place to ensure these would be signed by an appropriate signatory. This showed the provider took their role seriously in protecting and promoting people's rights in this area of their lives. People's housing arrangements does not fall into CQC's regulatory role as the regulated activity provided by Lifeways Community Care – Prospect House was personal care only. However, we looked at this area as part of our 'Housing with Care' pilot arrangements.

Where people needed assistance with eating and drinking this was documented in people's care records. Aids and adaptations to help had been provided and we saw that one person had received support to hold their spoon and toothbrush themselves. Some people were not able to communicate verbally and plans were in place to guide staff on how to communicate with them. One person had begun the previous week, using a hand bell to alert staff to their needs. They used the bell to request drinks and attract attention when they wanted assistance or interaction.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. As a result people had received assistance from occupational therapists, speech and language therapists and physiotherapists. We saw support plans had been put in place as a result of this. Staff said they provided care and support in accordance with these plans.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "I'm happy with all the staff, they're lovely". Another person said, "The staff are very caring". Comments from health and social care professionals regarding staff were positive, with one saying, "Staff know people well. They have caring staff who are passionate about what they do".

People told us care staff ensured they had time to talk with them. The registered manager said they encouraged staff to consider people's wellbeing and make them feel listened to and cared about. The provider's PIR stated, 'Taking the time to communicate openly and clearly with people has resulted in, reduction of anxiety, assistance with financial issues and understanding people's needs for good relationships with their families'.

We saw staff spent time talking with people and engaging them in activities. For example, when visiting four people, staff were discussing picture books, doing jigsaw puzzles and supporting people to make food and drinks. Each person was supported on a one to one basis. One person showed us a scrapbook they had put together with staff.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was an important principle, particularly when people were using the service for a short time. One said, "We need to try and support people to do as much for themselves as they can".

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation.

Throughout our inspection we were struck by the caring and compassionate approach of staff. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. When speaking with staff it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect.

The only exception to this was one person being told by two different staff she was a 'good girl'. We spoke with staff and the registered manager about this. They said this was said in order to mirror what the person themselves said and that they hadn't realised it could be seen as them viewing the person as childlike. They told us they would review how staff communicated with the person to ensure appropriate phrases were used that clearly recognised the person as an adult.

People told us they would recommend the service to others. Care staff spoke with pride about the service provided. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Good

Is the service responsive?

Our findings

People said they made choices and decisions regarding their care and support. One person said, "I agree what I need with my staff". Another person said, "We decide what I'd like to do, plan one to one time and put it on the rota".

The service provided was person centred and was wherever possible based on care plans agreed with people. People's needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people's homes contained the information needed to provide care and support. Care records were person centred and included information on people's likes, dislikes, hobbies and interests. Plans included; emergency information and contact sheet, an assessment of need and local authority care plan, a one page profile include information on what others admire about the person, a document called 'my support plan' written from the person's perspective and detailed plans on how the person -was to be supported in all aspects of their lives.

Where people had specific areas of need, support plans were detailed and clear. For example, one person who required assistance with moving and handling and regular change of position had written instructions in place along with photographs to show staff exactly how to do this. Consent for these photographs to be taken and used to instruct staff had been obtained.

Care plans were regularly reviewed at set times and also when people's needs changed. People and, where appropriate, their families where involved in these reviews. Reviews of people's needs were clearly documented in people's care plans. Staff said any changes in people's care and support was brought to their attention at daily handover meetings and monthly staff meetings.

Activities were planned and took into account people's hobbies and interests. Staff said, "People are able to choose the activities they want to do because we can move people's allocated one to one time. For example a member of staff said, "We recently supported people to see an Abba tribute band and an Eagles one too". We saw that one person who had recently been bereaved chose when they wished to visit their family member's grave. The service also worked with people and their families to plan holidays. Activities people undertook were recorded in their care records along with a brief summary of how it had gone. Staff said this helped them learn what went well for people and what didn't go so well, so they could plan more effectively.

One person told us they used to do their shopping with staff on a Saturday but now went on a Sunday. They said, "I'd prefer to go on a Saturday". We spoke with staff about this and were told they would discuss this further with the person and, if they wanted to go on a Saturday they would arrange this. We noted when speaking with this person and their fellow tenant, there was a single bed in the corner of their dining room. They said this was the bed for the staff member who slept in their home at night. We asked if they would prefer the bed to be in the spare bedroom rather than their dining room and they said they would. The registered manager said this would be done.

An up to date policy on comments and complaints was in place. A record of comments and complaints

received was kept at the agency's office. The provider had received three formal complaints in the 12 months leading up to our visit. We looked at the records of these and saw each had been appropriately investigated, with the outcome recorded and feedback provided to the complainant. We saw changes had been made as a result of complaints including changes to how staff communicated with people's families.

The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

A record of compliments received was also kept at the agency's office. The provider had received two compliments in the 12 months. We looked at the records of these and were told staff were told about compliments that affected them. In their PIR the provider had made the following comment regarding the compliments received, 'Lifeways ensure that we work holistically with any complex needs and involve the families and multi-disciplinary teams that can support our practices to make sure they are safe , unrestrictive and continue to promote choice, independence and control'.

Good

Is the service well-led?

Our findings

People who were able to speak with us said they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

The registered manager and senior staff had an understanding of the principles underpinning 'Housing with Care'. They explained to us their role in managing the personal care provided to people and, where required, supporting people to manage their own accommodation for which they have their own tenancies. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were not always so clear regarding their roles and responsibilities. They were not always aware of the fact they were working in the person's home as opposed to a care home and, the implications of this.

For example, as a 'Housing with Care' service, the provider and their staff, were required to work with housing providers, service commissioners and equipment suppliers to identify and manage risks associated with the accommodation and equipment. To achieve this, the provider had ensured contracts and agreements were in place and had managed these. Staff said they supported people to manage their accommodation. However, we noted an area of damp in a communal area in a home shared by four people. When talking with staff they did not demonstrate an understanding of people's rights, as tenants of their home, for this to be rectified by the housing provider.

We spoke with the registered manager about this. They said they tried to reinforce the vision and values of the service at staff meetings and would again remind staff of the principles underpinning the care and support provided.

Staff spoke positively about the leadership and management of the service. They said the registered manager and senior staff were approachable and could be contacted for advice at any time. Feedback from other health and social care professionals regarding the management of the service was also positive. One professional said, "(Registered Manager's name) always listens, takes on board any advice and responds quickly to any requests".

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. The provider had developed an audit tool based upon CQC's key lines of enquiry. This meant the provider was able to assess whether they thought the service provided was safe, effective, caring, responsive and well-led. This tool had been designed to assess the quality of 'Housing with Care' services. The process used to complete this audit relied on asking people's views and opinions, looking at written records and seeking the views of others involved with the service. Where this audit had identified areas for improvement, these had been written into action plans which were monitored by staff and managers.

The provider had health and safety policies and procedures in place. Health and safety was seen as important by the registered manager. A system of health and safety checks was in place and covered; equipment, maintenance, safety of the environment and fire evacuation was in place and delegated appropriately to staff.

The registered manager had clear plans for the future of the service. An effective management structure was in place to deliver these plans. Care and support staff were managed by team leaders, with a service manager overseeing them and office based staff providing administrative and other support. The service manager had recently left to work for the provider in another part of the country. The registered manager explained how they would be recruiting into this role.