

Lifeways Community Care Limited

Lifeways Community Care Limited (Walsall)

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lifeways Community Care (Walsall) is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability and learning disability. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection there were 59 people receiving support which was overseen by two registered managers.

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

Managers understood their responsibilities to keep people safe. Care plan audits were not always robust to identify gaps in people's records. Identified errors were not always actioned timely. Professionals didn't always know who the managers were. People's opinions were sought, and they were involved in their care.

Systems and processes were in place to keep people safe, risks were assessed and managed. There were enough staff who were experienced and knowledgeable to meet people's needs. Medicines were safely managed and administered to people as prescribed. Staff were aware of current infection control procedures and followed Government guidance.

People were encouraged to make choices; their needs were assessed, and care was reviewed regularly. Staff received training in relation to the needs of the people. Staff worked with a range of professionals involved in people's care. People were supported to attend regular appointments and supported to eat healthily and maintain fluids.

People were involved in their care and supported to maintain their identity. Care was person-centred with people's privacy, dignity and equality maintained. Care was personalised and people are supported to communicate effectively, complaints were recorded and managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People had choice and were supported to be as independent as possible.

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

Rating at last inspection

The last rating for this service was Good (published 18 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lifeways Community Care Limited (Walsall)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we wanted to speak with people and the provider needed to gain people's consent.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority and police in relation to the concerns received. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people (who consented to speak with us), three members of staff, both registered managers and the regional manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, compliments and complaints, stakeholder views and quality assurance records. We spoke with two professionals who regularly visit the service and three relatives about their experience of the care provided to people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We found the provider had systems and procedures in place to record people received their medicines as prescribed.
- We found when medicines were not administered as prescribed the provider had systems in place to identify this and take the appropriate action. However, we found action had not always been timely.
- Staff told us they received training before they could administer medicines and we found competency checks were completed to ensure staff were administering medication safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust systems and processes in place; staff knew how to use these systems to keep people safe.
- People and their relatives told us they felt safe. One person told us, "Yes I feel safe; I enjoy living here. They do everything they can to keep me safe." A relative told us, "Yes [person] is safe, they communicate with me about [person]. I have no concerns about [person's] safety at all."
- Care staff told us they had received training to keep people safe and could explain the actions they would take to keep people safe from harm. The training records showed when care staff had received their training.
- Professionals supporting people's care told us people were safe. One professional told us, "Safety is being managed very well."

Assessing risk, safety monitoring and management

- Risks from both people and the environment were identified by the registered managers and clear person-centred assessments of how these risks affected people were recorded.
- The provider ensured risk was assessed and assessments were effective to the individual needs of people to maintain their safety. For example, we saw assessments to manage the risk of bedrails, dietary requirements and mobility.
- Staff we spoke with were able to describe the identified risks and how to safely manage them in line with the individual risk assessments in place.

Staffing and recruitment

- We found the provider had systems in place to ensure there were sufficient care staff to meet people's needs.
- People told us there was enough care staff to support them. One person told us "They [managers] have made some good hires." A professional told us, "There is always sufficient numbers of staff when I visit."

- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Capacity assessments were not always completed when required. For example, we found assessments had not always been completed on people's ability to make decisions around the use of bedrails. This was immediately addressed by the registered managers.
- The registered managers understood their responsibilities under the Act, however no-one currently required Court of Protection authorisation.
- Staff had received training in MCA and understood how to support people in line with the Act.

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

- The provider used an initial assessment to identify the needs and choices of an individual to ensure the service could meet the identified needs before services were delivered. These assessments were used to develop the person's risk management and care plans to ensure their needs were met.
- People's preferences and choices were promoted on a daily basis. One person told us, "I was able to change my routine because my appointment dates changed." A family member told us, "They support [person] to do the things [person] likes."

Staff support: induction, training, skills and experience

- Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. One staff member told us, "I completed the Care Certificate in my induction."

- Staff training was up to date and suitable for the needs of people. For example, where required staff had received sledge training to support people with mobility difficulties to safely evacuate upper floors in the event of a fire.
- Staff received supervision and told us they felt supported by their managers. One member of staff told us, "I am supported by management and they help me when I need it."

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

- We saw some people required support to prepare healthy nutritious meals they had chosen.
- Care plans were in line with professional assessments and detailed the support people required when eating and drinking.
- Staff received training in food hygiene and nutrition. Where people were at risk of choking staff had the correct skills and knowledge to support people to safely eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked alongside other professionals to ensure people receive person-centred care which was consistent to their needs. For example, district nurses and speech and language therapists.
- People were supported to access healthcare services. One professional told us, "They communicate well and will complete the charts and records we need."
- People were supported to access the community and to engage in activities to promote their well-being. One family member told us, "They support [person] to get out and about as much as we can in these times."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered managers understood their responsibilities relating to the Equality Act 2010 and could demonstrate how people were supported in line with the Act. For example, people's culture and preferences were promoted and respected in the way people were supported.
- Staff received equality and diversity training. One staff member told us, "We try our best that [person] is treated well and has the care [person] deserves." A professional told us, "The staff always care and communicate politely and treat people with respect."
- People and relatives told us how caring and kind care staff were. One person told us, "Staff who come into my flat are kind and happy." A relative told us, "The care staff are very nice and very good. [Person] talks fondly of the staff especially [person's] favourites"

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

- People told us they were supported to express their views and make decisions about their care. A staff member told us, "[Person] communicates well, comes to staff to talk about things they want or need."
- Wherever possible, people and their relatives were involved in planning their care. For example, one person had written their own care support plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted by the way care staff supported them. For example, a person preferred to have male support during person care, and this was respected and met.
- Staff received training in promoting privacy, dignity and independence for people and care staff could explain how they promoted this when delivering the service. A family member told us, "[Staff] respect [person's] dignity and privacy and support [person] to be as independent as possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were reviewed regularly. However, we found some plans were not always clear. For example, information in a person's hospital passport was not consistent with information in their care plan, though staff we spoke to knew people's needs well.
- People told us they were involved in planning their care and their choices and preferences were included in care plans. For example, a person told us how they and their father were involved in the development of their care plans.
- People were supported to engage in activities they enjoyed such as cooking and walking as well as maintaining contact with family and friends through technology.
- People were supported to visit family regularly while following the current government guidelines for COVID-19. One family member told us, "[Person] comes to see me every weekend but [person] remains in the car and I stay in the doorway." Another family member said, "I have been able to see [person] in a COVID-19 safe way."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered managers had a good understanding of AIS.
- People received communication in a format they could understand, this was currently implemented when communicating changes in COVID-19 restrictions to people. This enabled people to clearly understand these changes.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process in place to encourage people to raise concerns when needed. We found where concerns had been raised they were dealt with in line with the provider's policy and an agreed conclusion was reached with the complainant.
- The provider kept a log of all complaints, so trends could be monitored as part of how they improved the quality of the service.

End of life care and support

- While no-one was currently receiving end of life care the provider had a policy in place. The registered

managers said they worked with people and family to gather information on people's end of life wishes and we saw people had end of life plans in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems in place to monitor and review the quality of service. We found while audits identified concerns the registered managers did not always take timely action to address these concerns. For example, a medication error was identified through the audit process, however, was not actioned for 11 weeks.
- Care plan audits failed to identify care plans did not always have sufficient details and were not always clear. For example, we found a person's care plan did not refer to the use of bed rails or the person's choice to not use them. This was addressed immediately by the registered managers.
- While we saw capacity assessments had been completed, we found there were areas where it was not clear if people had the capacity to make a decision. Audits failed to identify these areas and action these. This was immediately addressed by the registered managers.
- The registered managers ensured staff members were spot checked regularly and where concerns were identified appropriate action was taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Most people and professionals knew who the managers in the homes were however, not everyone knew who the registered managers were. The home managers worked with people and relatives to ensure the service people received was person centred. A relative told us, "We have a great rapport with the service manager and are very happy with the staff."
- Relatives and people were engaged in their care, and their opinions were sought through meetings and surveys. The feedback received was very positive, one person said, "I love my staff, they play games with me and make me happy." A relative told us, "They do send me questionnaires though I prefer to speak to [home managers]."
- The registered managers had clear expectations about the quality of care delivered and communicated this to staff through meetings and supervisions. We saw supervisions were completed regularly for all staff working in the service.
- Staff told us they were engaged in the service and empowered to ensure good outcomes for people. One staff member told us, "Managers are very helpful they ensure training and supervision for us to make sure we are doing things right."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal obligation to submit statutory notifications relating to key events as and when they occurred at the service. We saw examples where the registered manager kept people informed about complaints and other actions taken. People and their relatives were kept informed in an honest and open way.

Continuous learning and improving care

- The registered manager informed us of learning they had taken from recent incidents and the actions they had taken to strengthen their procedures and processes. For example, changes had been made to finance management and initial assessment procedures.