Care Quality Commission

Lifeways Community Care Limited

Lifeways Community Care Limited (Nottingham)

Inspection report

Broadgate House
Broadgate, Beeston
Nottingham
Nottinghamshire
NG9 2HF

Date of inspection visit:
19 July 2017
20 July 2017
26 July 2017

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01 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 was announced and took place on 19, 20 and 26 July 2017. Lifeways Community Care Limited (Nottingham) is a domiciliary care service which provides personal care and support to adults in their own homes. The support people received ranged from short visits to 24 hour care depending on people's needs. On the day of our inspection 53 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 could not be fully assured that the administration of medicines were safe as staff had not always followed policies and procedures and this had not been identified during safety checks in one part of the service.

The risks to people were identified and assessed and people were supported to maintain their nutrition and healthcare.

People were protected from the risk of abuse from staff who were knowledgeable of how to respond if they suspected abuse. People were supported by sufficient numbers of staff who received support and training to carry out their roles effectively and had been recruited safely.

People were supported to make independent decisions where they were able although documentation to ensure people who were not able to make their own decisions were being supported in their best interests required some improvement.

People were supported by caring and kind staff who respected people's homes and demonstrated the values of privacy and dignity. People were given support to understand information and express their views.

People received personalised care from staff who were knowledgeable about their needs and preferences. People had support plans in place and were supported to maintain their independence and achieve their goals.

People were encouraged to provide feedback and were involved in the running and development of the service. Staff felt supported by the management team.

Systems were in place to monitor the quality of the service which were effective in identifying issues although timely action had not always been taken when improvements were identified.
Immediate action was taken following our feedback by the registered manager to improve systems and

clarify expectations with staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were required to ensure the administration of medicines was safe and that the system to monitor the safety of medicines was effective.

Risks to people were identified and assessed and measures were in place to keep people safe.

People were protected from the risk of abuse from staff who were knowledgeable of how to respond if they suspected abuse.

People were supported by sufficient numbers of staff and staff were recruited safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received sufficient induction, training and supervision to undertake their roles.

People were supported to make independent decisions where they were able. Documentation to ensure people who were not able to make their own decisions were being supported in their best interests required some improvement.

People were supported with their nutritional and healthcare needs.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff who respected people's homes and demonstrated the values of privacy and dignity.

People were given support to understand information and express their views.

Is the service responsive?

Good

The service was responsive.

People received personalised care. People told us they were supported to maintain their independence and achieve their goals.

People had care and support plans in place. These generally contained guidance for staff and were kept up to date. Staff were knowledgeable about the people they supported.

People were provided with information about how to complain about the service. Systems were in place to respond to complaints raised.

Is the service well-led?

Good

The service was well led.

People were encouraged to provide feedback and were involved in the running and development of the service.

The service had a registered manager in place who was aware of their responsibilities. Staff felt supported by the management team.

Systems were in place to monitor the quality of the service which were effective in identifying issues although timely action had not always been taken when improvements were identified. Immediate action was taken following our feedback by the registered manager to improve systems and clarify expectations with staff.

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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.

The inspection visit took place on 19, 20 and 26 July 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that someone was available to assist us with the inspection. The inspection team consisted of one 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 service.

Before our inspection visit we spoke with seven people who used the service and six relatives by telephone. During our visit we spoke with two people who used the service, a senior service manager, a service manager, two team leaders, two support workers, the registered manager and the regional quality manager. We visited people in their homes and observed the support they were provided with and looked at the records of support kept in people's homes.

We reviewed a range of records about people's support. These included the care plans and support records for five people and two people's medicine administration records (MARs). We reviewed other records relating to the management of the service such as minutes of meetings with staff, the employment records of four members of staff and training records.

Requires Improvement

Is the service safe?

Our findings

People who received assistance from staff to take their medicines told us they received the support they needed at the right time. One person confirmed, "My support workers help with my medicine and I get them on time" whilst another person said, "Yes (get support with medicines, the carers give it to me, yes I get it on time."

Despite people's views we found that in one part of the service staff had not always followed guidance provided in the service's policy to ensure the administration of medicines was safe. Records showed that some medicines had been hand written on medication administration records (MARs) but these had not been signed or counter signed to ensure the accuracy of the information. Staff confirmed that two of the medicines recorded on a MAR sheet were being given on an 'as required' basis which was not in accordance with the prescriber's guidance. Staff provided a rationale for why the medicines were not being given in accordance with the prescribers instructions but they had not discussed this with the prescriber. In addition, over the counter medicines were being used without the guidance in the policy being followed, such as agreement sought from the GP or pharmacist. We also found that some people had creams and ointments which had not been dated upon opening. This is important when medicines have a limited period of use once opened and means that the medicine may not be effective after a certain period.

The management team took immediate action in response to our feedback such as liaising with people's GP's regarding the use of people's prescribed medicines and over the counter medicines. This reduced the risk of harm to people; however, the system to ensure the administration of medicines was safe had not been effective in one area of the service in identifying and responding to these issues prior to our visit.

People told us that staff used equipment safely and competently and followed security arrangements at their home. One person told us, "They (staff) always try and help me and think about health and safety. " One person's relative told us they were concerned about security at their relations address. The service manager told us they were aware of the issue and described the action they had taken to try and address the situation such as liaising with the landlord.

Risks to people's health and safety resulting from their health and support needs or the environment had been assessed and measures identified to keep people safe. For example care records showed that risk assessments had been completed in relation to safety in the person's home which detailed that equipment and fire checks should be completed on a regular basis and detailed security arrangements. Risks had also been identified in relation to when the person left their home and whether they were safe to manage their medicines. People were encouraged to be as independent as possible and were involved in the management of risks as much as possible. For example, one person told us they managed their own medicines and had produced a poster about fire safety.

We did identify that risk measures had not always been followed by staff in one part of the service. For example, one person was at risk of eating out of date food items and when we checked their fridge we found items of food which were out of date. A member of staff told us the food items belonged to staff. We spoke

to the manager at the person's home who acknowledged this presented a potential risk and they would ensure regular checks for out of date items.

People told us they felt safe when supported by staff from the service. One person told us, "I always feel safe with them (staff)" whilst another person commented, "I feel safe they (staff) have a calming influence on me." People's relatives also felt their relation was safe whilst using the service.

People could be assured that staff knew how to respond to any allegations or incidents of abuse.
The service had safeguarding policies and procedures in place and the staff we spoke with demonstrated how they would recognise signs of potential abuse and respond in line with the procedure. They were able to describe how they would report any concerns and which external agencies they could contact for support. One member of staff told us, "I would talk to my team leader (if concerned about abuse) or my line manager. I would record information. Concerns are responded to, if they weren't I would go where I needed to go such as the police or local authority."

Records showed the majority of staff were up to date with training in safeguarding adults and we saw confirmation that training had been booked for those people who were due an update. Records we saw and information received prior to our inspection visit showed the service had taken appropriate action when concerns about the risk of abuse had been identified.

People were kept safe by sufficient numbers of staff. Most of the people told us there were enough staff employed by the service to support them. When we asked people and their relatives whether staff arrived when they should and stayed for the right amount of time, most of them told us they did. Nobody we spoke with reported any missed care calls and people told us staff rang and told them if they were running late.

Staff we spoke with told us there were enough staff to meet the needs of people and ensure they were safe. For example, one staff member told us they regularly attended a care call where two staff were required to ensure the person's safety. They told us two staff were always provided.
The service manager showed us an electronic system which was used to record staff allocation and record any missed care calls. They told us how they managed staff absences to ensure that people who needed support received this and were in the process of recruiting additional staff.

We checked recruitment records and saw that before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and references had been sought prior to employment and retained in staff files.

Good

Is the service effective?

Our findings

People told us that staff knew them and were trained to meet their needs. One person told us, "Yes (staff) help me fine," whilst another person said, "Yes I do (think staff are trained) because they do training courses." People and their relatives told us that new staff did not always know people as well but that this improved as they got to know people.

The staff we spoke with were complimentary of the induction and training they received at Lifeways Community Care Limited (Nottingham). One staff member described being provided with one weeks training prior to accompanying more experienced member of staff to observe support and get to know the people they would be supporting. Staff told us they were regularly provided with training updates and supervision with their line manager to discuss any concerns or request additional training.

The service manager told us and records confirmed that new employees were enrolled onto the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Records showed staff were provided with other training which the provider had identified as being mandatory such as health and safety, moving and handling and medication knowledge. Staff had also received specific training in relation to a person's complex healthcare needs if required. We identified some gaps where some staff members training was highlighted as being out of date and medicines competencies had not been completed. The registered manager showed us completed competency assessments which had yet to be added to records and showed us correspondence confirming staff had been booked onto upcoming training sessions.

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.

We checked whether the service was working within the principles of the MCA. People told us that staff asked for their consent before providing support and they made their own choices about how they spent their day.

The staff we spoke with recognised the importance of asking people for their consent before providing support. One staff member told us, "Nothing is done without consent". Staff described how they would maximise opportunities to provide people with explanations and give them choice and control. Staff told us they were given information about people's level of capacity in support plans and that capacity assessments and best interest's decisions were recorded in people's care plans if they lacked capacity to make specific decisions.

Despite staff knowledge regarding the MCA, records showed that capacity assessments and best interest's

decisions were not always in place when required. One person's care plan stated they did not have the capacity to consent to support with their medicines. Records stated their relative had provided consent on behalf of the person but staff did not know whether the relative had the legal authority to provide consent on behalf of their relation. The provider told us they would ensure that best interest decisions were made appropriately on behalf of people who lacked capacity and would ensure these decisions were documented. We received information from a member of the management team following our inspection about how this was being progressed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised. For people who live at home applications must be made to the Court of Protection. At the time of our inspection no one who used the service was under a Court of Protection order and the registered manager was aware of nine applications which had been made by the relevant authorities to ensure people were not at risk of being unlawfully deprived of their liberty.

People who sometimes communicated through their behaviour were supported by staff that recognised how to support the person and how to respond in a positive way. Staff were knowledgeable about the risks to people arising from their emotions or behaviour and told us they were confident in providing support. The care plans we looked at contained information for staff about potential triggers for people's low mood or behaviour and guidance for staff on how to respond.

People told us about the support they received to eat and drink which varied according to people's needs. People described being involved in menu planning, shopping and preparation and being encouraged by staff to eat a healthy diet. We observed people being supported to help prepare a meal and offered choices during our inspection.

Staff told us that people were supported to eat and drink enough and they followed guidance provided in care plans about the level of support people required with eating and drinking. Staff were aware of people's needs, for example one member of staff described helping a person chose food items which were appropriate for their health condition. Some people required monitoring of their food intake and weight, and records showed this was being done. We saw that one person's food monitoring chart did not always accurately reflect what the person had eaten. We discussed this with the service manager who agreed that food charts should reflect the actual amount eaten and they would discuss this with staff.

People were supported to maintain their healthcare. People told us that staff monitored their health and gave examples of staff supporting them to weigh themselves and support them to make an appointment with the GP if required. The staff we spoke with were knowledgeable about people's healthcare conditions such as diabetes and epilepsy. They told us of the signs and symptoms that may indicate a person was experiencing a deteriorating in their healthcare condition and described the action they would take. People's care records showed that people had access to a range of healthcare professionals in order to maintain their health, including the GP, dentist, optician, psychology and occupational therapy.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "Yes they (staff) are kind and patient" whilst another person said, "Yes (staff are) always friendly and helping me out if I have trouble." People's relatives described a caring staff team who were patient and encouraging towards the people they supported.

The staff we spoke with told us they felt they provided genuine care and compassion to people. One staff member told us "I think its genuine care. It comes through at staff meetings. The way staff talk about people." The staff we spoke with talked about people respectfully and described how they respected people's homes and how the service considered staff compatibility with the people they supported. We observed staff speaking to people in a friendly and respectful manner and explaining information to people and giving them choices.

Staff showed an awareness of people's beliefs and religion and the way they wanted to live their lives. The service manager provided examples of where staff needed to be sensitive to the religious needs of people and their families and be inclusive of how people wished to dress and express themselves.

People we spoke with felt listened to and respected by staff. Most of the people we spoke with felt involved in planning their own care. One person said, "Yes I have a care plan (we had a review) last week" whilst another person commented, ""Yes (I have a care plan) and we have meetings." People's relatives were also involved in reviewing people's care if appropriate. One person's relative told us, "[Person's name] does the planning with them (staff) and I can see the plan and discuss it with the carers."

Staff told us that people's care records included information about people's communication needs so that people were supported to express their needs and wishes as much as they could. Care records included information about the how the person communicated and we saw that staff used this information to provide people with information and explanations in a way which was accessible to them.

People had access to advocacy to help them express their views. The service manager told us about three people who used advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. The management team were fully aware of the circumstances a person might require the support of an advocate and records showed that consideration to whether an advocate was required as part of planning people's care.

People's privacy and dignity was respected. People told us that staff respected their private space and helped them with personal care in a dignified manner. People's relatives also told us that their relation was supported to maintain their privacy and dignity. One person's relative commented, "I don't feel [relation] is compromised, they ask permission for everything."

The staff we spoke demonstrated a clear understanding of how they respected people's privacy and dignity. They described knocking on people's doors, waiting to be invited in and respecting people's right to a

private life. People were given clear and easy to read information in the form of a service user guide about how staff keep their information confidential and informing them of their right to be treated with dignity and respect.

Good

Is the service responsive?

Our findings

People received support at a time and in the way they preferred. Most people told us they chose the time that support was provided or that times were flexible to their needs. On person told us, "If I need to go out I let them know and they (staff) are good with that" whilst a relative told us that support was provided at a set time each week but the service could be flexible.

The provider told us in their PIR that, 'Each person we support has an initial assessment of need completed prior to commencement of service.' The service manager told us that a range of support plans in relation to specific support needs were then developed. Records we viewed showed that consideration was given to the individual requirements of people who used the service. People's support plans contained information about what was important to the person in the form of a 'one page profile' and a 'choosing my support team' document which enabled the person to specify the sort of person they would want to support them.

Staff we spoke with were knowledgeable about the people they supported including their needs and preferences. They told us they found support plans to be useful and contained sufficient information to enable them to provide person centred care and support people to maintain their independence and interests. One staff member described supporting a person with limited mobility to complete household chores and described working with them and letting them complete tasks when able and lending support at other times.

People confirmed that staff supported them to maintain and develop their independence. One person told us, "I like supporting myself; yes they (staff) let me do that." Another person said, "They (staff) teach me things as I go along." People's relatives were complementary of the support staff provided to their relative and how they supported people to develop their skills. One person's relative told us their relation was supported with "doing the cooking with support, doing exercise, learnt to use buses and timetables, shopping." Another relative commented, "They (staff) have helped [relative] quite a lot, they have motivated [relative] to go shopping and out for meals, going to the cinema."

People were given regular opportunities to identify goals they wished to achieve and support plans contained information about how people were supported to work towards or achieve their goals. Staff gave various examples of how they supported people to achieve their goals, maintain their interests and relationships. One staff member described supporting a person to enrol on a local history course and we saw that good news stories were celebrated in the service, such as a relationship between two people who used the service and people being supported to attend work experience and enrol on courses.

In most cases support plans contained up to date information about the person's needs and their support requirements. However, we looked at one person's support plan which appeared not to have been updated for a couple of years. The support plans had recently been reviewed but no changes were recorded. During this time period, there had been a change in the person's needs. For example, the person now used a mobility aid which was not referenced in the support plan. We spoke to staff who were aware of changes and told us the person had used the mobility aid for a significant period of time. Staff told us they had

completed information about the person for quick reference for new or unfamiliar staff to reduce the risk that staff would not be aware of their needs. Following our feedback we received confirmation that the person's support plans had been updated.

People views in relation to the support they received were sought on a regular basis. Records showed this to be the case and people had been asked about the support they received and whether it was meeting their needs. One person described their support plan being read out to them and being asked if they agreed with the information it contained. The person told us, "Staff know me well" and "They support me in the way I want them to."

People and their relatives were provided with information about how to make a complaint in an accessible format. The information informed people how they could make a complaint, what response they could expect and what to do if they were not happy with the response. People told us they felt confident in raising a concern or complaint and that these were responded to. One person told us, "If I have a problem I talk about it, get it off my chest" whilst another person commented, "I would phone [name of service manager] or my support worker. Yes I have complained. I complained about a carer, I was happy with the way they dealt with it." Most of the relatives we spoke with had not complained to the service. One person's relative told us about concerns they had raised. The service manager and registered manager told us about the action they took when concerns were raised including email responses.

The staff we spoke with understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. We reviewed two complaints which had been dealt with under the services complaints procedure since the beginning of 2017. Records showed the nature of the complaint, the actions taken, and the response to the complainant.

Good

Is the service well-led?

Our findings

The vast majority of people and relatives we spoke with were complimentary of the management of the service and they knew who to contact if their support worker was late although some commented that communication and systems could be improved, for example by ensuring emails were responded to. However, people's comments included, "They (staff) give me a chance to be free, they listen to what I say. They understand I have a mental illness, they are really understanding." A person's relative also told us, "I like everything about them. I like the people who provide the service. They are adaptive, they are kind and [relative] enjoys their company."

People and their relatives told us they were given the opportunity to provide feedback about the service in the form of a survey or review meeting. People told us they felt comfortable to raise concerns and felt listened to. One person told us, "There is always someone I can talk to." Records showed that people were given the opportunity to comment on the service they received as part of an annual review and also via an annual survey. We looked at the results of the survey which was sent out the year prior to our inspection and found the majority of the responses were positive. People were involved in different aspects of service delivery, such as staff recruitment and health and safety training and monitoring.

Staff told us they felt supported by the management team. The staff we spoke with described a provider that supported them in their role and encouraged their feedback. One staff member told us, "I know things will get dealt with. We have staff meetings and files are checked. If things aren't done it will be raised." Another staff member commented, "It is an open culture. We can make suggestions and have staff meetings. We are always asked if we have any concerns." Staff told us there was always a manager available and that the on-call system was effective in providing support outside of office hours.

People benefited from a staff culture which was open and transparent. Staff told us their performance was monitored and discussed in supervision. The staff we spoke with felt able to raise concerns, make suggestions and speak up if they had made a mistake. Staff were knowledgeable about whistle blowing procedures and felt confident in initiating the procedures.
The service had a registered manager in place who was aware of their roles and responsibilities. The registered manager divided their time between the service and another service for which they also had legal responsibility. The registered manager was supported in their role by a number of service managers. Staff told us that the registered manager or another manager was always available to them to provide support and were complimentary of the support they received. The registered manager was aware of their responsibilities, including the requirement to report significant events to the Care Quality Commission (CQC).

Our records showed we had been notified of incidents that had occurred within the service such as safeguarding incidents and incidents which had involved the police. The registered and service manager told us that they were well supported in their role by representatives of the provider. We met with a representative of the provider during our inspection who showed us the checks they carried out at the service to ensure the quality of service delivery. This included checking information which was sent by

managers on a monthly basis and analysing safeguarding concerns, accidents and incidents and complaints for any trends and required actions. In addition some of the services provided where people had a lot of support needs were audited. We saw records which showed this to be the case and that these had proved effective in identifying areas which required improvement.

Internal systems were in place to monitor the quality of the service however these were not always fully effective in identifying and responding in a timely manner to areas to one area of the service which required improvement. For example, we saw a thorough audit had been completed for one part of the service. This was effective in identifying a number of actions required to improve the safety and quality this part of the service. We found that over half of the actions had not been completed and showed a lack of progress more than two months after the audit had been completed. The audit also highlighted there had been no actions or evidence of improvement following the last audit. In addition, we found that a medicines audit had not identified all of the issues we found during our inspection and therefore was not fully effective in ensuring the safe management of medicines in accordance with the services policy and procedures. This meant that people could not always be assured that quality monitoring systems were robust and timely action would be taken when areas of improvement were identified.

The registered manager took swift action as a result of our findings and we were provided with evidence of some outstanding actions from the audit having been completed and the action taken in response to our feedback. The registered manager also shared communication which had been held with staff to ensure that action was taken where needed and the lessons which had been learnt. This assured us that improvements had been made to ensure that quality monitoring systems were effective and staff were aware of their responsibility to take actions when improvements were identified.