

Lifeways Community Care Limited

Greenlands View

Inspection report

45 Kyles Way
Bartley Green
Birmingham
West Midlands
B32 4JW

Date of inspection visit:
13 November 2018

Date of publication:
12 December 2018

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 was our first inspection of Greenlands View. The visit was unannounced and was carried out on 13 November 2018. Greenlands View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Greenlands View is registered to provide accommodation and personal care for people living with a learning disability or autistic spectrum disorder. They currently provide care and support for 4 people. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

There was a registered manager in post. 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 were kept safe from the risk of harm or abuse. Potential risks to people had been assessed and were being managed by staff. People received their medicines safely and as prescribed. There were sufficient numbers of staff available to respond to people's needs. The environment was clean and systems were in place to audit infection control practices.

People were supported by staff who were recruited appropriately and had the skills and knowledge to care for people effectively. Where people's rights were restricted this had been done lawfully. People received sufficient food and drink and were supported to access healthcare professionals when required.

People were supported by staff who were kind and compassionate. Staff promoted people's independence and respected their dignity and privacy. People were supported to make their own decisions and staff understood people's needs, preferences and communication styles.

Staff assisted people to follow their interests and hobbies. The provider had a system in place to monitor and manage complaints.

Staff felt supported by the registered manager and were aware of their roles and responsibilities. There was a system in place to monitor the quality of the service provided to people. Feedback was sought from families about the quality of the care their family member received. The registered manager had submitted notifications to CQC of specific events as required by law.

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 were kept safe from abuse and avoidable harm. Risks to people's care and health were assessed and known to staff. People were supported by a sufficient number of safely recruited staff. People received their medicines as required.

Is the service effective?

Good 

The service was effective.

People's needs had been assessed when they started using the service. People were supported by staff who had the skills and knowledge to meet people's needs. Staff understood the principles of the Mental Capacity Act 2005 and people's rights were protected. People had sufficient amounts of food and drink and had access to healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

Relatives told us staff were kind and caring in their approach. People had choice over their daily routines and staff respected their decisions. People were supported by staff to maintain their independence. People's dignity and privacy was respected.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that was responsive to their needs. People were supported to take part in hobbies and interests they enjoyed. Information was provided in various formats to meet people's individual needs. Relatives told us the management team and staff were approachable and listened to any concerns. The provider had a system in place to monitor and manage concerns.

Is the service well-led?

Good 

The service was well-led.

Relatives were happy with the service provided to their family member and said their views were sought about the quality of care provided. Systems were in place to monitor and assess the quality of care people received. Staff felt supported by the management team and were clear about their roles and responsibilities. The provider notified us of incidents and events as required by law.

Greenlands View

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 13 November 2018. Our visit was unannounced and carried out by one inspector and one 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 the inspection, we reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about by law. We also contacted the local authority to obtain their views of the care provided. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we met with all the people living at Greenlands View. People living at the service have learning disabilities and are on the autistic disorder spectrum. Verbal communication is not their preferred method of communication, so we spent time observing people's care in the communal areas of the service. We spoke with three relatives of people using the service to get their views. In addition, we spoke with the registered and deputy manager and five members of staff.

We looked at a range of records about people's care and how the service was managed. This included plans of care for two people using the service and associated documents including risk assessments. We looked at one staff file including their recruitment record and the quality monitoring processes used by the management team.

Is the service safe?

Our findings

One relative told us, "[People] are very safe living here. I have no concerns." Staff we spoke with confirmed they had received training in safeguarding people and demonstrated a good understanding of how they would protect people from harm. They knew the different types of abuse people could be at risk from and said they were confident any issues they reported to the registered manager would be addressed. One member of staff commented, "If I suspected anyone was at risk of harm or abuse I would tell [registered manager] they would report it and make sure everything was done to keep [person] safe." We saw throughout the day people were happy to engage with staff and appeared relaxed around the service. The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. This implied people were supported by staff who knew how to protect them from harm and keep them safe.

Staff were knowledgeable about potential risks to people. One member of staff explained a person's specific risks and how they supported them to remain safe. Another member of staff told us about how they assessed risks to people continually around the service or when accessing the community. The registered manager told us they were in the process of reviewing people's care records, we saw risk assessments were completed and updated when changes in people's needs occurred. We observed staff provided care in-line with their risk assessment.

Personal emergency evacuation plans (PEEPS) had been developed and were being reviewed by the registered manager to ensure they were up to date about how people should be assisted in the event of any emergency. This demonstrated staff were aware of people's individual needs and risks.

There were sufficient numbers of staff available to respond to the needs of the people living at the service. One member of staff said, "There are enough staff to support people's needs." The registered manager informed us that they currently used agency staff to fill current vacant posts; however, they ensured consistent agency staff were used because people living at the service had complex needs. We saw throughout the inspection staff responded quickly to meet people's care needs.

People using the service were protected by safe staff recruitment and selection processes. One member of staff commented, "I had an interview and references were sought." The provider ensured relevant checks had been completed before staff started to work with people. These checks included references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

People were supported by competent trained staff to receive their medicines as prescribed. One member of staff said, "I have had training and my competency has been checked by the manager." We found medicines were securely stored and disposed of safely. Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed. Medicine audits were completed regularly to ensure quantities of medicines were correct and records were up to date.

We saw the service was clean and well maintained. Staff told us they had access to personal protection equipment (PPE) such as gloves and aprons, to reduce the risk of cross infection when providing personal care.

The registered manager had a system in place to monitor accidents and incidents. We saw information was analysed to identify any trends or learning so any action could be taken to minimise the risk of further occurrences.

Is the service effective?

Our findings

People had their individual support needs assessed before coming to live at the service. This involved staff visiting people at their previous services and spending time to build relationships with them. The registered manager said, "We spent time at [name of service] each week, staff stayed in a hotel, and I spent a day there; so [person] got to know us." The registered manager continued to say, "The provider (Lifeways) let me work how I work, and I would set the date with the people involved, about when a person moved in and how to facilitate this. The provider didn't push anything." Care records we looked at showed where possible people's relatives had been involved in reviews to determine people's needs along with information about their health requirements and interests. We found information in care records was reflective of people's needs.

People were supported by staff that had the skills and knowledge to meet their varying needs. One member of staff told us, "I feel I have the right skills, I have had a lot of training and I feel confident to look after the people living here. The [registered manager] also does quizzes to test our knowledge." Staff told us they also had opportunity to complete additional training and several staff were undertaking a NVQ qualification as well as specific training such as food and nutrition. We saw from records that staff had received training and observed staff were able to fulfil their roles and responsibilities.

New staff received an induction when they first started in the service which included working with experienced members of staff and completing the Care Certificate training. The Care Certificate is an identified set of standards for health and social care staff. Staff told us they received support from the management team and all the staff told us they could access advice and guidance from the management team because they were always available.

People were supported by staff to have sufficient food and drink. Staff knew the importance of making sure people had a healthy diet as well as providing food and drink people liked. Staff told us how people communicated if they did not want to eat what was on the menu and said they were offered an alternative. Staff were aware of people's individual risks in relation to eating and drinking and how food should be prepared to reduce the risk of choking. Where required the registered manager had contacted Speech and Language Therapy (SALT) team to ensure people using the service were supported to maintain a safe diet.

People's health and support needs were monitored effectively. One relative told us, "Staff will contact me if they have any concerns about [persons] health; and will contact the doctor if needed." Care records we looked at showed us how staff at the service worked in partnership with professionals such as doctors, social workers and other healthcare professionals to ensure people's needs were continually met.

People's individual needs were met by the adaptation and design of the building. People had access to safe outside space as well as a number of communal areas and private space to spend time in. People's bedrooms were personalised and reflected their individual interests.

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. Staff told us they had completed MCA training and were able to explain how to support a person who did not have the capacity to make a decision about their care and support. One member of staff explained they supported people to make decisions and when this was not possible then they made sure any decisions made were in a person's best interest and in consultation with families and social workers.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care, services and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw people living at the service capacity had been assessed and the provider had made DoLS applications to the local authority. Staff we spoke understood what it meant to deprive a person of their liberty.

Is the service caring?

Our findings

Relatives told us staff were kind and caring. One relative commented, "Staff do a great job [person] is very happy here, staff are great." Another relative said, "I'm definitely confident that care is good, very good. [Person] is much happier here. They are looked after very well."

Staff we spoke with told us people living at the service were not able to verbally communicate however, explained the various ways they communicated with people. For example, with picture cards, gestures and observing people's behaviours. Staff supported people to make choices on a day today basis so they were involved in how they received their care. People made their own choices about what time they wanted to get up or go to bed as well as how they spent their free time. One member of staff commented, "[Person's name] is a free spirit, they get up late and will decide what and where they want to go today. If [person] does not want to do something they will refuse and put their shoes away, that means they don't want to go anywhere." We observed peoples care and saw that interactions between staff and people were kind and respectful. We saw people were supported by staff they had got to know which had enabled them to build up positive relationships. Staff told us they enjoyed working at the service. One member of staff said, "I love it here the people and staff are great." The staff team had a good understanding of people's needs for example, we saw one member of staff observed a person who was showing signs of being unsettled. The member of staff engaged with the person offering reassurance and remained with them.

The registered manager and staff team understood the importance of promoting equality and diversity as well as respecting a person's preferences and choices. Relatives we spoke with told us they had been involved in decisions about how their family member received their care and support. Relatives told us they were also involved in any reviews of their relative's care needs. Staff we spoke with knew people's routines and the things that were important to them including their likes and dislikes. For example, the activities they enjoyed.

Relatives told us people's dignity and privacy was respected. Staff we spoke with gave us examples of how they maintained a person's privacy and dignity when they supported them with personal care. One member of staff commented, "I make sure [person] is happy with what I am doing and close the door to protect their dignity." The registered manager and staff described the ways they promoted people's independence for example, encouraging people to support with food preparation and laundry tasks.

Relatives told us they were welcomed at the service whenever they visited. One relative said, "I visit every-day and am welcomed."

Is the service responsive?

Our findings

People received care that was responsive to their needs. A relative we spoke with told us, "Staff know [person] very well what they want and like to do." Staff were responsive to people's individual needs and provided personalised care. For example, one member of staff explained a person did not like their hair washed using the shower. The member of staff explained they noticed this and tried using jugs of water instead which the person responded positively to. Another member of staff explained how they recognised when one person wanted to spend time alone. They explained how they ensured the person's safety but from outside of the room. Care records we looked at included information about people's individual care and support needs. Information about people's changing needs was shared during staff shift handovers. Staff said this ensured they had up to date information such as any healthcare concerns or how a person might be feeling. This ensured people had the support and care they required consistently.

People were supported to participate in a wide range of hobbies and interests which reflected their interests. Relatives and staff explained activities were based on what people enjoyed doing. For example, one person attended college, another person enjoyed going out in the car, while others enjoyed Bollywood movies, game shows and watching sport. We saw that people were supported to participate in activities in the local community according to their interests. Such as attending concerts and football matches. People's rooms had been decorated to reflect their personal interests and a sensory room was provided and enjoyed by people who lived at the service.

From April 2016 organisations that provide adult social care are required to follow the Accessible Information Standard. The standard aims to make sure people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The provider was aware of the accessible information standard and information was provided in a format that met people's needs. This included for example pictorial formats. One member of staff told us they were learning to speak certain words in Punjabi so that they could encourage a person to speak.

Some people at the service would be unlikely to be able to make a complaint due to their level of understanding and communication needs. However, we saw a complaints procedure was available to people in easy to read format with pictures. Staff told us they knew people very well and would be able to tell if someone was unhappy. They said they would watch people's behaviour and use various communication methods to find out what was wrong or causing people to become anxious. We looked at records and saw there was a system in place to record and investigate complaints. Staff explained they would follow the provider's complaints process and were confident the registered manager would investigate and resolve any concerns quickly.

The provider was not currently providing care to anyone who was at the end of their life. However, the registered manager was in the process of discussing people's end of life wishes with family members and recording individual preferences.

Is the service well-led?

Our findings

Relatives told us the service was well-managed and the management team open and approachable. One relative commented, "[Registered manager] is very good and always available to speak to if you need." Members of staff we spoke with said the culture of the service was open and the registered manager and deputy manager were supportive. One member of staff told us, "The registered manager is open to anything if you have an idea she will listen and support you."

Staff said the registered manager was always available to speak to should the need arise; and that they had regular meetings which provided them with the opportunity to discuss any concerns or training needs. Staff felt confident any issues they might raise would be listened to and they were aware of the whistle-blowing policy. They said they would contact either CQC or the local authority if they had any concerns which they felt were not addressed appropriately by the provider. We found the management of the service provided staff with the support they needed.

At the time of our inspection there was a registered manager in post. 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 provider has a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are forms providers are legally obliged to send us, to notify CQC of certain events and changes that effect a service or the people using it.

The registered manager also worked closely with other agencies to improve the service and keep abreast of any developments in the care sector. For example, social care agencies and other services such as healthcare professionals. Care records we looked at indicated professionals had been contacted and advice followed.

The registered manager and provider monitored the safety and quality of the service provided to people. These included medicines, health and safety and care plan audits. We saw where areas of improvement were required action had been taken. For example, updating information within people's care records. The registered manager made themselves available to the people using the service and their relatives. Relatives told us they were given the opportunity to feedback their views on how the service was run and to share any views about how the service could be improved. One relative said, "I am very happy with the care [person] receives if I had any problems registered manager would listen and sort it out."

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requires registered persons to act in an open and transparent way. We found that the provider was working in accordance with this regulation. We found the management team were open in their approach throughout the inspection and the feedback we gave was positively received.

