

Lifeways Community Care Limited

Lifeways Community Care (Chorley)

Inspection report

Mitchell House
King Street
Chorley
Lancashire
PR7 3AN

Tel: 01257246444
Website: www.lifeways.co.uk

Date of inspection visit:

23 January 2018

24 January 2018

25 January 2018

Date of publication:

09 March 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

Lifeways Community Care (Chorley) is a supported living service that provides care and support to people living in 34 'supported living' settings in Lancashire and Cumbria, 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.

At the time of the inspection there were approximately 100 people using the service.

At the last inspection in July 2016, the service was rated as 'Good'.

At this inspection we found the service remained 'Good'.

The inspection visit took place on 23, 24 and 25 January 2018 and was announced. We gave the service 48 hours notice of the inspection as the service is community based and we needed to ensure the registered manager would be available at the main office

The registered manager was in post at the time of our inspection and had been registered with the Care Quality Commission (CQC) since February 2015. A registered manager is a person who has registered with the 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.

People using the service and their relatives told us that people were safe and well treated. During the inspection we saw that people appeared happy and content and not at risk of harm.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. Staff also knew how to elevate any safety concerns to the appropriate authorities.

Appropriate recruitment checks took place before staff started work. People were being supported to have a healthy balanced diet. People's medicines were managed safely and they received their medicines as prescribed by health care professionals.

Staff had received training specific to the needs of people using the service, for example, mental health awareness and safeguarding adults. They received regular supervision and an annual appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and people consented to the care and support they received.

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

People and their relatives, where appropriate, and health and social care professionals had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as independent as possible and to do things they wanted to do.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people. The provider sought the views of people using the service, staff and health care professionals through annual surveys and regular meetings. They used feedback from these events to make improvements at the service. Staff said they enjoyed working at the service and received good support from the registered manager and provider.

People knew how to raise a concern or to make a complaint. The complaint's procedure was available and people said they were encouraged to raise concerns.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Lifeways Community Care (Chorley)

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 announced inspection took place 23, 24 and 25 January 2018. The inspection team consisted of three adult social care inspectors and an expert by experience. An expert-by-experience is somebody who has experience of caring for someone who uses this type of service. The expert's area of expertise was working with adults with learning disabilities.

Before the inspection we studied information we held about the service that included notifications of events and incidents at the service. We planned the inspection with this information. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we visited three assisted living schemes, spoke with 12 people who use the service, nine members of staff, two scheme managers and the registered manager. We also spoke with a representative of the registered provider.

We looked at 12 people's care records and medicines administration records (MAR) for people using the service at the time of our visit. We also reviewed six staff recruitment records and other records relating to the management of the service including health and safety and quality assurance systems.

After the inspection, we received feedback from health and social care professionals involved in the care and treatment of people at the service.

Is the service safe?

Our findings

People continued to be safe at the service. People told us they felt safe and one person told us, "I feel safe here and have no worries." A relative said, "I am reassured because I know that my relative is in safe hands."

One professional told us, "The service has safe systems in place and staff call on us when there are issues affecting the wellbeing of our clients."

There were procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection in July 2016 and training continued to be updated for staff. Staff were able to describe different forms of abuse, the actions they would take to protect people and were confident if they reported any concerns to management it would be dealt with immediately. A member of staff said, "We are very open and discuss issues in meetings where we look at whether we could have done anything differently to avoid the problem for the person in question."

Staff had been recruited safely and were appropriately trained. However, in one of the six files we considered incomplete enquiry had been made into the applicant's conduct in previous health and social care roles. We drew this to the attention of the registered manager and by the end of the inspection noted that additional checks were in process to ensure that the staff member had been safely recruited.

We found assessments continued to be undertaken to assess possible risks to people using the service. We considered risk assessment documentation completed for two people who were in the process of using the service. These included individualised risks to them and others, risks associated with the use of moving and handling equipment, medicines and the risk of deterioration of physical and mental health. The risk assessments included information for staff about action to be taken to minimise the chance of the risk occurring such as spotting the signs of deterioration in behaviour and which health care professional to speak to for guidance.

We looked at how medicines were recorded and administered. To do this we reviewed medicines' administration records (MAR's) for 12 people who used the service for the month before the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed and there was no medicine left over. We saw medicines were stored safely and regular stock checks were carried out. Unused medicines were disposed of correctly. Staff we spoke with told us, and the training records confirmed they had received medicine management training and their competency to administer medicines had been checked.

Although the service monitored and assessed staffing levels to ensure sufficient staff were available to provide support to people, a manager at a scheme explained that there had been recent problems with staff leaving the service. This accorded with feedback we had received from two social care professionals at this scheme and a person who lived there. A person said, "Late last year there wasn't enough staff but the manager has sorted it out and there are enough now." We considered staff rotas at this scheme for November and December 2017 and noted that staff had worked extra shifts during this period and staffing

levels were safe. During the inspection we saw that there were sufficient staff available to meet the needs of people. One member of staff said, "Staffing levels are now really good but we did have a bit of a problem before Christmas last year. We all 'mucked in' and did extra shifts."

During the inspection we visited three schemes and noted that the communal areas were clean, tidy and well maintained. There were rotas to ensure staff cleaned the communal areas of schemes. Potentially harmful cleaning products were locked away. Fire fighting equipment and evacuation plans were in place and we noted that people's support plans included fire safety risk assessments as well as personal evacuation emergency plans (PEEP's).

Is the service effective?

Our findings

People's needs were met by staff who had the relevant skills, competencies and knowledge. People who used the service said that staff were well-trained and knew their needs. One person said, "The staff are very good at dealing with me and if they can't deal with something, they quickly sort out a referral or visit from my specialist."

Staff received training relevant to people's needs. We looked at six members of staff's files that included their training records. These showed the provider followed the Care Certificate induction programme for new staff. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. This meant the provider was following good practice as part of staff induction into social care. Staff told us that after their induction they were supported to obtain nationally recognised qualification in care.

Staff had completed other training relevant to the needs of people using the service such as mental health awareness and moving and handling. They had also completed training on the Mental Capacity Act 2005 (MCA), safeguarding vulnerable people from abuse and first aid. A healthcare professional said, "We work together when we have a client who has specific and sometimes complex needs and individualised training is put in place."

People were supported by staff who had supervision sessions with senior staff and staff told us that these were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I am encouraged to obtain qualifications and I have regular mentoring sessions." Another said, "The provider is good at seeing potential and developing staff."

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 and noted that mental capacity assessments and best interest meetings had taken place and had been recorded as required.

Where people required support with issues around their home we noted that staff were effective in providing that support. Speaking about staff, one person said, "They help on all manner of things including cooking and cleaning. They also teach me new things to try like painting."

People's care records showed that health and social care professionals were involved in people's care, such as their GP, Community Nurses and members of the local Community Learning Disability Team. We saw people's changing needs were monitored, and any changes in their health needs were responded to promptly and referred to specialists.

Is the service caring?

Our findings

During our inspection we visited three schemes and observed that people were relaxed in the company of staff and were confident seeking out staff for support. We noted that staff were kind and respectful with everyone and used communication methods that worked for each person. One person said, "It's caring and I regard staff as friends." A healthcare professional said, "I have found the staff to be professional and caring in their manner."

Staff had a good understanding of protecting and respecting people's human rights. All staff had received training that included guidance in equality and diversity. We discussed this with staff and they said that the provider really promoted and encouraged these values. The provider's policy was comprehensive and available to staff at the main office. A member of staff said, "Equal opportunities are a big thing here both for the people we support and for the staff."

The service promoted people's independence and autonomy. This was evident in the way support plans were written. We observed people being encouraged to do as much as they could for themselves. Staff explained how they promoted independence, by enabling people to do things for themselves. One person said, "Staff help me to be independent but are generally on hand if I need support."

Most people using the service could voice their concerns and positions but when people needed support, they had access to an Independent Mental Capacity Advocate (IMCA). An IMCA is a specially trained advocate who can help if a person does not have capacity to make particular decisions.

During our visits to schemes run by the service, we noted that staff maintained people's privacy and dignity. For example, we saw staff knocked on people's flat doors before entering and addressed people by their preferred names. Care records that we saw had been written in a respectful manner.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. During our inspection we were able to talk with a person who said, "Staff are great and spend time to get to know me."

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and offices at the individual schemes. This meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People said they felt that management and staff were responsive. One person said, "Everything is open and staff treat me individually. I don't just feel like a number."

The service carried out initial assessments of people's needs before they were accepted to stay at the service. Assessments covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included.

Information to guide staff on how to support and care for people was reviewed to reflect people's current needs but in one case we noted that a change that occurred eight weeks before the inspection had not been recorded in the care file. The scheme manager said, "The staff who see the person, know them very well and are aware of the change but I will ensure the file is updated in case new staff are allocated."

It was noted that these reviews also incorporated the views of health care professionals. Staff said that the support that was provided was specific to individuals and that they were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One said, "I am due to have some special training as someone is coming to the scheme who has specialist equipment to help their mobility."

The service supported and encouraged the use of technology to assist and support people. In some cases staff assisted people to use the internet to shop and in others assisted with video conferencing for people to communicate with their relatives.

When we considered the care plans we noted that there was an individual approach to the planning and that people and professionals were involved in assessments involving risk and support needs. A person who used the service said, "I was involved in my care plan and all the reviews." A healthcare professional said, "Staff at this service deal with my clients extremely well. They adapt their ways and processes to each person."

People were encouraged to participate in activities inside and outside their homes. Staff said they understood the role of activities for people, both as a tool for developing relationships and as independent leisure opportunities. People said staff supported and shared people's experiences of activities when people indicated this was ok with them and gave people space when they wanted to be alone. One person said, "Staff sometimes support me to use my computer but never hang around too long."

We saw that copies of the service's complaints' procedure were sent out to people when they started using the service. People also told us they knew how to make a complaint. The service had a robust complaints procedure. Complaints records showed that the provider followed their procedure. We noted that the policy involved acknowledging the complaint, investigation within a timeframe specified in the procedure and a written response provided to the complainant.

The provider had an accessible information policy covering the requirements of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with this standard, the provider had ensured that most policies relevant to people who used the service such as the complaints' policy, had been provided in accessible way. The registered manager said, "We will produce our policies in as many formats as people require."

Is the service well-led?

Our findings

The service continued to operate in an open and transparent manner. There was a positive culture within the service and the registered manager and scheme managers had a good knowledge of all the people living at the schemes we visited.

The registered manager was knowledgeable about the staff team that supported people and staff members had a clear understanding of their roles. A healthcare professional said, "I visit regularly and am always impressed with the organisation and leadership at the service."

Staff told us the provider, registered manager and scheme managers had clearly defined roles and responsibilities and worked as part of the team and that they felt supported and listened to. A member of staff told us, "We work well as a team. There is an open and approachable attitude with staff and the managers."

We reviewed the service's policy and procedure files that were available to staff in the main office. The files contained a wide range of policies and procedures covering all areas of service provision with both people and staff taken into account. We noted that reference to some policies such as equality and diversity was mandatory during a new member of staff's induction. We saw the policies and procedures were accessible to staff, up-to-date and regularly reviewed.

There were regular meetings that were used to keep staff and people up-to-date with any changes and to reinforce the values of the organisation. Minutes from a meeting in October 2017 supported that people at a scheme discussed allocation of keyworkers. In a meeting with staff in November 2017, the registered manager and staff discussed concerns over a person whose health condition had deteriorated and staff involvement with a social care professional.

People were encouraged to share their views and suggestions with staff and the registered provider through a quality assurance surveys. The provider analysed the survey responses people made. People provided positive feedback that demonstrated they were happy with the service and the care provided.

The registered manager completed regular audits of the service. These included assessments of training compliance, staff supervision and environmental checks.