

Lifeways Community Care Limited

Lifeways Cumbria

Inspection report

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Date of inspection visit:

15 July 2021

20 July 2021

27 July 2021

30 July 2021

Date of publication:

30 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 Cumbria is a supported living service providing personal care to people living in their own flats within three apartment schemes around Cumbria. At the time of the inspection the service was supporting 17 people with personal care.

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.

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

People had not always been protected from known risk of harm. Staff had not always followed strategies to minimise risk, so some incidents had recurred. Risk records were difficult to follow.

During the past year there had been several changes to the management of one of the schemes which had led to inconsistent governance and errors. The registered manager and one service manager were covering three different schemes, but this was not sustainable in the long term.

Some safeguarding incidents had happened again meaning lessons had not always been learnt, for example medicines errors. We have made a recommendation about this.

Several people at one scheme had complex care needs and required a lot of staff support. There were staff vacancies at this scheme. Although people's needs were being met, we recommend dependency levels are considered when assessing any potential new placements.

The registered manager was committed to continuing improvements of the service but acknowledged this would take time and stability to resolve.

People said they really liked staff. There were good relationships between regular staff and the people they supported. Staff said they enjoyed working for the service and felt their colleagues were caring and supportive of people.

Relatives said that regular staff were "fantastic" and "lovely with people". They said people were supported with activities and keeping in contact. They were concerned about the 'mismatch' of people who used one service and the number of staff vacancies.

People who were able to express a view said they felt safe. Staff received training in safeguarding and understood their responsibilities to raise concerns where necessary.

People's independence had improved since moving to the service. Staff communicated in the right way for

each person and there was information for people that met their individual communication methods. People received personalised care that was designed around their individual needs.

People were supported to have maximum choice and control of their lives and staff assisted 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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received care that upheld their dignity and human rights. The model of care and support provided to people who were living in their own homes maximised their choice, control and independence. People lived as citizens of their local community. The support provided was personalised and tailor-made to meet individual needs.

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

Rating at last inspection

This service was registered with us on 13 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a new service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 Cumbria

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and a pharmacy inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, care professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a service manager, four team leaders and support workers. We contacted 32 support workers for their views.

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

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider's risk management processes were not sufficiently robust to prevent harm to people who used the service. Risk assessment records contained long lists of both minor and significant risks to people. This made it difficult to extract information about serious risks and how these should be managed.
- Staff had not always followed risk management strategies. This had resulted in recurring risks or injuries to people.
- In some cases, few staff had signed the risk records to show they had read and understood them.

The failure to follow risk management strategies was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At the time of the inspection the service was under a multi-agency quality improvement process due to multiple safeguarding incidents that had occurred at one supported living scheme.
- Lessons had not always been learnt from the safeguarding process.
- Some safeguarding incidents had recurred, such as medicines errors, although these had recently reduced.
- People who were able to express a view told us they felt safe. They commented, "I feel safe here" and "I feel I could tell the staff anything and they would help me."
- Overall, relatives said the service was safe, but said this was dependant on the number of regular staff on duty and how the service was being managed at that time.

We recommend that the service takes action to ensure that lessons learnt from safeguarding processes are embedded into practice so that people are protected.

Using medicines safely

- The provider had systems and processes in place to manage medicines safely, but these had not always been consistently followed in practice. This had resulted in significant medicine errors including people not receiving their medicines correctly over considerable time.

The failure to consistently follow medicine management auditing process had contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of this inspection, people's medicines were being stored in a central location instead of people's individual flats and were only administered by senior staff. The storage was secure and temperature monitored, but central storage does not promote and support choice and independence with medicines. The registered manager explained this was temporary situation whilst all staff were being retrained in medicines management.
- People had a medicines risk assessment when entering the service to determine how much medicines support they required.
- A comprehensive set of policies and procedures were in place to support the safe handling of medicines.

Staffing and recruitment

- There had been a high turnover of staff in the past year. In part this was due to the complexity of service. The registered manager now informed candidates of the complex service they would be working in to help them understand the role.
- Relatives were concerned about the turnover of staff at one scheme. One told us, "The staff who stay are overworked and tired out. They do [long shifts] and I worry that they will leave and there will more change or no staff for my [family member]."
- The provider followed safe recruitment practices, including checks and clearances. There were enough staff deployed to cover the minimum staffing levels by using some agency staff. The provider was actively recruiting to cover existing vacancies and to provide contingency cover.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of staff and people catching and spreading infections. The service's infection prevention and control policy was up to date.
- People told us staff always wore personal protective equipment (PPE). A relatives commented, "They've done very well to keep Covid out." The provider carried out spot competency checks of staff to make sure they were following best PPE practices.
- The provider accessed testing for staff. Staff confirmed there was sufficient equipment and guidance for them.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

- The provider carried out detailed assessments of people before they started using the service. However, the registered manager acknowledged the higher number of people with complex care needs who had moved to one scheme when it opened had resulted in challenges to their service.
- Some relatives stated their family members were mismatched with other people living at the scheme.
- Care records showed people's care needs and choices were assessed and support delivered in line with these needs. Records contained information about people's preferences and particular routines. This included information from other health and social care services involved in the person's support.

We recommend the provider reviews the number and complexity of needs of established people at schemes and this is taken into account when assessing any new people's needs to ensure these can be safely and successfully supported.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and registered manager were aware of the Mental Capacity Act (2005). Staff encouraged people to make their own decisions where their capacity allowed.
- However, the service had sometimes struggled to get appropriate DoLS applications completed by the relevant authority, or to get other care professionals to record best interest decisions for restrictive practices, for example use of monitors.

- Some 'consent' forms were not clear or were inconsistently applied. For example, people who lacked capacity to consent to staff managing their medicines had consent forms in their files, some of which were completed by staff on their behalf.

We recommend the use of 'consent' forms are reviewed to ensure these accurately reflect people's capacity to consent to specific areas of support.

Staff support: induction, training, skills and experience

- The provider had a system to manage the training and supervisory needs of staff.
- All staff complete Care Certificate as part of their 12-week probationary period. Staff said they were encouraged to do other relevant training. For example, a senior staff member told us they had completed training in 'supervisory management' and 'becoming an effective leader'.
- Some people experienced distressed behaviours that could place themselves and staff at risk of injury. Staff had received specialist training in non-restrictive support, but had not yet been able to train in appropriate restrictive intervention due to long delays in the local authority completing people's DoLS applications that would allow this. The service had been awaiting the DoLS authorisation for over 12 months.

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

- Staff were knowledgeable about people's specific dietary likes and needs. People were assisted with meal preparation if this formed part of their individual care package.
- Where necessary, staff monitored people's nutritional well-being to make sure they had enough to 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

- People received support to access relevant health services when required. The service provided information in easy read format to support people, for example in COVID-19, healthy diet and other health matters.
- People's care records included references to contact and guidance from health care professionals such as GPs, speech and language therapist, occupational therapists and dietitians.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People who took part in the inspection said they were treated with respect by staff. Their comments included, "I love it here" and "The staff now are lovely, previous staff were not always good but for the past year it's been brilliant."
- Relatives made positive comments about the relationship between their family member and regular staff members. They told us, "The staff are fantastic with my [family member]", "The staff are lovely" and "I can tell by the way my [family member] reacts that the staff are very good with them."
- People enjoyed good relationships with their care staff. Staff were supportive and calm with people. Staff told us, "The best thing is working with people and making them smile" and "We all have the same goal, we all care about the people we support."

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

- The people we spoke with said they felt able to express themselves and were encouraged to make their own decisions. People who were able to express a view said they felt confident about saying who they didn't want to be supported by.
- Some people needed support to consider options. Staff didn't rush people and allowed them time and space to make their own choices. Staff we spoke with understood each person's decision-making processes and used visual prompts and relevant options to help people.
- People had access to independent advocates if they required impartial support with significant decisions.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were promoted. One person commented, "I can do loads more for myself now since living here. I can do most things for myself now and staff help me with other things."
- One person described how they had been involved in interviewing staff and was going to be a 'voice ambassador' for the service.
- The service had completed case studies of three people and how their independent living skills had improved since using the service. The studies showed people could now do many tasks for themselves with prompts instead of physical assistance.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support was planned around people's individual needs. Care records were personalised and detailed. These set out people's preferred way of being supported and what they needed staff to do for them.
- People were involved in setting their own care goals where they were able. For example, one person commented, "I really like [name of staff]. They get me motivated, like going for walks and football, and that helps me lose weight which is one of my goals."

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 service met the Accessible Information Standards. People's individual communication needs were assessed and set out on a communication passport so that all staff were aware of their preferred method.
- The service provided information in a range of formats, including large print text, text to speech and easy-read. People had easy-read copies of their tenancy, videos and social stories about important matters, for example coronavirus.

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 had been supported to keep in touch with the people who were important to them using iPads, telephones or support to visit them.
- Some people would usually have attended day resources but as these had been closed due to COVID-19. Staff had assisted people to use local facilities such as cinema, trips out, shopping and parks.
- People and relatives said people were supported to engage in activities that they enjoyed. One person said, "There's lots of activities here. Staff go out with me. We go for walks, play football, have BBQs and go up town." A relative told us, "There plenty for to keep [family member] stimulated and they go out with a them to do."

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. People had a Guide to Our Service which includes accessible information about how to make a complaint.
- People and relatives said they would be confident about raising any complaints. One person commented, "If I'm worried, I can talk to any of the staff and I would tell [registered manager] if I wasn't happy about

something."

- Any concerns or complaints were recorded on an electronic management system so that senior managers could check actions had been taken to address any issues.

End of life care and support

- The service had explored people's final wishes. There were copies of 'The Choices I Would Make' forms which set people's wishes about their end of life arrangements and hospital care. Where appropriate, the service had involved relevant people in these decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- At the time of this inspection there was a registered manager and one service manager who were covering all three schemes. The management arrangements were intended to provide an overarching registered manager and three service managers, one for each of the individual supported living schemes.
- Over the past eight months there had been a succession of different service managers covering one scheme. The inconsistent management arrangements had led to poor oversight of medicines management and risk management. Lessons had not always been learnt from safeguarding incidents, and improvement practices had not been embedded.
- The registered manager was working with the local safeguarding adults team and other care professionals to investigate issues, and a detailed action plan had been produced. Progress had been made on addressing the action plan, although there remained some areas that required further work.

The inconsistent approach to the provider's governance systems was a failure of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with were clearly committed to providing person-centred care to people. Some staff said that despite all the recent issues there was a good atmosphere and they were 'proud' to work for the people who used the service. New staff described the services as 'really dedicated' and 'really care about the people they support'.
- Staff made positive comments about the management team. They told us, "[Name] is a brilliant manager and very open and approachable. I know I could ask her anything" and "They're both very helpful. They always return calls and always advise. I never feel left to it on my own as they are just a phone call away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been unable to meet to give their views during the last few months due to the on-going social distancing restrictions. People had been asked for their opinions in an annual survey, but this was analysed at a regional level rather than as a local service, so it was not possible to check if their views and suggestions had been acted upon.
- Relatives commented the inconsistent management arrangements had made communication difficult over the past few months, although they were complimentary about the contact they had with the current

service manager and registered manager.

- Staff meetings were held in each of the schemes but did not follow a consistent style. In some schemes there was no discussion about organisational briefings, standards or staff views. The registered manager stated there were plans to have a standardised agenda that will also allow time for staff to give views.
- There were plans to introduce 'Voice Ambassadors' to meet every three months to discuss people's views of the quality of the service. The ambassadors will include people who use the service, relatives, staff and managers.

We recommend that people and stakeholders views about the quality of the service they receive is analysed at a local level, shared with people and the resultant suggestions about local services is acted upon.

Continuous learning and improving care; Working in partnership with others; 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 provider had an action plan in place to improve the safety and quality of the service.
- The service was working with other health and social care professionals who were involved in people's care.
- Overall, staff were positive about the learning from recent incidents. They commented, "We've been through really rocky period, but I believe the service is improving" and "Things are getting done now, it's all resolvable."
- The provider and registered manager understood their duty of candour responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People had not been kept safe from known risks to their wellbeing because staff had not followed risk management strategies. Regulation 12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and mitigate the risks relating to the safety and welfare of people who used the service were not followed and there had been inconsistent governance applied to the management of the service. Regulation 17(2)(a)(b)(e)