Lifeways Community Care Limited

Lifeways Community Care (Gloucestershire)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 and 31 January 2019.

Lifeways Community Care (Gloucestershire) provides care and support to people living in 'supported living' settings, so that they can live in their own home 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. Not everyone receives support with a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

A registered manager was in post who had been registered with the Care Quality Commission (CQC) in April 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Each household had a service manager who was supported by the registered manager. Prospect House is the main office which is part of Lifeways Community Care Limited. 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.

Since our last inspection the service had decreased in size and people's care needs were less complex than during our previous inspection. During this inspection there were four people receiving personal care in three different households. As part of our inspection we visited two of the households.

This inspection took place on 22 and 31 January 2019. At the last comprehensive inspection in June 2018 we rated the service "Requires Improvement". Monitoring systems were not effectively operated to ensure the quality and safety of the care provided. At one household internal auditing and quality assurance systems were not planned for or carried out regularly. At this inspection we found the service had taken actions to improve and the legal requirements were met. The provider needed to make some further improvements to ensure when shortfalls in the service were identified prompt action would be taken to avoid breaching legal requirements again, and to improve the service.

During this inspection we found that staffing levels were kept under review as new people were registered with the service to ensure there were enough staff to meet people's needs. For example, a new person moved into one of the households in 2018 and staffing was increased to ensure their needs were met. Staff recruitment had improved and were in place to ensure all necessary checks had been completed prior to employment. People told us they received their care how they wanted and it met their preferences.

During this inspection we found the service had made improvements to their auditing systems. For example,

service managers and team Leaders completed quality assurance audits to monitor and assess the support needs and peoples experience of the service. This included improvements made to the way people were involved in their care. Whilst systems to monitor the experience of people using the service had improved, these needed more time to become fully imbedded to drive the quality of support for people. For example, in relation to ensuring identified staff received refresher training in a timely manner.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the planning and review of their care and support. They chose the activities or employment opportunities they wished to take part in. People went to a local disco, into town, shopping and to laser tag. People could attend local places of worship when they wished to. People kept in touch with those important to them through supported telephone calls or weekly visits.

People's preferred forms of communication were highlighted in their care records. Staff were observed spending time chatting and socialising with people. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about advocacy and complaints. Documentation to support decision making and best interest decisions were in picture and large font formats to support people to make their own decisions wherever possible.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet and people helped to prepare and cook their own meals. People had access to a range of health care professionals and had annual health checks.

People's medicines were safely managed. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were well managed, encouraging people's independence.

Systems to identify when staff required training and supervision were not always effective.

Comments about Lifeways from people who use the service included, "They are a very good care team" and "I like all the 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?

Good

The service was safe.

People were kept safe from abuse. The registered manager and staff understood their safeguarding responsibilities and knew how to report any concerns.

Risks to people's safety were identified and plans put in place to minimise the risks.

Appropriate arrangements were in place in relation to the safe management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and well-being.

People were supported to make their own decisions wherever possible and staff understood how to support people who lacked the capacity to make some decisions for themselves.

Sufficient amounts of food and drink were provided to support people to remain healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. People's privacy was respected at all times.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

Care and support was provided in a warm and patient way which took account of each person's personal needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were encouraged to develop their independence in the local community.

Information was presented to people in an accessible format to support them to make meaningful decisions.

People at the home and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff were supported to understand their roles through regular meetings with their managers and at staff meetings.

The registered manager and senior staff had made improvements to how they monitored the quality of the care provided however, more time was required to fully establish these improvements.

Lifeways Community Care (Gloucestershire)

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 was 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 inspection took place on the 22 and 31 January 2019 and was announced. We gave the registered manager 24 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was carried out by two inspectors.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law. We also spoke with one local commissioner.

We spoke with two people who were receiving care and support from the service and one person's relative. We also spoke with six staff members which included three care staff, the manager, an office staff member and the registered manager. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Lifeways. People told us they were confident talking with staff about any issues or concerns they might have. Staff described how they would recognise and report suspected abuse. Their knowledge and understanding of safeguarding was kept up to date with refresher training. Staff had access to safeguarding procedures and contact information. Staff said they were confident the registered manager would take appropriate action in response to any concerns they raised.

At our previous inspection on 31 May 2018 we found people's medicine records did not always support the safe administration of medicines across all the households. In one household staff did not always have all the information they needed to know how people required their medicines. At this inspection we found the provider met the requirements of the regulations.

People had support plans which detailed the support they required from support workers to assist them with their prescribed medicines. People living at one of the households only required support with prescribed short course medicines such as antibiotics and over the counter 'when required' medicines used for pain relief. Staff supported one person to remove their medicine doses from their packaging and provided it to them. Where people were supported with medicines their medicine administration records were accurate and legible and showed people had received their medicines as prescribed. Staff had clear information to guide them in supporting people safely with their medicines needs.

People were supported to take risks to maintain their independence. We saw individual risk assessments in people's care and support plans with information in areas such as; choice and control, health and wellbeing, living safely and taking risks, community access and using household appliances. For example, one person was being supported to prepare their own meals as part of developing their personal skills. Staff supported them around risks to their safety such as hot surfaces and sharp implements.

One person had the mental capacity to make choices regarding their care and understood the associated risks. For example, this person wished to have bed rails in place when they slept to maintain their safety at night. Due to the risk of accidental bumps or knocks healthcare professionals suggested bumpers could be put in place to reduce this risk. The person decided they did not want the bumpers and understood the possible risks in relation to this choice. The person's risk assessment and care plan documented this decision and staff supported the person to review measures to limit risk through frequent review of their care plan.

Where people required assistance with their mobility, there were clear person-centred care plans in place which provided support workers with clear information. For example, one person required hoisting and two members of staff to assist them with all transfers. The person had clear ideas on how they wished to be assisted with their mobility and their choices were clearly detailed in the moving and handling plan and risk assessment so staff could support them accordingly.

People were protected from the risk of financial abuse. The service had made changes to people's financial

records to improve the consistency of recording and to provide an audit trail should something go wrong. We found staff had used this documentation to ensure there were clear records of personal monies recorded and had clearly documented any support people had received to access their monies.

At our previous inspection the provider was experiencing difficulties recruiting staff at one of the households and were reliant on agency staff whilst recruitment was on-going. We found this had reduced the continuity of care people experienced and had impacted on their wellbeing. At this inspection we found people were supported by experienced staff who met their needs and the requirements of the regulations were met.

The provider had recruited additional permanent staff and had reduced their use of agency staff. For example, one person told us they did not like to be supported by staff they did not know well, including staff from agencies. Their preference was considered and arrangements made to ensure that wherever possible, they were supported by staff who knew their needs well. For example, where the service was managing shortfalls of staff due to sickness, other staff worked overtime shifts to support the person or in consultation with the family the person's day at home that week was changed. This meant the person did not need to be supported by staff who were unfamiliar to them, including agency staff.

People were protected against the risk of unsuitable staff through robust recruitment processes. New employees were appropriately checked to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for three staff which evidenced staff had been recruited safely.

People were protected from the risk of infection. Staff were aware of the importance of maintaining a clean environment and followed a schedule of cleaning. Staff had completed infection control training and were observed following safe practice. For example, completing monitoring records in the kitchen. One person told us they assisted with kitchen safety checks. Health and safety checks were carried out to ensure the environment remained safe. Fire checks and fire evacuation drills had taken place. There were policies and procedures to follow in the event of a fire and each person had a personal emergency evacuation plan (PEEP) to ensure their support needs were identified in an emergency. One person told us "I have a PEEP for my safety. We had a fire drill last week. Every time the fire alarm goes off I go outside."

Good

Is the service effective?

Our findings

People's physical, emotional and social needs were assessed, monitored and reviewed monthly to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives where appropriate. Their diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by knowledgeable and experienced staff. We found new staff had been supported through their induction. We reviewed three staff files and could confirm that these staff had completed induction training and had received regular meetings with managers.

The provider had overviews of staff training which demonstrated that staff had received mandatory training when needed such as first aid, food hygiene, mental capacity act and fire safety. Individual records confirmed staff had access to refresher training such as first aid, food hygiene, mental capacity act and fire safety. There had been some delay in staff completing their refresher training and the registered manager was taking action to arrange refresher training for staff. The registered manager said they ensured they shared information and best practice with staff during shift handovers and at staff meetings until refresher training had been completed by staff. Staff we spoke with confirmed they were supported to maintain their skills and professional development and completed training specific to people's needs.

People were encouraged to have a healthy diet and staff knew people's dietary needs including any allergies. People told us they chose their meals and could have an alternative meal if they did not like the main option being offered. Meals were produced using fresh ingredients including vegetables and fruit. People were supported to make their own foods with staff support.

People's health and wellbeing were promoted. Their health needs were clearly described in their care records and health action plans, which were updated as their needs changed. People had health checks in line with national guidance to ensure people with a learning disability and autism had equal access to healthcare services. Where appropriate, people's medicines had been reviewed to ensure their prescribed medicines remained effective.
People attended dentist, optician and GP appointments when needed. Staff worked closely with social and healthcare professionals and shared information to ensure people received co-ordinated and timely support when needed.

People made choices and decisions about their daily lives. Staff discussed people's options with them, respecting their decisions and enabled them to plan their day. We saw people could choose how to spend their time, what activities they wanted to do and what to eat and drink.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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. One person had records relating to decisions for areas such as; where they live, mobility, personal care and finances. One relative told us "we have had some best interest meetings around medication for (name of person)."

People received support to keep them healthy. Where people's health needs had changed some appropriate referrals had been made to an appropriate specialist to help them get better. Peoples care plans contained information where people's needs had changed for example, staff were working with healthcare professionals to ensure one person received appropriate support with their dietary and respiratory needs when these had changed.

Good

Is the service caring?

Our findings

People had caring positive relationships with staff. We saw people spending time chatting with staff and being relaxed in their company. One person said, "I like the people I live with they're ok" and "I like all of the staff." The atmosphere at Mildenhall was relaxed, with people freely asking staff for support when needed. Staff gently responded to people giving them reassurance when needed, using sensitivity and compassion. One relative said "I have the utmost respect for the staff." They also said, "They are a good care team."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People's care records reflected their personal wishes about the delivery of personal care.

People visited their relatives, their relatives visited them and they used the telephone to speak with them. The service ensured people were not socially isolated. People's relationship needs were clearly detailed. For example, where people spent time with their families and friends. One person had previously expressed an interest in accessing relationship services. Staff had sensitively recorded this and how they could support the person, who had full capacity to make these decisions.

The registered manager said people reviewed their care records with staff and made changes to them before they were finalised. People had information about advocates. An advocate is an independent person who can represent people using social care services.

People's privacy and dignity were respected. People were observed being treated respectfully and with great care. The provider's vision is to "help people live ordinary, independent and happy lives through extraordinary support." People were encouraged to be as independent as possible. People were observed accessing drinks and snacks in the kitchen.

Good

Is the service responsive?

Our findings

The service was following national guidance in relation to supporting people with care needs. The principles of Registering the Right Support and other best practice guidance encourages the development of 'capable environments' for people with learning disabilities. 'Capable environments' are characterised by; positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence and support to establish and maintain relationships. In accordance with these principles the service was supporting people to be part of their local community, use local resources and develop local opportunities so people could life an ordinary life as they chose.

Staff understood that people were at risk of becoming isolated and supported people to build and maintain relationships that mattered to them. People told us they went to visit their families and friends at weekends.

People were encouraged to take part in age appropriate activities such as laser tag and discos. Their chosen activities were discussed with them including day trips and social activities. People were busily engaged in their activities during the inspection. Staff enabled people to make meaningful informed choices.

Information was made accessible to people in accordance with the Accessible Information Standard. The Accessible Information Standard (AIS) 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. Accessible information was visible throughout the home and in people's care plans. For example, information about advocacy, the complaints procedure and documentation to support decision making were available in picture format.

At our previous inspection on 31 May 2018 we found people's daily notes were not consistently completed to indicate what progress people had made to achieve their desired goals. During this inspection we found the consistency around recording in people's daily notes had improved and the requirements of the regulations were met.

People's daily notes had a section for targets and goals to promote independence and improve the quality of their lives. People were encouraged to increase their independence and achieve goals on a daily basis. For example, one person received support to enable them to maintain and enjoy their part time job. This meant they required support at different times to enable them to attend their place of work. Support workers understood the importance of the person maintaining their work and developing their professional skills.

People's communication needs were identified in their care plans. Each person had a care and support plan to record and review information. The one-page profile gave an overview of what was important to people, what they liked and what others admired about them and how to support them. The support plans detailed individual needs and covered areas such as; communication, support needs, keeping healthy, leisure/hobby interests, cultural aspects, decision making and goals and outcomes. People's recorded information had been reviewed and updated. For example, one person's support plans had been updated following healthcare checks in relation to their breathing and oral care needs.

People were confident using the complaints process. People were encouraged to talk through any concerns as they arose. People also had meetings together where staff prompted them to raise any issues. Where complaints had been made, the service had responded to these in a timely manner and improved systems and processes to prevent risk of further concerns being raised. For example, where a concern had been raised in relation to the management of people's money, new systems for the storage of cash and the recording of daily expenditure had been implemented.

There was no-one in the service in receipt of end of life care however where appropriate, people's wishes about end of life care were referred to in their health action plans.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 31 May 2018 we found that the quality monitoring systems implemented to manage risks in the service were not always effective and good record keeping was not always maintained. At this inspection we found improvements had been made and the requirements of this regulation was met. The provider needed to make some further improvements to ensure when shortfalls in the service were identified prompt action would be taken to avoid breaching legal requirements again in future and to improve the service.

The provider and registered manager had developed and implemented systems to monitor the quality of the service people received. A number of these systems were newly implemented for example, audits in relation to accidents and incidents, risk assessments, fire, the management of people's finances and communication were completed by the team leaders and entered into a workbook. These audits were then passed on to the registered manager to ensure any actions identified were rectified. As these systems were new we were unable to evidence the consistency of each system and evaluate their effectiveness in improving the service people received. For example, the systems used to monitor staff training and supervision were not yet fully effective. There had been a delay in organising refresher training for staff and supervision for staff was still inconsistent. One staff member said, "I don't always get regular supervision but I can talk to managers when I need to".

The registered manager told us they were going to look at ways the training overview could be improved to ensure refresher training was completed promptly.

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.

Since our last inspection the service had decreased in size and was only providing personal care to four people across three households. Each household had a Service Manager who was supported by the Registered Manager.

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. People's personal information was kept secure and confidentially was maintained in accordance with national guidance. Staff were confident in using the provider's whistle blowing procedures to raise concerns if needed.

The registered manager had implemented induction packs for service managers and they told us these had been successful in supporting people with their developmental needs as a plan of training had not always been available. At the time of our inspection, the registered manager informed us the provider was looking to adopt this approach across their services.

Accidents and incidents across the service were recorded and were followed up. Where appropriate changes were made to peoples plan of care and risk assessments following incidents and accidents.

The provider had a clear vision about how the service should meet people's needs. Their website stated "Supported living is all about enabling people to make choices and be in control of their support and their lives. We encourage and empower people to achieve their dreams and goals through high quality, bespoke support."

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Lifeways (Gloucestershire) had sent CQC notifications in line with these requirements.

The registered manager worked in partnership with local authorities, learning disabilities teams and social and health care professionals. Records confirmed information was shared with them when needed to ensure people's health and wellbeing were promoted in accordance with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well.