Lifeways Community Care Limited

Lifeways Community Care (Exeter)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 3, 6 and 7 June 2016 and was announced. We gave the service 48 hours' notice because we wanted to make sure we would be able to speak with staff and people who used the service.

Lifeways Community Care (Exeter) provides support with personal care to people with learning disabilities and/or mental illness. The support was provided to people living in a variety of settings, such as shared houses, flats and bungalows, and to people living on their own or with their families. The service covered many parts of Devon. People living in shared accommodation had an individual tenancy agreement. At the time of the inspection the service provided support with personal care to 38 people. In addition they also supported a further 105 people who did not require personal care. This part of the service is not covered by CQC legislation and therefore was not included in the inspection.

There was a new manager in post who had not yet been registered. 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. Staff were supported by a management structure that provided accountability at all levels.

The service was last inspected in April 2015 when we found some aspects of the service were not entirely safe, effective, caring, responsive or well-led. The overall rating was 'requires improvement.' At this inspection we found improvements had been made in many areas, although further actions were needed to ensure people have control over their own lives, and to ensure people are fully involved and consulted.

People did not have a support plan drawn up in a format they could understand. The support plans were detailed and covered all areas of support needs, but the lack of 'easy read' support plans meant people had not been supported to take control of, or be fully engaged in planning a service that met their needs. The support plans were regularly reviewed with people, which meant they had an awareness of the plans, and had been consulted about any changes where necessary. Staff told us the support plans provided them with good information about all aspects of each person's support needs.

Most people received regular support from a small and consistent staff team. However, they did not always know the names of staff or the times staff would be supporting them because they were not given a timetable in a format each person could understand. People told us they were happy with the support they received, and told us the service was usually reliable. There were systems in place to plan staff rotas. This meant staff knew in advance the days and times they were expected to work each week and the people they would be supporting.

At the last inspection we found medicines were not always administered and recorded safely. At this inspection we found improvements had been made. Monitoring systems were in place to ensure medicines

had been safely administered. Where errors were found, actions had been taken to reduce risks in future. Where people lived on their own in single accommodation storage of medicines had been risk assessed and people had control of their own medicines according to their individual needs and circumstances. However, medicines for people who lived in shared accommodation were usually stored centrally which meant people did not always have control of their own medicines.

The provider had a quality monitoring system that ensured checks were regularly carried out on many areas of the service. However, the quality monitoring system failed to show that they had identified areas for improvement such as promoting people's independence and control by providing support plans and information in a format people could understand.

There was a complaints policy in place and the service kept a record of all complaints, including the investigations carried out and responses given to complainants. Most people we spoke with knew who to speak with if they had any concerns. However, questionnaires sent to people by the provider showed that almost half the respondents were unhappy with, or lacked confidence in the complaints procedure. The questionnaires had been collated and people were given a summary of the outcome with assurances that their comments would be actioned. However, we were unable to see evidence to show how this was being put into practice.

Where people were unable to manage their own money and had no relatives or representatives willing or able to take on this task, the provider held responsibility for this task. There were robust systems in place to manage people's savings, income and cash safely. The provider was in the process of handing this responsibility to an organisation specialising in this task. Where people did not have capacity to make important decisions for themselves, for example how to manage their finances, their capacity had been assessed and 'best interest' procedures had been followed.

At the last inspection we found some risks to people's health and safety had not been assessed, reviewed or acted upon to prevent possible harm or injury. At this inspection we found risks such as choking and falls had been identified and actions had been taken to involve relevant health and social care professionals, carry out assessments and put in place actions where possible to reduce the risks. Staff supported people to attend medical appointments. Support plans provided detailed information on all aspects of each person's health needs.

People were supported by a consistent, reliable and happy team of staff. Staff shortages meant support sessions had sometimes been covered by other agencies, and people therefore received support from a member of staff who did not know them well. This was being addressed because new staff had been recruited. Risks to people's safety were reduced because robust recruitment procedures had been followed. New staff received induction training that provided them with a good basic level of knowledge and competence before they began working with people. There was an on-going training plan in place that provided staff with regular training and updates on health and safety related topics, including some topics relevant to the individual health and personal care needs of the people they supported.

Staff told us they were well supported. They received regular supervision from their team leaders, and team meetings were held regularly where they could raise issues and discuss where changes or improvements could be made. However, some staff also said that communication with the provider and senior managers could be improved. The new manager told us they were aware of this and had begun to take actions to improve communication, for example by sending out regular newsletters to all staff.

People told us the staff were always caring. Comments included said "All the staff are kind – never bossy"

and "They are really helpful. We have a laugh and a giggle. If I am struggling they help me cope."

We have made three recommendations relating to the quality monitoring and improvement systems, responding to complaints, and about involving people in the service by providing information and support plans in a suitable format.

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 protected from the risk of abuse because staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

People were supported to receive their medications safely.

Is the service effective?

Good

The service was effective.

People received effective care and support from well trained staff who understood their personal and health needs and how they wanted to be supported. .

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People were not fully supported by staff to achieve

independence and control over their lives. Support plans provided staff with detailed and up-to-date information on all aspects of people's support needs but were not provided in a format that enabled people to understand or be fully involved in planning their support needs. People were not given information about their support visits in a format they could understand.

People were not supported to have control of their own medicines.

Arrangements were in place to receive and investigate people's concerns and complaints. However, actions taken to address complaints were not always followed up to ensure they were effective.

Is the service well-led?

Requires Improvement

The service was not always well led.

People's views on the service were sought but actions were not taken to address issues arising from the questionnaires.

Staff were supported by a local management team who were approachable and listened to any suggestions they had for continued development of the service provided. However, communication with the provider and senior managers could be improved.

Systems to monitor the quality of the service were not fully effective. We found evidence of improvements since the last inspection but some areas had not yet been satisfactorily addressed.

Lifeways Community Care (Exeter)

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.

This inspection was carried out on 3, 6 and 7 June 2016 and was announced. We gave the service 48 hours' notice because the location provides a supported living service and we needed to be sure the manager would be available for the inspection. It also gave the service enough time to ask people if they would be happy to allow us to visit them to and check they are happy with the service they received.

The inspection was carried out by one inspector. On the first day we visited three properties in Exeter where we met four people who were living either in single occupancy or shared occupancy houses. On the second day we visited three people living in their own homes in the Plymouth area. The people we met had varying levels of verbal communication, and therefore we relied on our observations of interactions with staff with those people who were unable to tell us about the service they received. We also met four service managers, nine support workers and one social care professional during our inspection. Two support workers contacted us after our inspection and we also spoke with two relatives.

Before the inspection the provider completed a Provider Information Return (PIR). 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

At the last inspection we found the service was not fully safe. The service had failed to identify or review some risks such as falls, or the risk of choking, and seek specialist advice and treatment promptly were necessary. We also found some aspects of medicine administration had not been monitored regularly. At this inspection we saw actions had been taken to address the issues we had previously found.

During this inspection we saw that where risks had been identified, such as the risk of choking or falls, the service had contacted specialist health professionals. For example, one person who was at risk of falls had received recent assessment and advice from an occupational therapist and a physiotherapist. They had given advice on exercises and considered any equipment that might help the person regain independence and maintain safety. Support plans contained assessments on all identified risks and provided detailed information to staff on the actions necessary to reduce the risks where possible. The risks had been regularly reviewed.

One person with complex heath needs had received visits once or twice a week from a 'long-term conditions' matron, who had liaised with other health specialists to ensure the person received rapid treatment or equipment where needed. The matron also provided advice and support to the staff and to the person's family. Staff told us they had found the matron "Gets things done quicker" and had been very supportive to the staff team. Staff were knowledgeable about the person's complex health conditions and were able to describe the risks and the actions they needed to take, for example when the person had an epileptic seizure. During our visit the person began coughing and we saw the staff reacted immediately and calmly, using equipment to help clear the person's airways. The person quickly recovered and appeared comfortable and settled.

People told us, and we saw that people felt safe with the service they received. We asked two people if they felt safe. One person replied "Yes, definitely," and the second person said "I feel safe with them. I can trust all the staff." People with limited verbal communication skills appeared relaxed and happy in the company of the staff.

We looked at the records of staff recruited in recent months, and the records of applications that were currently being processed. We found that risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to provide support. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Interview records showed any information obtained through the recruitment process that raised questions about an applicant's suitability had been explored, including gaps in employment and inadequate references.

Staff told us the recruitment procedures had improved significantly over the last year and this had meant new staff had the right skills, competence and aptitude for the job. They told us the recruitment and induction process identified unsuitable applicants before they began working directly with people, and

these people were not offered employment.

Staff told us they had received training and regular updates on all aspects of safeguarding and they knew how to recognise and report abuse. All staff we spoke with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. They knew the local contact numbers of local agencies they should report abuse to, and they knew where to find further information on safeguarding in their local offices if needed. They were confident they could raise any concerns about the safety or possible abuse of people they supported with the management team, and these would be investigated following the provider's policies and procedures. Where allegations or concerns had been bought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. The service had notified us promptly and kept us informed of the outcomes and actions taken.

People we visited and staff told us the numbers of staff employed had increased in recent months, and the use of staff from other agencies to provide cover for unfilled support sessions was decreasing. The manager told us they had gained agreements from these agencies to supply the same staff each time wherever possible, which meant there was some consistency for the people they supported. A member of staff told us, "Throughout a spell we were seriously understaffed, and the whole service clearly suffered even though everyone tried to cope. Recently, thanks to a fierce recruiting campaign and a great deal of hard work, the situation has improved and new management structures have been put in place to facilitate a smoother everyday running."

Before this inspection we received a safeguarding alert from the South Western Ambulance Team about a person who had missed essential medications twice in one day. We discussed this with the manager who told us the medicines had been missed by agency staff. They gave assurances they had taken actions to improve communication with these staff in future and to ensure they were aware of all procedures they were expected to carry out, including administration of medicines. They also told us that the recent recruitment of new staff had resulted in significant reduction in the use of other agencies to cover unfilled support sessions. This meant people will in future be supported by staff who understand their support needs, including support with medicines.

Support plans contained evidence that each person had been assessed to identify the level of support they needed with medicines. Any risks associated with their medications were clearly explained. The plans contained detailed information about each medicine including risks and side effects. Records of administration were clearly and accurately recorded and there were no unexplained gaps. The records had been regularly monitored and the balances of stocks of medicines had been checked to ensure medicines had been administered correctly.

The service looked after the income and savings for some people who were unable to manage their own finances. Robust recording and auditing systems were in place to make sure the service acted in people's best interests. All transactions were recorded, receipts retained and balances checked. People had access to their savings within a few days for larger purchases. Where people had been assessed as being unable to make decisions about their finances, best interest agreements had been reached with people, such as next of kin and care managers, for larger purchases. In the last year the provider had taken action to pass the responsibility for people's savings and finances over to next of kin or other agencies wherever possible. For those people who had no next of kin able to take on this responsibility, they were in the process of negotiating with an organisation that specialises in acting independently on behalf of people to manage their savings and finances.

A social care professional told us they were confident Lifeways provided a safe service. They described how they met regularly with the staff team supporting a person to discuss the support the person received. There had been a phased reduction in the support provided due to the progress the person had made since they began receiving the service. Where restrictions had been put in place these had been agreed through a multi-disciplinary team agreement. The person was supported to remain safe with the least restrictions possible. They told us "There is a real commitment from the staff. The commitment has been good by the whole staff team."

Good

Is the service effective?

Our findings

At the last inspection we found some people were at risk of their liberty being restricted or restrained without appropriate legal authorisation being granted. During this inspection we found actions had been taken to address this. Applications had been submitted to the Court of Protection where people had been assessed as being unable to make decisions about their safety or well-being. At the last inspection we also found in a minority of instances staff were treating people in a negative or restrictive manner. During this inspection we found the provider was implementing a training programme that was beginning to bring about positive changes in the way staff supported people.

In the past the service was aimed at supporting people with learning disabilities. However this had changed in the last 18 months and the service was providing an increasing number of packages of support to people with complex mental health problems, including self-harm. Training had been provided to the staff that was 'person specific', and designed to give staff the skills to support the individual needs of each person with mental illness. Topics included 'positive behaviour support'. This training is designed to help staff support people in a positive and enabling way, rather than restricting or punishing people who exhibit behaviours that staff may perceive to be challenging. Staff spoke passionately about this training and told us it had helped them gain confidence, understanding and insight into the needs of people with mental illnesses. We were given examples of how the support from the staff team had helped to transform some people's lives. For example, where people had been supported in a positive way, rather than a restrictive or punitive way, their anxieties and negative behaviours had reduced, and their independence and self-confidence had increased.

We asked members of the management team if training on topics such as positive behaviour support had been provided to all staff. They told us that while the training had initially been provided to staff working with people with mental illness, they intended to provide the training to more staff in the future. They also planned to identify those people with learning disabilities who might benefit from support from staff who had done this training. They told us they were aiming to draw up training packages for staff based on the specific needs of each person they supported, no matter what their primary need was.

In the last year the induction training provided to new staff had improved significantly. All new staff received classroom based training lasting eight days before carrying out a 'shadow shift' with experienced staff. The induction was designed to provide new staff with a qualification known as the Care Certificate. Staff told us this had raised staff competence and self-confidence. They told us the improved induction meant new staff did not begin working with people until they had a basic level of skills and understanding of each person's needs.

We were given a copy of the training matrix which showed the training given to new staff on essential health and safety related topics at the start of their employment and where updates were due. Some updates were overdue but the provider was aware of this and had systems in place to ensure staff were offered suitable dates for refresher training. Staff told us the training they received was good. Comments included, "Yes, the training is definitely good."

Staff knew how to communicate with people who had little or no verbal communication. Staff were able to describe how they watched for responses such as smiles or a nod to indicate a person had understood the things they had said. They explained how they recognised pain, discomfort or happiness. A relative told us, "That team are absolutely wonderful. They make her laugh. They know how to communicate."

The service employed approximately 200 staff. Of these approximately one third held a relevant professional qualification such as a National Vocational Qualification (NVQ) or equivalent. The proportion of staff with a relevant qualification had reduced since the last inspection and was lower than the recommended level of 50% or above.

Staff told us they were well supported and enjoyed their jobs. Comments included "I don't have any problems" and, "I am really happy – no issues." Staff told us they received regular supervision from their line managers and they could ask for advice and support at any time.

People told us they were supported to stay healthy. One person said, "They help me keep well. They take me to the doctors if I need the doctor. I couldn't ask for better support workers." Support plans contained evidence to show that people had been supported to make and attend appointments with specialists such as dentists, chiropodists and consultants.

Where people needed support from staff to help them eat and drink, their support plans provided detailed information to staff on how this should be achieved. Menu plans had been drawn up with people to ensure each person received a varied and balanced diet based on their individual dietary needs and preferences.

Support plans contained evidence to show each person's capacity to consent to care had been assessed. Where people did not have capacity to consent and make important decisions about their life best interest decisions had been made through consultation with other important people in their lives, such as their next of kin. Where they were subject to restrictions, for example where they were unable to go out without support from the staff, applications had been made to the Court of Protection in line with their legal responsibilities.

We looked at the way the service planned weekly staff rotas and ensured people received the support that had been agreed. Some people received support on a 24 hour daily basis, either shared with other people or on a one-to-one basis, while other people received smaller packages of support, sometimes just a couple of hours a week. There was a planning system in place to plan staff rotas and make sure people received a consistent and reliable service. The staff were organised in small teams who usually supported the same people each week.

We asked staff if the service was flexible. They told us that when people requested a change of support visit at short notice they always tried to accommodate the request. Where possible they aimed to accommodate requests for a change of day or time with a member of staff the person knew well and trusted. However, this occasionally meant a different member of staff was offered rather than a member of staff the person knew well. Those people we met during our inspection who were able give an opinion told us the service was reliable and they were happy with the staff who supported them. However, two relatives told us occasionally staff had arrived who had not worked with the person, or who had insufficient knowledge or experience to support the person effectively. One relative told us this had improved recently since they had spoken with the service manager.

Good

Is the service caring?

Our findings

At the last inspection we found some people were not always supported in a caring or dignified manner. This was because staff had sometimes reacted to aggressive, self-harming or anti-social behaviours by treating people in a negative or controlling manner. During this inspection we found the training programme being put in place for staff had resulted in staff beginning to realise there may be a more caring way to support people.

People told us the staff were caring. Comments included "All the staff are kind and caring," and "All the staff are kind – never bossy." Another person said "They are really helpful. We have a laugh and a giggle. If I am struggling they help me cope."

During our inspection we saw staff giving people individual attention, reassurance and kindness. For example, we met a person with complex health needs. Staff told us the person loved facials and massage. During our visit staff held the person's hand and gently stroked them to reassure them. They explained how the person communicated, and how they made choices, for example by smiling or giving a 'thumbs up' sign. They described the things the person enjoyed doing and how they tried to make sure every day the person did something they enjoyed. This included outings and shopping trips, or visits from a massage therapist or hairdresser. They explained how the person had been supported to make their own choices when shopping, for example when buying presents for their family. The person chose the items they wanted to purchase by touch and smell. A member of staff said "I can honestly say this team go 'above and beyond'. We all ring each other every day to make sure (person's name) has everything they need. We know when they are sad, happy, fed-up, or angry. We are all tuned-in to them now. We will always look for special things. When we are at home we are constantly thinking of them."

Other staff told us about the caring manner of their colleagues. Comments included, "The great majority of the individuals I have been in contact with, from colleagues to managers, have always been incredibly dedicated and have gone above and beyond what was required of them to provide the service users with great care and be open to their views and wishes." The provider had recently introduced an 'Above and Beyond' award scheme for staff who had gone above their normal line of duties.

A person we visited talked with pride about the house they had recently moved into. The staff team had supported the person to buy furniture and furnishings to make the house feel like home. A member of staff had painted a mural on the living room wall which created an eye-catching and attractive feature. The person explained how they had chosen what they wanted the staff member to paint, and had been involved in choosing the colours. Staff had helped the person tidy the garden and the person was planning a trip to a garden centre with staff.

A person also told us staff respected their right to privacy. Staff had agreed not to enter their bedroom unless they had invited them to do so. An agreement had been reached on how staff should check the person was safe without invading their privacy.

During this inspection staff who had received training on positive behaviour support were enthusiastic and positive and described 'light bulb moments' when they had begun to understand the reasons why people sometimes reacted in a certain way. Staff described how the training had resulted in a change in the way they supported people. They had found that by supporting people in a positive and empowering way they had seen significant and positive outcomes for people. For example, one person who had previously been subjected to a high level of control had become happier and calmer.

The training on positive behaviour support was initially provided to those staff working with people with mental illness. The training was 'person specific' and provided in-depth support, supervision and guidance for staff working with individuals. However, we were assured this training and support will in future be given to all staff, and they plan to provide similar packages of support and guidance to people with other needs such as learning disabilities.

Staff understood the importance of maintaining confidentiality. Where people lived in shared accommodation records relating to people who received support were stored safely to ensure confidentiality.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found the service was not fully responsive. People had not been fully supported to make decisions about their support or care needs. They had not always been involved or consulted in drawing up or reviewing a plan of their support needs. During this inspection we found some actions had been taken to address the issues identified, but further improvements were still needed. Support plans contained evidence that people had been consulted each time their support plan was reviewed, although they were not given a copy of their support plan in a format they could understand. Where people lived in shared accommodation they did not always hold their own medicines or support plan. Instead the medicines and support plans were held centrally in the property, usually in the staff sleeping-in room in a locked cabinet.

We asked people if they received a timetable each week letting them know the names of the staff who would be supporting them, and the times they could expect the staff to arrive and leave. Most people told us they did not know who would be visiting them. The manager and staff told us that a timetable had been drawn up for each person, although this may not have been given to the person in a format they could read or understand. They told us that timetables were usually available for people in their homes if they requested them. However, most people received support on a consistent basis each week from a team of staff who usually worked the same days and times each week and therefore people had not raised this as an issue.

Support plans were comprehensive and detailed. They were neatly filed which meant staff could find relevant information quickly when needed. The plans were reviewed at least every month which meant they were up-to-date. However, people had not been given 'easy read' versions of the support plans or documents in a format suitable to their needs. Where people lived in shared accommodation their support plans were not always kept in their bedroom and were instead kept in staff sleeping-in rooms where other records were also kept. When we asked people if they had been involved and consulted in drawing up their own support plan some people said they were unsure. This response was also highlighted in the results of the provider's most recent quality assurance survey. The results showed some people were unsure or definitely had not been involved in planning their support.

We asked staff, the manager, and the provider's quality assurance team manager how they involved people in planning their support. They told us, and their records showed, that staff had sat down with each person and/or their representatives each month to review the support plan and agree any changes necessary. This showed that people had been involved and consulted, although this could be improved, for example by giving people a copy of their support plan, and other relevant information such as weekly timetables of support visits, in a format suitable to their needs. They could also improve people's control of their support by giving people better access to their own support plans.

A member of staff told us "The company tries to find that rare balance between guaranteeing a service user's health and wellbeing and giving them realistic life choices. Service users are constantly asked what changes they would like to see in their support and we strive to turn those changes into reality. Sadly, that is not always possible for a variety of reasons, and in those cases we make sure we keep them informed and offer

them alternatives." This meant that staff understood the importance of involving people in planning their support needs and helping them achieve their aims.

Complaints had been investigated and recorded and people usually received a formal response to their complaint. However, the service had not always followed up with the complainant to check they were satisfied with the outcome or actions taken. Two relatives told us when they had raised complaints in the last year they had been given assurances actions would be taken to address their concerns. However, the promises had not always been addressed to their satisfaction. We were given assurances and evidence to show that this had improved in recent weeks since new management staff had been appointed. We saw that one complaint about incorrect invoices for support was being addressed. The second relative told us they were concerned the service had not always been pro-active in recognising risks or potential problems in the past. When they had complained, the actions taken had not been effective. However, when they recently raised a complaint a service manager contacted them promptly and agreed to take actions that had so far been successful. Despite their complaints the relative also praised the staff and told us "I would be lost without Lifeways. They have done a very good job on the whole. I am incredibly lucky to have Lifeways."

A person who received a service told us they had recently been unhappy with the manner of a member of staff. They had told the team leader and they had listened and taken action immediately to ensure the member of staff was removed from the team who supported the person. This meant they were confident they could speak out if they were unhappy about the service and their concerns would be listened to and acted upon.

People we met during our visit told us they were happy with the service. One person said "They get me up, get me ready for work."

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

We also recommend that the service seeks advice and guidance from a reputable source, on providing people with relevant information and support to help them understand the choices and support available to them.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found improvements were needed to the management of the service. At the time of the last inspection the provider had recently made improvements to their quality monitoring systems. At this inspection we found some actions identified at the last inspection had been successfully completed, while others were still in progress.

Since the last inspection the registered manager had left. A new manager had been appointed a few weeks before this inspection. They had submitted an application to register with the Care Quality Commission as the registered manager for the service, and this was being processed. Lifeways had also recently appointed a senior service manager to support the registered manager. This person had line management responsibility for four service managers (two covered the Plymouth and south Devon area and two covered the Exeter, north and east Devon area). Each service manager had responsibility for teams of support workers which were led by team leaders.

The provider had sought the views of people who used the service by asking them to complete a questionnaire. The responses had been collated and the results analysed. People had been given a summary of the responses. The questionnaire contained 12 questions including the complaints procedure, contact with the organisation, and contact with the manager. While the majority of people had responded positively, there was a small but significant number of negative responses showing improvements were needed. Where areas for improvement had been identified people were not given any information showing how the provider planned to address these. For example, people were asked "Are you involved in planning your support?" 26 people confirmed they were involved, while eight people were not sure or disagreed. The provider told people "We will ensure that managers and the support team continue to work with you to be involved in planning your support." However, they did not explain how they planned to make changes of improvements to address this, for example, by giving people a copy of their support plan in a format they could understand.

People had also been asked "Are you involved in choosing your own staff?" 18 people responded positively that they were involved, while 16 people were either unsure or disagreed. During this inspection we asked people if they had been involved in recruiting or choosing the staff who supported them. People were unsure. When we asked staff if people who used the service had been involved in their recruitment they told us people's opinions were sometimes sought on the suitability of new staff when they carried out shadow shifts during induction. They said if people indicated they did not like the new staff their wishes were usually respected and the new staff were allocated to other people instead. This showed that the agency did not routinely involve people in choosing their own staff.

There were monitoring procedures in place to check the quality of the service people received. When service managers visited people who used the service they completed a checklist showing they had checked on various aspects of the service people received, including the appearance and tidiness of the premises, which staff were on duty, staff attitude, and making sure people were attending activities as planned.

Each service manager completed a work book on a monthly basis showing the monitoring tasks they had completed along with actions towards outstanding action plans. These covered areas including safeguarding, complaints, safety checks, finances, medicines, staff recruitment and staff supervision. The outcomes of the workbooks were collated and passed to the registered manager who reviewed the information and recorded any actions they had taken. The information was then passed to the provider and quality monitoring team who followed up outstanding actions. Monitoring checks were also carried out by the quality monitoring team. The workbooks contained sections on 'driving up standards'. However the workbooks did not show the topics and issues identified for improvement, or how this would be achieved. We spoke with the quality monitoring manager to discuss issues identified in this inspection, for example support plans not drawn up in a format people could understand, which would enable them to take control of their support needs. They agreed the quality monitoring process had failed to identify this area where improvements were needed.

Staff told us the service was well managed. Comments included "We have good managers. They are 'spot on'. We can call them at any time" and "I enjoy my job. Any problems I just get hold of a team leader." Staff told us that the morale of the staff team was "hugely improved in the last year." We also heard that increased staff morale had resulted in reduced levels of staff sickness. This meant people who used the service had benefitted from a more consistent service from a happy and well-supported team of staff.

People told us the service was well managed. Comments included "I am really happy. I have no issues." We asked another person if they thought the service was well led and they replied "I think so. The service is reliable." A social care professional told us they felt the service was well organised and communication was good.

Some staff told us they thought the provider could improve communication throughout the organisation while other staff said they thought communication had improved in the last year. We spoke with the manager about communication issues. They had already recognised communication was an issue for some staff and had started to address this in various ways. They had started a local newsletter for staff which was beginning to improve communication on a local basis. In addition the provider had various computer based communication systems including 'Twitter', 'Facebook' and a national newsletter. However, these communication methods were only suitable for those staff who had easy access to the internet.

Staff team meetings were provided regularly for staff who worked with a small group of people, for example in shared accommodation settings. The manager told us they were also considering ways of providing larger staff meetings across the Exeter and Plymouth areas. Some staff who were employed for just a few hours each week, for example bank staff, told us they were not always able to attend training or staff meetings. The manager told us they were aware of this problem and where possible they attempted to address the issues for example by offering fixed contracts to bank staff. This will mean these staff will in future be expected to attend all required training within their contracted hours.

We recommend the provider reviews and improves their quality monitoring process to ensure they identify all areas for improvement and have robust procedures in place to ensure actions are carried out promptly and effectively where necessary.