

Lifeways Community Care Limited

Lifeways Community Care (Chorley)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Lifeways Community Care (Chorley) is a supported living service that provides care and support to people living in 44 supported living settings in Lancashire and Cumbria, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection there were approximately 138 people using the service.

At the last inspection in January 2018, the service was rated as 'Good'.

We undertook this announced focused inspection of Lifeways Community Care (Chorley) on 6, 7 and 10 December 2018. The inspection was undertaken due to concerns raised with us about the safety of people using the service. We wanted to be sure people were safe and that concerns that had been raised were being managed. We inspected the service against two of the five questions we ask about services; is the service safe and is the service well led.

No other risks or concerns were identified in the remaining key questions through our ongoing monitoring or during our inspection activity between 6 and 10 December 2018 so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

At the time of the inspection the registered manager was unavailable and had not been present at the service since September 2018. They returned to work prior to drafting this report. 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.

In the absence of a registered manager, the CQC had spoken with the provider prior to the inspection around concerns about the management of the service. As a result of this, the provider had put a senior manager from head office who was also a director in place who was managing the service. This person was present at the time of the inspection.

We initially became concerned about safety at the service when we were alerted about significant financial impropriety committed against people who use the service in the spring of 2018. The police, CQC and local authority safeguarding teams were kept informed of developments by the provider in the investigation into these matters.

During the course of the financial enquiry, we were advised by the provider that the registered manager was unavailable and that this was likely to be on a long term basis. We monitored that situation and during the

same, became aware of concerns being raised by people, their relatives and social care professionals about the level of care and support that was being provided. This was in addition to the financial concerns we were already aware of.

Although we were satisfied that the provider had put steps in place to protect people using the service from further financial abuse and that the provider was reporting matters to the CQC, we were concerned about other issues. This included issues raised through contacts from staff employed in the service, a number of social care professionals and people who used the service and their relatives. All of these approaches to CQC raised similar concerns of poor staff attitude, lack of supervision and management and poor levels of care and support.

As a result of the additional concerns, we prepared to inspect and in so doing gave the provider 36 hours notice of the inspection as we needed to be sure that management staff would be available at the offices and schemes we visited during the inspection.

During this inspection, we found that the service was in breach of regulations in relation to failing to safeguard people from financial abuse, other safety matters including poor medicines management, staffing issues and poor management and governance. These breaches are under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and are summarised below. For full details, please refer to the 'safe' and 'well-led' sections of this report. You can see what action we told the provider to take at the back of the full version of the report.

The service was not safe because there had been failing in safeguarding people from financial abuse. The registered provider only established a robust system to prevent abuse after people had been put at risk.

On occasions, medicines administration had been poor because of failures of staff to follow policy and procedure.

We noted that some records were kept in relation to incidents that had occurred at the schemes run by the service. There was however a lack of management input, checking and investigation around these matters.

Staffing arrangements were not appropriate and records supported that some training, staff supervisions and appraisals were not taking place.

The service's registered manager had been unavailable for a substantial period of time and there was a lack of management oversight of the schemes and supervision of staff during this time. Staff and people who used the service also told us the service was not well run.

Training records we looked at showed that safeguarding adults was an annual, mandatory course but some members of staff had not been trained in this area for 12 months. Other safeguarding records we looked at showed that the registered provider had notified the appropriate authorities when a safeguarding concern had been raised. There were no concerns around the provider making appropriate notifications and fulfilling their related regulatory responsibilities.

We looked at how risks to people's individual safety and well-being were assessed and managed. Care records contained risk assessments in relation to areas such as mental well-being and incidents but these were often out of date and had not been reviewed.

All the staff we spoke with, told us they had received training and were aware of their responsibilities in

relation to infection control. The service had an infection control policy to guide staff in their roles and to reduce the risk of cross infection.

Throughout our inspection we were assisted by a senior executive from head office who the provider had put in place as an interim manager in the absence of the registered manager. Other senior staff from the head office had assisted in enquiries raised by CQC particularly around the ongoing financial investigation. At the inspection we saw that substantial work was being conducted into this and that the police were being provided with helpful material to assist them in the investigation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People had been put at risk of financial abuse because of a lack of appropriate safeguarding measures.

People did not always receive their medicine as prescribed by health care professionals.

Risk management and processes in order to learn from incidents were not always effective.

On occasions there was a lack of suitably trained, competent and skilled staff on duty.

Appropriate recruitment checks took place before staff started work.

People were protected from the risk of infections.

Requires Improvement 

Is the service well-led?

Aspects of the service were not well-led.

In the absence of the registered manager, staff and people were unsure of who was managing the service.

The audits and checks that were in place were not picking up the issues seen at the inspection.

The registered manager was not providing appropriate oversight for such a large and geographically widespread service.

Staff were not involved in providing feedback so that the registered provider could monitor the service and make improvements.

The service took account of people's views by meeting them and in the use of surveys.

Requires Improvement 

Lifeways Community Care (Chorley)

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 took place on the 6, 7 and 10 December 2018 and was announced.

The inspection was conducted by six adult social care inspectors.

This was a focussed inspection and was prompted by concerns raised with us about the safety of people who used the service. These concerns had also been brought to the attention of the Police and local safeguarding teams. We wanted to be sure people using the service were safe and that risks were being managed.

The lead inspector visited the service's main office on the first and second day of the inspection and a supported living scheme on the 10 December 2018. Other inspectors visited schemes run by the service throughout Lancashire and Cumbria. During the inspection we visited ten assisted living schemes, spoke with 20 people who use the service, 15 members of staff, nine scheme managers and a representative of the registered provider.

Although the registered manager was unavailable during the course of the inspection, we spoke with them after the inspection and prior to the drafting of this report.

In preparation for the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also spoke with representatives of local safeguarding teams and the Police. We also used information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for 18 people, medicine administration records, staff training records, seven staff recruitment files, staff supervision and appraisal records, minutes from meetings and records relating to the management of the service.

Is the service safe?

Our findings

There was a mixed response from people about how safe they felt. One person said, "I'm safe here and staff help me and are accessible." Another person who lived at a different scheme said, "Sometimes I feel threatened by people who live in the scheme and staff aren't always around to help." When we visited schemes where people could not express their view on safety, we noted that the surroundings appeared safe and people had been properly matched to live together.

Prior to the inspection, we were told that a significant number of people had fallen victim to fraud where their personal accounts had been accessed and monies stolen. This was a matter that the provider had established and had alerted the authorities about. We looked at this situation and established that there had been a failure to properly and regularly check financial transactions by management staff. This was a particular issue where people did not have the capacity to look after their own money. At one scheme we visited, there was a lack of clarity with staff around how people were supported with the management of their finances and they lacked an understanding of their responsibilities with regards to financial safeguarding vulnerable adults. The provider had failed to effectively operate systems and processes to make sure people were protected from financial abuse.

This series of failures is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, the service had implemented a substantial revision of practices in relation to managing people's accounts that meant that there were robust systems in place to prevent financial abuse. We were also satisfied that the service was working with people and supporting them in relation to resolving the issues. We also noted that staff from the service's head office were substantially assisting the police in the enquiry.

We looked at how the service managed risk. Social care professionals had raised concern with us that, on occasions, people did not have detailed risk assessments. At inspection, we noted that information about the risks to individuals had been identified in their support plans but had not always provided written guidance to staff and had not been kept under review. The failure seemed to coincide with the unavailability of the registered manager from September 2018. This could result in people not receiving appropriate support in relation to emotional well-being, moving and handling and behaviour that may challenge the service and other people. For example, one person's support plan indicated they were at risk of financial exploitation but records were not clear about what support was needed. We noted there were no risk assessments or protocols to ensure some people's finances were managed safely.

Some people in the service regularly attended community leisure activities and outings. Whilst staff were aware of the safe routines and practices for each individual, there were no risk assessments to support how this would be managed. We noted during the inspection that the interim manager had instigated support plan reviews and that these were being updated to reflect the risks to people's health and welfare.

At one scheme, we noted from two people's care plans that healthcare professionals had prescribed that they should receive 'PRN' (as required) medicines. These medicines were for pain relief and agitation. The people in question did not have any mental capacity to make a decision about whether they needed these medicines. The documentation around considerations of the signs and symptoms the people might display that meant they may require this medicine was scant. Although it was accepted that the scheme's senior staff knew the people well and the signs they would display, this was not documented and staff who were unfamiliar with the people had no guidance. In addition, neither of these two people had received PRN medicines over the past 12 months and there was no evidence that there had been any consideration towards whether such medicine was appropriate. This was despite other records supporting that one of the people had been involved in incidents in the past 12 months where they might have benefited from the medicine.

We considered how the service managed and administered people's regular medications. We looked at people's medicine's administration records (MARs) at eight of the schemes we visited during the inspection and noted that staff occasionally failed to sign records when they had administered medicines. This meant that there were gaps in the MARs for people and, furthermore, no evidence that staff or the provider had taken steps to resolve these errors to ensure that people were receiving their medicines as prescribed.

Staff were not always following the service's policy around the management and administration of 'controlled drugs'. These are medicines that can be abused and as such additional precautions should be in place to protect against abuse and misadministration. We noted that at one scheme, staff had failed to administer these medicines on three occasions in the past two months. In addition, consistent with policy that two members of staff should always be present when these drugs were handled, a single member of staff had been involved in the handling and administration. Although there was no evidence to support that medicines had been abused in this case, this meant that there was an elevated risk that mismanagement could occur.

From our discussions with social care professionals, people using the service and staff, we were told there had been incidents at some schemes of verbal and physical aggression that had not been dealt with appropriately. We found there was information in support plans to indicate that some people had behaviours that could challenge the service and there was a risk management plan with guidance around potential triggers, managing behaviours and how to support. However, some of these plans were historic and had not been reviewed within the past 12 months. There was no guidance regarding the appropriate elevation to management of any incidents. This meant staff did not have the guidance and support required to provide people with safe care. In addition, the training matrix reflected that some staff had not received up to date training to support them with managing behaviours that challenge the service that would keep them and others safe.

In one of the schemes we visited, the scheme manager accepted from records we brought to their attention that there had been incidents that required further exploration and were deserving of being raised with senior staff. They were not aware of these incidents and the records had not been reviewed during this period. This meant that there had not been an opportunity to provide management support to people and staff and establish any patterns of behaviour or learn lessons from the incidents.

This series of safety issues is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection, we were told there were concerns about the availability and deployment of staff and that this was impacting on people's access to activities and support. We were told that new staff were

quickly put 'on shift' and that in some schemes there was a lack of stable and permanent staff. This meant people were often being supported by staff who did not know them. We were also told there had been instances where staff visits to people had been missed.

People told us, "They (the staff) know us but don't really know what we do and our routines", "I don't know what is going on with the staff. I used to have a diary and knew who was coming and when" and, "There are gaps in my support visits and sometimes they are just not covered at all for days."

A contrary view from a person was, "I like my new carers and am happy with the regular staff but lots of good staff have left and it's taking time for a bond to form with the new ones."

Prior to the inspection, we were provided with records that showed analysis of the number of support hours needed by people using the service and the calls that had been missed by staff. From this there were occasions where it was clear that calls had been missed and support had not been provided. This work, that had been completed by the provider, had not been considered whilst the registered manager had been unavailable and was requested by CQC when concerns had been provided by people and social care professionals.

Some staff told us, and records confirmed, that they had not been trained in essential areas of support including safeguarding vulnerable adults. Other staff said that they had not received any support or supervision sessions since the registered manager became unavailable in September 2018. Staff and some scheme managers said that the registered manager had not visited their scheme in the past 12 months. The records we reviewed supported this. A visiting social care professional said, "I have a concern that not all staff are aware of the need to refer some cases to specialists and worry that there is insufficient guidance to inexperienced staff."

There was a failure to train, support and supervise staff to care and support people effectively. This issue is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visits to the eight schemes, we noted that the environments were generally tidy and well kept. At one scheme however, the living accommodation and communal areas required maintenance and refurbishment. We found that some light fittings were broken, ceilings needed re-plastering and a bathroom required new flooring as it presented a tripping hazard.

We recommend that the service engage with the landlord of the questioned accommodation in clear terms and explain the environmental issues and obtain a timetable for essential improvements.

Although we saw issues around financial safeguarding that are detailed earlier in this report, we noted that there were other safeguarding and whistle blowing procedures in place to protect people from abuse. This could include physical, emotional and verbal abuse. In these instances, management staff demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur in a community setting, the signs they would look for and who they needed to report any concerns to. Training records confirmed that some staff had completed training on safeguarding adults from abuse but as identified above, some others hadn't. However, staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to. A member of staff told us, "I would report my concerns to the office staff and management. I would use the whistle blowing procedure to report any poor practice."

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of

seven members of staff who had been recruited since the last inspection in January 2018. We saw completed application forms that included references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out. Records showed that any breaks in employment were discussed with staff during the recruitment process.

The service had a policy on actions against discrimination and the promotion of human rights. The policy was comprehensive and staff said that they read this during their induction at the service and received regular updates.

At the inspection we noted that most people had a personal emergency evacuation plan (PEEP) within their care plan which highlighted the level of support people required to evacuate buildings safely. We saw that these were up to date and contained the appropriate level of detail to assist first responder in the event of an emergency.

Records confirmed that most staff had received training on fire safety and regular fire safety alarms checks and drills were being undertaken at the schemes we visited.

At the inspection we considered records relating to the maintenance of equipment at the schemes within the service. We noted that there were annual records of maintenance for moving and handling equipment such as hoists. We considered this equipment at the schemes we visited and noted that they had been examined or serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998 and the associated Code of Practice.

We looked at the arrangements for supporting people to keep their accommodation clean and hygienic. At the schemes we visited, we found them to be clean and odour free. People confirmed they were given encouragement and support from staff, where appropriate, to maintain their homes. The provider also had an infection control policy in place. We saw that personal protective equipment (PPE) such as gloves and aprons was available at the schemes. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that staff had completed training on infection control and food hygiene.

Is the service well-led?

Our findings

Prior to the inspection, we received a number of concerns from representatives of local authorities relating to the unavailability of the registered manager and recent changes to the management of schemes run by the provider. In addition, people and their relatives provided a mixed response about the registered provider, management and staff. Of particular concern was that people were not aware of who the registered manager was. One person told us, "I can access the scheme manager anytime I want to." Another said, "The staff and management change regularly and sometimes I don't know who I should speak to." Social care professionals who contacted us were unanimous in their view that the service was not well run. A typical response was, "I query whether the service is as effective as it should be. At the moment I struggle to contact someone who knows about my clients and who is on top of the issues."

At the time of the inspection the registered manager had not been working at the service since September 2018. In addition, a number of managers of individual schemes had left the service and prior to the inspection, staff had raised concern with CQC about management of the service.

In November 2018, CQC contacted the provider around concerns that had been raised about some of the issues covered elsewhere in this report and received assurances about the management and supervision of staff. In mid November 2018 a senior representative of the provider, who was a director, was appointed as an interim manager in the absence of the registered manager. In dealing with queries from CQC and local authority representatives, this person relied on other staff, some of whom were relatively new to post. Staff who we spoke with said that they were sometimes unaware of the lines of accountability and a senior member of staff at a scheme we visited said, "Recently things have chopped and changed and there's no stability. We don't know where we stand."

The provider's systems for assessing, monitoring and improving the quality and safety of the services that people were receiving were not always effective. Some audits were carried out on people's care files but none of these had identified shortfalls in risk assessments, incident records and planning that we found at the inspection. For example, checks had failed to correctly consider significant incidents and the need to provide PRN medication described in the 'Safe' section of this report and take appropriate action. These were issues that effective monitoring should have established and action could have been taken to resolve the matters before the inspection.

The failure to safeguard people from financial abuse was a particular concern. Although, at the time of the inspection, the provider had put effective systems in place to protect people, prior to that, failings in the systems for checking and auditing financial records had contributed to failure to safeguard people's finances.

Staff told inspectors at the inspection that the routine of regular staff meetings at schemes had recently deteriorated and this was connected to the unavailability of the registered manager. There was a paucity of recorded discussion around any concerns or needs that staff had and any issues with people who they were supporting. Significantly, there was an absence of any records supporting that safety incidents involving

people in their care were discussed with staff.

In the absence of the registered manager, the provider had not always put sufficient resource and management expertise into schemes so that this was available to staff and people. There was a period of time, prior to the appointment of the interim manager, where senior management consideration into the service was lacking. This was a significant contribution to staff lapses in training and supervision and the views of people that the service was not well run.

Although many of the issues seen at the inspection related to the unavailability of the registered manager, other issues were present whilst the registered manager was in place. This questions the scope of responsibility that the registered manager holds and how, given the large number of individual schemes spread over a large geographical area (Lancashire and Cumbria), managerial oversight has been sufficient.

This series of governance issues was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager returned to work shortly after the inspection and during the drafting of this report. They had received feedback around the concerns raised during the inspection and said that they were committed to acting on the issues straight away. They said that the registered provider was providing support and that an action plan would be prepared and shared with CQC addressing the issues identified at the inspection.

People had a say in the décor in communal areas and the layout of furniture at the schemes. At one scheme we visited, we noted that a person was helping with Christmas decorations and at another, a person said, "Staff are really good and get us involved whenever they can in things that affect where we live. For example, we have just finished talking through some of the upgrades to the house and the colour schemes that are to be used."

In December 2018, the service had introduced in a newsletter for staff and people using the service. It was a colourful and easy to read handout that provided people with helpful information about the service, points of contact and news events including up coming activities.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the service through meetings and surveys. The registered manager provided information and material around this after the inspection. We noted that despite the unavailability of the registered manager towards the end of 2018, staff from the service had continued to meet with people and their relative in informal and formal settings. In one example where staff had met with a person in a 'one to one' meeting, we noted that activities were discussed, the concerns about the unavailability of regular staff and how input from management staff had improved the service.

A residents and relatives survey had been sent out to people in November 2018 and the service was awaiting responses from people. Results from the November 2017 survey had been analysed and we noted that action had been taken in response to the feedback received. For example, changes had been made to the decoration in parts of a home and some items of furniture had been replaced. This meant that the service responded to people in order to provide support and care that was reflective of their wishes.

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 Provider did not ensure that medicines administration and risk planning was robust,
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had failed to protect people from financial abuse
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Provider failed to operate effective checks and audits that would pick up on issues and in absence of registered manager there was a failure to effectively oversee and manage the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Provider did not ensure that staff were properly trained, experienced and supported.