

Lifeways Community Care Limited

Lifeways Community Care (South Shields)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lifeways Community Care (South Shields), provides residential care for up to four people who live with a learning disability and/or autism. At the time of inspection, three people were using the service.

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

People received safe care and were protected from abuse. Staff had received training in safeguarding and were confident to identify various types of abuse. Staff knew who to contact to raise any safeguarding concerns they may have. Risk assessments were in place which supported staff to care for people safely. Staff recruitment was safe and staffing levels were appropriate to meet the needs of people. When things went wrong, lessons were learnt from these and were shared with staff to prevent reoccurrence. Infection control procedures were in place and staff were seen to be wearing appropriate PPE. Staff told us they had received up-to-date training regarding infection control.

People received kind and compassionate care from staff. Relatives and professionals we spoke with were very complimentary regarding the level of support people received. Staff supported people to live with as much dignity as possible and staff were mindful to ensure people were supported to be as independent as they could be.

People received person-centred care and staff were very positive about the care people now received. People were involved in the daily planning of their lives which included what activities they wanted to do, what they wanted to eat, and what time they got up and went to bed. Complaints were investigated and actioned in line with the provider's complaints policy. People were supported to maintain contact with their relatives. Staff knew how to communicate with each person and people had access to a range of 'tools' to support people with their communication.

The registered manager and all members of staff had worked very hard to change the previous culture and practice within the service. Staff told us they loved coming to work now as the changes and the improvements made the service so much better for the people living there. The registered manager completed various audits to monitor the quality of the service and care provided. Staff told us they felt valued and listened to. Staff now felt the service was back to where it belonged, and that was for the 'lads' living there as it was their home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and support provided to people living at the service maximised

their choice, control and independence. People were involved in all aspects of their care and future planning. Care provided at the service was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the management team and staff ensured people lead confident, inclusive and empowered lives.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 16 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 28 August 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the breaches of regulation found in person-centred care; dignity and respect; safe care and treatment; safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Caring, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifeways Community Care (South Shields) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lifeways Community Care (South Shields)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19 pandemic.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team.

During the inspection

We spoke with the senior service manager and the team leader. We reviewed two people's care plans and three people's MAR records.

After the inspection

We reviewed one staff recruitment file and a number of quality assurance documents. We continued to receive information from the registered manager. We spoke with the registered manager, three care staff, two relatives and four visiting professional over the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from abuse. Safeguarding issues were investigated and appropriate action was taken.
- Relatives and professionals told us people received safe care. Comments included, "[Person's name] is happy and as a whole things are a lot better. [Person's name] is always keen to get back home" and, "[Person's name] is a lot happier, in fact he is loads happier with staff."
- The provider had a safeguarding policy in place. Staff told us they were confident to identify any safeguarding issues. They were also confident to raise any issues with their registered manager, higher managers, or external organisations such as the local authority or the Care Quality Commission.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place to keep people safe.
- Risk assessments were reviewed on a regular basis to ensure up-to-date information was always available for staff to access. Hospital passports were in place to ensure in the event of an admission to hospital people would continue to receive safe care. One visiting professional told us, "I used to visit monthly, but at the request of staff I now go every two weeks. This is because [person's name] nails need to be trimmed more regularly."
- One person had recently been in hospital and was due for discharge. However, the registered manager told us, "I am not happy for [person's name] to come home just yet. I need to make sure my staff are confident

and competent to support the change in their needs. Once that is done, we can't wait to bring [person's name] home."

Staffing and recruitment

- Staff recruitment was safe. This ensured only suitable people were employed to care for people
- Staff levels were appropriate to support people safely.

Learning lessons when things go wrong

- Lessons were learnt from any incident and information was shared with staff.

Using medicines safely

- Medicines were managed safely.
- Staff had received training and regular competency assessments regarding the safe handling of people's medication. Staff told us they were confident in their ability to manage this task.
- Audits were completed of people's medicine administration records. Where an issue had occurred, this had been identified as part of the audit process and appropriate action was taken.
- People's medicine was reviewed on a regular basis to ensure the medication they took was appropriate for their needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people received care which was provided with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were treated with kindness and respect. Staff told us they were passionate to ensure people received care which was of a high standard.
- Relatives and a visiting professional told us people received care which demonstrated a good level of dignity and respect. Comments included, "[Person's name] was previously withdrawn but [person's name] has 'come back to the old [person's name]' and is now 100% better" and, "[Person's name] has been invited to their relatives wedding. Staff have gone above and beyond to make this happen, including supporting [person's name] to buy their suit so that he can look 'dapper' on the day."
- People received care from staff which supported their dignity and independence.
- Staff were seen to interact with people with a genuine, kind and compassionate approach. One staff member told us, "The difference is amazing. [Person's name] is so funny and he has come out of his shell, and [person's name] has changed massively and we don't see as many behaviours that can be challenging as before."

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

- People were involved as much as was possible in decisions regarding their care. This included what people wanted to eat each day, which activities they wanted to engage in and what time they wished to go to and get up from bed. Staff told us, "We sit down each weekend and plan their weekly menu, it's all down to their own choice."
- Relatives and a visiting professional told us they were regularly consulted regarding people's care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to provide person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care which was person-centred. People were encouraged and supported to make various choices regarding their care.
- The provider had worked hard to make a number of changes within the service. Staff told us these changes had made a difference to people's lives. Comments included, "It is a completely new service" and, "People are much happier now, they can express themselves in their home, they have got their voice back."
- People had been involved in the changes to their home. One person was an avid football fan and staff were in the process of decorating this person's bedroom to reflect their passion for their team. Another person was responsible for feeding the tropical fish in the newly acquired fish tank.
- Staff supported people to take part in different activities of their choice in line with current national guidance for COVID-19. A full review of activities had been completed. This ensured people's care plans reflected activities which were suitable for each person and more importantly, they were activities people had chosen to do.
- People were being supported to go out into the community with staff. One member of staff told us, "We go out for lots of walks. We go to the beach and have a picnic." One visiting professional told us, "[Person's name] loves to swim but there has been a change in their care needs. This didn't stop the staff looking for a way around this though. They were straight onto the hospital to discuss ways of supporting [person's name] to go swimming – they were very forward thinking."
- People were supported to maintain regular contact with their relatives. This was either visits to their family home or, having visitors to the service.

Improving care quality in response to complaints or concerns

- Complaints were fully investigated, and appropriate action taken.
- Relatives we spoke with knew the complaint process.

End of life care and support

- Care plans included information regarding people's wishes for their end of life care.
- Staff had received training in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. This information was identified as part of the assessment process. Guidance was available for staff to review to ensure they were able to communicate with people effectively.
- During the inspection various members of staff were observed to communicate effectively with each person in their own identified way. People were very relaxed when engaging with staff and it was clear to see, people and staff alike took great enjoyment from this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to have robust governance processes in place to monitor the overall quality of service and care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was now a positive culture within the home. The management team had worked very hard to change the ethos and culture within the service.
- Feedback from relatives, professionals and all staff reflected the positive changes. Comments included, "The people have the power back in their own home" and, "Things have drastically improved for the people."
- The registered manager and provider completed various quality monitoring audits within the service. Where issues had been identified, appropriate action had been taken to address them. Appropriate information had been submitted to the commission which is a legal requirement of the registered manager's role.
- Staff told us morale had vastly improved in the service, and this had impacted positively on the people living there. Staff told us they felt supported and had regular supervision meetings.
- Staff were very aware of the importance of their role and the impact they had on the lives of the people living at the service. Feedback from professionals and relatives was very positive about all staff working in the service.
- Without exception, all feedback from staff, relatives and professionals regarding the registered manager was positive. Comments included, "[Registered manager's name] not only makes sure people are well looked after, but they make sure staff are looked after as well."
- Relatives, professionals and staff all told us they were listened to and felt their voice and ideas were valued. One professional told us, "[Person's name] told me staff really listen to what he wants. He is so much happier."
- Staff had regular team meetings with the registered manager and the team leader to share ideas for

improvements to the service and care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and was open and honest when things went wrong.

Continuous learning and improving care

- Continuous learning and ways of improving care were now embedded in the service. The area manager assured us this would continue to be a focus for the service in order to drive further improvements..

Working in partnership with others

- The service worked very well with partnership agencies and had continued to do so throughout the COVID-19 pandemic. Professionals were very complimentary about how staff worked with them. One professional told us, "The staff are trying so hard. We have a meeting every week and staff are so open and responsive to feedback. They are eager to get as much support as they can to support good care."