

Lifeways Community Care Limited

Cambridge Park

Inspection report

40b Cambridge Park
Twickenham
Middlesex
TW1 2JU

Website: www.lifeways.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

Cambridge Park is a care home providing care and support for up to eight people with learning disabilities. There were no vacancies.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy living at Cambridge Park. The home was a safe environment for people to live and work in. People's risks were assessed, enabling them to live safely whilst taking acceptable risks. Safeguarding concerns and accidents and incidents were reported, investigated and recorded. There were enough staff who were appropriately recruited. Medicine was safely administered.

People were not discriminated against. Staff were well-trained, supervised, appraised and communicated clearly with people. People were encouraged to discuss their health needs and had access to community-based health care professionals. People were protected from nutrition and hydration risks and supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's best needs.

The home had a welcoming and friendly atmosphere. People liked the way that staff provided care and support for them. Staff were caring and compassionate. There were positive interactions between people, staff and each-other throughout our visit. People's privacy, dignity and confidentiality was observed. People were enabled to be independent and had access to advocates.

People's care was person centred and their needs assessed and reviewed. They were given choices, interests and hobbies were catered for and people did not suffer from social isolation. They received information to make decisions and end of life wishes were identified. Complaints were recorded and investigated.

There was a clear vision and values, and the home's culture was positive with open and transparent management and leadership. Clear areas of responsibility and accountability were identified, and the quality of the service regularly reviewed. Audits were carried out and records kept up to date. Good working partnerships and community links were established. Registration requirements were met.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was good (published 7 March 2017). The inspection was focussed and rating for safe was good. The last comprehensive rating for this service (published 11 November 2016) was good with safe as requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 Good.

Further details are in our safe findings below.

Is the service effective?

Good ●

The service was Good.

Further details are in our effective findings below.

Is the service caring?

Good ●

The service was Good.

Further details are in our caring findings below.

Is the service responsive?

Good ●

The service was Good.

Further details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Good.

Further details are in our well-led findings below.

Cambridge Park

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Cambridge Park is a care home. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

What we did before the inspection

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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We reviewed information we had received we had received about the service since the last inspection.

During the inspection-

We spoke with four people, four relatives, three care workers, and the registered manager. We looked at the personal care and support plans for three people and two staff files. We contacted seven health care professionals to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection –

We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had relaxed body language that indicated they felt safe. One person said, "I'm safe here, this is my home."
- Staff received training in how to identify different forms of abuse and the action to take if encountered. This was also contained in the provider's policies and procedures.
- Staff were trained how to safeguard people and aware of how to raise a safeguarding alert. There was no current safeguarding activity.
- People were advised by staff about how to keep safe and any areas of concern to people individually was recorded in their files.
- A relative told us, "First class, couldn't be looked after anywhere better."
- There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment used to support people was regularly serviced and maintained.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and safely enjoy their lives. The risk assessments included all aspects of people's health, daily living and social activities and were regularly reviewed and updated as people's needs, and interests changed.
- Staff knew people's routines, preferences and were able to identify situations where people may be at risk and acted to minimise those risks. A relative said, "Couldn't be safer."

Staffing and recruitment

- There was a thorough staff recruitment process and records demonstrated that it was followed. The process included scenario-based interview questions to identify people's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a three-month probationary period with a review.
- The staff rota demonstrated, and staff confirmed that there were enough staff to provide care flexibly to meet people's needs. The staffing levels during our visit enabled people's needs to be met and for them to pursue their activities safely.
- Staff received quarterly supervision, a yearly performance review and regular staff meetings.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people would be encouraged and supported to self-

medicate.

Preventing and controlling infection

- Staff had infection control and food hygiene training, and this was reflected by appropriate work practices.

Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable in using. The incidents were reviewed to look at ways of reducing them from happening again.
- We sat in on a staff shift handover that was detailed and included each person individually, what they had done, wished to do and mood they were in. This enabled staff coming on duty to prepare for their shift, particularly where an incident or manner of delivering care had negative impacts on people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager explained the procedure followed if a new person was considering moving in. The home received assessment information from the commissioning local authority, requested information from any previous placements and carried out its own pre-admission needs assessments with the person and their relatives. The pre-admission assessment and transition took place at a pace suited to the individual, their needs and that they felt comfortable with.
- People were invited to visit as many times as they wished before deciding if they wanted to move in. They could stay overnight and share meals if they wished to help them make a decision. During these visits the assessment information would be added to, including the views of people already living at the home.
- The home provided written information for people who may wish to use the service and their families.

Staff support: induction, training, skills and experience

- Staff supported people and met their needs effectively through the induction and mandatory training they had received.
- More experienced staff were shadowed by new members of the team as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The induction provided was based on the Skills for Care 'Common induction standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life.
- The training matrix identified when mandatory training was required. There was specialist training specific to the home and people's individual needs with five people having detailed guidance and plans. Some of these were in relation to dysphagia which is a risk of choking.
- Staff were trained in and familiar with de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

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

- People's care plans contained health, nutrition, diet information and health action plans. These included nutritional assessments that were completed, regularly updated and fluid charts.
- Staff observed, checked and recorded the type of meals people ate. This was to encourage a healthy diet and make sure people were eating properly. Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst staff encouraged healthy eating this was balanced and people could still eat foods they enjoyed. One person told us, "I've been to the park for lunch and had a drink, crisps and cake."

Staff working with other agencies to provide consistent, effective, timely care

- Staff built up relationships with other health care professionals such as district nurses, speech and language and physio therapists.
- Staff provided written information such as hospital passports and accompanied people on hospital visits if needed.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted and equipment provided was regularly checked and serviced to meet people's needs. People chose the decoration and colour schemes and one person had set up their own balcony herb garden.

Supporting people to live healthier lives, access healthcare services and support

- People received yearly health checks and referrals were made to relevant health services as required.
- Everyone was registered with a GP, dentist and attended hospital appointments, if required.
- Community based health care professionals, such as district nurses and speech and language therapists were available to people.
- Health care professionals did not raise any concerns about the quality of the service provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities regarding the MCA and DoLS.
- Five people who required them had up to date DoLS in place.
- Mental capacity assessments and reviews took place as required.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People clearly enjoyed living at the home and each other's company. Their body language was calm and relaxed and there was much laughter shared between people, staff and each other. One person said, "The staff are really nice." A relative said, "I don't have to worry as [person] is far better looked after than she would be at home."
- Staff ensured people did as they wished. One person joked, "They keep me busy."

People felt respected and relatives said staff treated people with kindness, dignity and respect.

- Staff were fully committed and compassionate regarding the care they provided, and it was delivered in an empowering way. A relative said, "[Person] is so happy there and the staff are so kind."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in staffs' inclusive care practices with no one being left out. Staff did not talk down to people and they were treated respectfully, equally and as equals.
- Staff were trained in respecting people's rights to be treated with dignity and respect and provide support in an inclusive and enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided which respected people's privacy.

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

- During our visit people came and went attending various activities including lunch out and a music session. A relative said, "Excellent staff and service, so patient."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's doors and waited for a response before entering. They asked people if they were happy for us to enter their rooms and respected this when people said no.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

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 Good. At this inspection this key question has remained the same. 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

- Staff supported people to make decisions regarding their care, support and activities provided, ensuring people understood what they were saying and their choices. They asked what people wanted to do, where they wanted to go and who with.
- Staff met people's needs and wishes, in a timely fashion and way that people liked and were comfortable with.
- People's care plans were individualised, and recorded their interests, hobbies and health and life skill needs as well as their aspirations and the support required for them to be achieved.
- People had their needs regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs. They were encouraged to take ownership of the care plans and contribute to them as much or as little as they wished.
- Staff were available for people and their relatives to discuss any wishes or concerns they might have. The positive responses of people reflected the appropriateness of the support they received. One person said, "I've got plenty to do, just had [Occupational Therapist] in.". Another person told us, I'm helping with the shepherd's pie tonight. A relative told us, "We were at a belated birthday party for [Person], two weeks ago that was really lovely with lots of friends and family." Another relative said, "The [Registered] manager is always open to suggestions and keeps us informed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

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

- Activities were a combination of individual and group, taking place at home and in the community, depending on their nature. They included massage, walking and cycling, hydro pool, pottery, Gateway club, Ellory Hall. The last two venues provided activities and an opportunity to meet up with friends.
- A number of activities took place regarding life skill development such as clean and tidy room, help with meal preparation, re-cycling and ironing. One person was shown how to use a portable air conditioning unit

in their room. This was done in a patient and friendly way by the member of staff.

- One person had a herb garden where they cultivated a variety of different herbs.
- People made good use of local shops and were well known in the community. Two people had gone out for lunch locally and another was going to the pub that evening.

Improving care quality in response to complaints or concerns

- People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. A relative told us, "[Relative] is looked after very well, we have no complaints." The complaints procedure was provided in pictorial form for people to make it easier to understand. There was an effective system for logging, recording and investigating complaints.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met, with assistance from community based palliative care services, as required.

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 Good. At this inspection this key question has remained the same. 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 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 home's culture was open, positive, inclusive and empowering. This was to a large extent due to the attitude and contribution made by staff and the registered manager who listened to people and acted upon their wishes. A relative said that they were comfortable discussing any concerns they may have with the registered manager and staff. One relative told us, "I like that the management team encourage you to just drop in. Nothing is hidden."
- People told us the registered manager was very good and the home well-run. A relative said, "Even younger staff get the right attitude from more experienced staff and the [registered] manager."
- The organisation's vision and values were clearly set out and staff understood them. They had been explained during induction training and revisited at staff meetings. One staff member said, "I've been here so long, I must enjoy it." Another staff member told us, "Staff enjoy great support from the [registered] manager and each other."
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping of areas such as medicine. Staff told us the support they received from the manager was excellent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The home and organisation's quality assurance systems were effective and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was meeting or exceeding targets.
- Audits were carried out by the registered manager, staff and senior management external to the home. They were up to date. This meant the organisation could highlight areas needing improvement and impact positively on people's lives.
- Records demonstrated that safeguarding alerts and accidents and incidents were fully investigated and documented, and correct procedures were followed, for example, if someone was admitted to hospital. Our records showed that appropriate notifications were made to the Care Quality Commission in a timely way. This meant the Care Quality Commission had up to date information regarding the home.
- The home's rating was displayed and available on the organisation's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The organisation encouraged the home to build close links with services, such as speech and language therapists and district nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home engaged with other homes within the organisation and outside, to share activity resources available within the community. There were pub trips organised by Mencap and Us in a bus intensive interaction sessions. People were also involved with the local church.
- Staff made sure that people had access to local resources that provided advocacy and advice.
- The home had tried group meetings with people, although this was not found to work for this client group. Instead people's views and opinions were sought individually. They also had 12 monthly personal choice reviews. Adjustments were made from feedback received. A relative said, " [person] seems very happy there and has improved over the years, which is what you want."