Lifeways Community Care Limited

Whiteoak

Inspection report

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Bradford,
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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

Overall summary

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, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced. At the last inspection in August 2013 the home met all the national standards that we looked at.

Whiteoak provides a respite service for up to 17 people at any one time, accommodated in a single storey building and a separate self-contained bungalow. At the time of the inspection 74 people were regularly using the respite service; this could be for one night or for longer stays of a few weeks. The services cares for people with learning disabilities.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Feedback regarding the quality of the service was excellent from people, their relatives, and care professionals. They all said the service had an excellent

Summary of findings

approach to safety and dealt with issues appropriately. Systems were in place to identify and manage risk and the service was committed to continuous improvements to safety.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People spoke positively about the food and we found a choice of meals was on offer based on people's preferences. People's healthcare needs were met and care professionals reported strong links with the service.

People and their relatives reported staff were very caring and respectful and had the time to develop meaningful relationships with them. This was confirmed during our observations on the day of the inspection, and through discussions with staff. Dignity, respect and equality were effectively promoted throughout the organisation and the care provided was highly individualised.

People's needs were regularly assessed and changes regularly made to their support plans. A range of activities were available for people to be involved in.

People, relatives and staff all spoke positively about the registered manager and said they were effective in dealing with any concerns. Systems were in place to continuously improve the quality of the service. This included taking action following incidents, complaints and audits.

Summary of findings

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, relatives and care professionals reported that the service was safe and took strong action to address any risks which emerged. Staff had an excellent understanding of the risks to each person and what to do to keep them safe. Safety incidents were thoroughly investigated and recommendations put into practice to ensure continuous improvement in safety.

Staffing levels were such that staff had time to develop meaningful relationships with people and ensure they were appropriately supervised to keep them safe.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Is the service effective?

Good

The service was effective. People and their relatives provided excellent feedback about the effectiveness of the care and support.

We found a suitable choice of nutritious food was available and people were supported appropriately to ensure they maintained good nutrition.

The service understood people's health needs and liaised with health professionals where appropriate. Health professionals reported excellent links with the service and said staff followed their advice and understood the needs of the people they were caring for.

Is the service caring?

Good

The service was caring. People, their relatives and health professionals all said the standard of care at the home was excellent and staff were highly respectful. They said staff had the time to develop strong relationships with people. This was confirmed during our observations and our discussions with staff who were committed and dedicated to providing a high quality care experience.

Systems were in place to promote dignity, respect and equality and ensure continuous improvement in these areas. Staff showed an excellent understanding of these areas showing the systems were effective.

Care was highly individualised and care plans showed the service had taken the time to get to know people's detailed likes, dislikes and personal preferences.

Is the service responsive?

Good

The service was responsive. People's needs were fully assessed. Care plans were updated regularly to account for people's changing needs and allow staff to provide responsive care. Staff understood people's needs and care professionals reported the service was highly responsive.

A range of activities were available to people. People and their relatives praised the activities on offer.

Summary of findings

An effective complaints system was in place and we saw complaints had been appropriately responded to. People and their relatives reported complaints were dealt with to their satisfaction.

Is the service well-led?

Good 

The service was well led. People, relatives and staff all said the registered manager was very approachable and issues were always effectively dealt with.

Systems were in place to continuously improve following incidents, accidents and complaints. Robust quality assurance systems were in place to identify risks and drive further improvement within the service.

People and their relatives were involved in the running of the service as mechanisms were in place to listen and act on their views.

Whiteoak

Detailed findings

Background to this inspection

We visited the home on 28 July 2014. The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service, ten relatives, five members of staff and the registered manager. We spent time observing care and support being delivered. We looked at four people's care records and other records which related to the management of the service such as training records and policies and procedures.

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 reviewed this information along with other information we held about the provider. We contacted the local authority safeguarding team and local healthwatch to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with three health or social care professionals who regularly visit the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. All the relatives we spoke with also said they had every confidence their relative was safe in the home. For example, one relative said "definitely safe, staff are very careful of all residents." Relatives told us the staff took extensive steps to get to know people and the risks associated with them before they were able to stay at the home. For example one relative told us how the staff had gone the extra mile to understand the risks to their relative by volunteering at their relative's previous care provider to ensure they understood how to care safely for them. This demonstrated a creative and dedicated approach to understanding risk. Relatives told us the registered manager was excellent at dealing with any concerns raised and always took issues seriously.

Three care professionals who regularly visited the home told us the home had an excellent approach to safety, for example one of them told us "never had any concerns over safety, always feel you can raise any concerns and the manager deals with them effectively. They are on the ball and they are happy to discuss safety issues." They said staff were excellent at identifying risks or concerns and referring matters appropriate to the relevant organisation or agency.

Effective procedures were in place for ensuring concerns about people's safety were appropriately reported. Staff we spoke with had an excellent understanding of how to identify and act on allegations of abuse. They told us they had received safeguarding training. In addition, we saw staff had also completed a competency test in safeguarding to confirm they had the necessary understanding to identify and act on allegations of abuse. We saw discussions on safeguarding were actively encouraged, for example it was a standing agenda item on the team meetings and was also discussed at supervisions. Safety issues were also regularly discussed at staff handover to ensure staff were aware of any emerging risks. All the staff we spoke with said they were actively encouraged to raise concerns via the above mechanisms. They said they felt able to raise concerns with their manager no matter how small and when concerns were raised they were fully investigated.

The registered manager had completed "managers' safeguarding training" and we saw they were due to attend a further safeguarding event in August 2014 which demonstrated they were committed to ensuring they were kept up-to-date with the latest ways of working. We saw safeguarding incidents were dealt with effectively to keep people safe. For example, we looked at how a safeguarding incident from December 2013 had been managed. The incident had been correctly reported to The Care Quality Commission (CQC) and Local Authority as well as to senior management. Senior management had conducted an independent and thorough investigation which identified areas where working practices should be improved. All safeguarding incidents we looked at showed clear actions had been put in place as a result of investigations. This included updating risk assessments and amending ways of working. We saw evidence that actions had been implemented, which showed continually learning from safeguarding incidents. Staff we spoke with were aware of the findings of investigations and were confident in the application of the control measures put in place, which demonstrated the findings had been communicated to all staff to ensure staff knew how to keep people safe.

Risk assessments were in place where the potential for harm was identified. These included protocols for self-harming behaviour and managing seizures. Clear and personalised advice was in place for staff to follow to help keep people safe. Care professionals told us the service was excellent at managing risk and involved them in the risk assessment process. We saw evidence this was the case, for example a speech and language therapist had attended a team meeting to discuss risks to one person. Staff demonstrated an excellent understanding of the key risks and what to do to keep people safe.

We saw staff were able to confidently calm people who displayed behaviour that challenges. Staff we spoke with had an excellent understanding of the strategies to use to calm people who we asked them about and during observations we saw examples of strategies used effectively. Staff were calm and patient with people. Care professionals also stated that staff had an excellent understanding of people's behavioural triggers and how to ensure safe care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. We found

Good

Is the service safe?

the registered manager had a good understanding of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law. Following this, the service had sought advice from the local authority DoLS team and was in the process of making applications where they thought people's freedom might be deprived. This showed the service was taking action to ensure people's rights were protected. Staff we spoke with had a good understanding of how to protect people's rights under the MCA had received training in the subject and had completed a competency assessment in MCA to check their understanding. Staff and management were able to give examples of how they had liaised with relatives and other care professionals where best interest decisions were needed. A care professional we spoke with confirmed the service attended meetings to discuss people's best interests.

Clear procedures were in place to deal with emergency situations; this included medical emergencies and a procedure for contacting management out of office hours to keep people safe.

We saw safe recruitment procedures were in place to ensure staff were suitable for the role. This included ensuring a Disclosure and Barring Service (DBS) check and two written references were obtained before staff started work. Potential new staff also met with people who used the service as an additional check on their suitability for the role; to ensure people liked them and they could interact well with them.

Safe staffing levels were maintained. These were responsive, depending on the number and needs of the people staying at the home. We looked at rotas which confirmed the staff numbers and skills were matched with the people staying at the home, depending on their specific needs. Staff and management told us they did not use agency staff, and people's relatives we spoke with said it was usually the same staff working which allowed people to develop meaningful relationships with people. We saw the balance of male and female staff was considered depending on people's preferences for care. Staff and people's relatives told us they thought there were enough staff, and observations showed staff were attentive and available, supervising those who needed constant supervision and available to provide a high level of support, for example engaging in lengthy conversation and activity. Staffing levels were sufficient to allow staff to be visible and quickly intervene if any behaviour that challenges arose. Staff reported they had time to read people's care plans before they arrived for their stay to ensure they were familiar with their needs. A health professional who regularly visited the service told us staffing levels were always consistently maintained and people were always supervised.

The premises were managed safely. All required checks had been completed on the premises such as electrical, boilers and water and fire. Risk assessments for the physical environment were in place to keep people safe. External health and safety audits took place and we saw evidence actions had been completed following these to ensure continual improvement to the safety of the environment.

Good

Is the service effective?

Our findings

People and their relatives provided excellent feedback about the effectiveness of the care and support. For example one relative told us "They understand his needs and offer personalised support such as the way they assist and encourage him to eat his meals." People said staff listened to them and respected their choices, for example their mealtime food choices. Health professionals also told us the service provided effective care, for example one told us "They meet the needs of those with complex needs very well, such as physical or behavioural problems."

A comprehensive induction package was in place to support new staff which included training on challenging behaviour, first aid and manual handling. We spoke to a new member of staff who told us the induction training was effective and had given them the necessary skills to undertake their role. The service had taken on eight new staff in the last 12 months and people's relatives said the new staff were excellent and had picked up the required skills and knowledge quickly which indicated the recruitment and induction procedures in place were effective.

We found existing staff had received training in a range of subjects, and staff reported training was either "good" or "satisfactory". The service was continually reviewing its approach to training to ensure continual improvement. For example, following a recent review new behavioural management training was to be introduced to ensure it better met the needs of staff. Staff were also working through a competency assessment in positive behaviour which assessed whether they had the required competencies to deal with behaviour that challenged the service. This indicated there was a high level of support available to staff regarding dealing with behaviour that challenges.

Specialist training had been provided through liaison with health professionals. This included enteral feeding (feeding through a tube in the stomach), autism, diabetes and epilepsy. Competency tests were undertaken to check staff understanding, for example staff who administered enteral feeds had to complete three competency tests before being allowed to do the procedure alone. This showed safeguards were in place to ensure staff had the necessary skills to provide effective care.

People's health needs were assessed and plans were in place to meet people's health needs. For example, this included what to do if someone had a seizure. Health action plans were in place for each person. A health action plan is a document for people with learning disabilities with the aim of ensuring they maintain good health. These included the key risks to the person and how to co-ordinate healthcare in each area. Health professionals reported excellent links with the service and said staff followed their advice. For example one health professional said "They pro-actively contact us for advice and follow everything up. If, we forget to contact them, they always chase the query up." Documentation we reviewed showed the service was in regular contact with health professionals, and pro-actively engaged with them such as speech and language therapy and dietitians. People's relatives reported that they were confident the staff understood their health needs. People's care plans showed evidence that should a health issue be identified, the family or relative's health professional was contacted so the issue could be investigated.

People reported the food was very good and they had choice. For example one person told us "I like the food we get to choose" and another person said "I like the meals." We saw people were offered a choice of meals, for example in the evening there were two main meal choices. This was based on a three week meal cycle. This included options for vegetarians and food to meet religious needs. The service had a good approach to assisting those with limited capacity to make mealtime choices. This included showing people pictures of food to aid decision making. The chef had information on people's individual needs to ensure they provided appropriate food such as who required their food blending. We spoke with the chef who said the menu was created in consultation with people who used the service and gave us several examples of dishes now on the menu following people's requests. People's relatives confirmed this was the case. Care plans were in place for eating and drinking. This included how to meet people's nutritional needs. These included the support people required and what they liked and disliked. We observed the evening meal and saw people were provided with an appropriate level of support. This included help with eating, encouragement and regular conversation.

We looked at how the building had been adapted to meet people's needs. Clear signage was in place such as for the computer area, bedrooms and toilets to help people

Good

Is the service effective?

navigate around the home. Pictures were placed on people's room doors. Each of the three units had a communal lounge, and there was a sensory area for people. Comfortable bedroom areas were in use. We found some of the communal areas such as lounges and dining areas were slightly cramped and staff also mentioned this as an issue. We spoke with the manager about this who showed us plans were in place to extend the building which would ensure more spacious communal space was made available in the future.

Good

Is the service caring?

Our findings

People reported staff were caring. For example one person said, “its nice here people are kind” and another person said “I like staff here.” We spoke with ten relatives, nine out of ten said the standard of care was “excellent”, with the other one saying it was “good”. People said staff were extremely friendly and went out of their way to help them. For example one person told us how impressed they were that staff had taken the time to incorporate storytelling and role play into mealtimes to assist their relative to eat their meal. Relatives told us staff were excellent and had the time to develop strong relationships with their relatives. They said staff were warm, friendly and treated them well. They said staff were good at contacting them following incidents and involved them in care plan reviews. For example one relative said. “staff are wonderful, they always keep us up to date.” Another person said “staff are really friendly, they welcome (person) with such a smile when they arrive.” Another relative said “amazing place, they are creative in the way they interact and involve people and in ensuring they have a good stay.” Feedback from the latest parent/carer survey showed that people were satisfied with the care received and did not raise any concerns.

People told us they were actively involved in making decisions relating to care. They said a regular service user meeting took place and requests were actioned. We saw evidence that the service had listened to people and organised events around their requests. For example, following the most recent meeting, a religious celebration had recently been held to meet the religious needs of some people. People’s relatives said they could talk about any aspects of their relatives care or support by telephone or in person when they visited the service.

A keyworker system was in place which provided people and their relatives with a named contact who they could liaise with. People’s relatives reported that this worked well and their key workers had an excellent knowledge and understanding of how to care for their relative. The staff we spoke with showed a dedication and passion for providing high quality care and enthusiastically described the support they were going to provide people with on the day of the inspection based around their preferences. Staff showed an excellent knowledge of the people we asked them about, for example detailed information on their likes and dislikes, and musical preferences. Staff had the time to fully explain choices to people with limited capacity, for example we saw one staff member taking the time to assist someone in a wheelchair to the kitchen to help them visually choose what they wanted to eat for tea. Care professionals we spoke with also told us the organisation provided high quality care and staff were consistently kind, friendly, caring and respectful.

During the inspection we observed interactions between people and staff. We observed staff were highly visible, and able to provide a high level of attentive and individualised support. For example, we observed staff interacting with people in the sensory area. They made sure people were enjoying the sensory experience through regular interaction and reassurance. This included verbal and non-verbal communication techniques. Staff made use of forms of sign language to effectively communicate with people who could not verbally communicate. Staff talked to people throughout the day and people were not left on their own. Where people became distressed, staff talked to them a calming and soothing manner and we saw this was effective in improving their mood. Staff had an excellent understanding of cultural and religious issues and how these needed to be considered when caring for people. For example in the provision of food that met people’s religious needs and in respecting choices regarding the gender of people that cared for them.

Effective systems were in place to promote dignity and respect throughout the organisation. Dignity and respect was heavily promoted by the management, for example we saw evidence that a new dignity and respect policy had been implemented and this was backed up with a workbook and presentation to ensure all staff were aware of the organisational values. Staff we spoke with recognised the importance of treating people well. We observed staff being respectful and patient in their interactions with people, for example giving people plenty of time to respond to questions, indicating these systems were effective.

We saw evidence that care and support packages were personalised to the individual which resulted in individualised care. Care plans contained clear information about people’s likes/dislikes and what was important to them. This included very detailed information such as the level of physical contact they were comfortable with. Plans were in place on how to communicate effectively. It was clear that plans had been developed in consultation with

Good

Is the service caring?

the person or their relatives from the amount of detail present. People's relatives confirmed they were involved in the assessment of needs and reported the home was excellent in involving them in decisions.

IMCA Advocacy services were available to people who used the service. The registered manager told us nobody was using one at present, but was able to demonstrate how they would support people to access advocacy in conjunction with their social worker or family.

Good

Is the service responsive?

Our findings

People told us they received appropriate care from staff that understood their needs. Care professionals told us the service was responsive and was pro-active in contacting them regarding any changes to people's health or circumstances. For example one care professional told us "they are very responsive when things need to change, for example in introducing a new continence plan for one service user which was very effective. Staff and management listen."

People's needs were assessed in a range of areas to enable staff to deliver appropriate care. Staff, people and their relatives confirmed that as part of the pre-assessment process, people visited the home several times so that all parties could determine whether the service understood and could meet their needs. This allowed care plans to be developed. We found people's needs assessments were in place in a range of areas, which included behavioural, communication, bathing and eating and drinking. People's capacity was considered in care assessments so staff knew the level of support they required in making decisions for themselves. These provided good information which allowed staff to deliver appropriate care. Three of the four care plans we looked at were up-to-date with one care plan requiring updates in some areas. There was evidence each care plan was regularly updated and reviewed with new information added, for example the advice of health professionals such as occupational therapists so staff could provide responsive care.

Daily notes were maintained for people and any changes to their routines noted. These provided evidence that staff had assisted with care in areas such as eating and drinking. Relatives we spoke with said that they were able to inform staff of people's changing needs and action was taken so staff continued to meet their needs.

We saw a handover took place from one staff shift to the next. This ensured all staff were aware of the people who were staying in the home that night and their needs. We looked at handover notes which confirmed information was present on each person to assist staff in meeting their needs. Staff told us handovers were detailed and provided them with any updates on people's care needs so they could deliver appropriate care.

We saw that a range of activities were available for people to be involved in. For example we saw and people confirmed to us that trips to the pub, walks in the community, discos, and a trip to a theme park had taken place. An easy read activities menu was also available to assist people to understand what they could do. Relatives we spoke with were positive about the activities, although some relatives said that since the minibus had been removed following a change in care providers, there was now less flexibility in the provision of activities which were not within walking distance of the home.

An effective complaints system was in place. People and their relatives told us they knew how to complain and had confidence that any complaints would be dealt with. The complaints procedure was on display and in easy read format to bring to the attention of people who used the service. Most relatives told us they had never needed to complain, one relative said they had some minor complaint previously but that management had listened and they were dealt with effectively. We looked at a verbal complaint from June 2014 and saw evidence clear action had been taken. This included informing senior management, responding to the complaint within an appropriate timescale and changes to working protocol, indicating the service continually improved as a result of complaints.

Good

Is the service well-led?

Our findings

The home had a registered manager in place.

People and their relatives told us that the registered manager was excellent. For example one person said "Excellent manager, really have confidence in her." People said the manager was experienced and understood how to effectively run the service. Relatives said communication from the home was particularly good, for example one person said "Very impressed, They always call me and give feedback on how (person's) weekend went and following any incident. One relative told us "The manager is lovely, really helpful, they helped me out at really short notice in making arrangements for (person)" We spoke with three health professionals who regularly visited the service. They also told us they thought the management team was excellent. For example one told us "very experienced managers, they are pro-active in solving problems before they become serious"

Staff told us that they felt able to raise concerns with the registered manager and they were confident all concerns would be thoroughly investigated. For example one told us "can go to management with problems, very helpful, complaints dealt with well." Whistleblowing procedures were in place to support staff in raising concerns.

When incidents occurred, clear plans of improvements were put in place to ensure the service learnt from the incidents and continuously improved. There was evidence systems and protocols had been amended following incidents such as medication errors, safeguarding to ensure continual improvement. We saw evidence to show these had been communicated to staff through supervisions or team meetings to ensure improvement was driven through the organisation. All incidents and complaints were monitored by senior management to ensure effective actions were taken, and to compare incident levels with other similar services run by the provider. This showed an effective system was in place to monitor the complaints and incident systems.

Quality assurance systems were in place. These included a recent quality audit completed by senior management external to the home to score the home. An action plan had been produced as a result and we saw that the service was working through these to improve the service. Other audits took place such as health and safety and environmental checks.

The registered manager demonstrated to us they were committed to continuous improvement of the service. Several areas for improvement had been identified, for example improving the quality of manual handling assessments. One of the management team had recently been on a detailed manual handling training course to enable them to do this and was in the process of updating the manual handling care plans. We looked at some of these new assessments and saw they were very detailed and personalised, contained pictures and were very good quality showing that this initiative had driven improvement. Reviews and improvements to training such as behavioural training were taking place to ensure improvement in these areas.

People were supported to be involved in the running of the service through regular meetings for people. We looked at the minutes from these which showed a range of issues had been discussed, such as food and activities. We saw evidence changes had been actioned as a result of people's requests. For example we saw people who were enteral fed (fed through a tube in the stomach), requested to have their feeds at the same time others ate their meals in the home. Observations during the inspection, confirmed this had been actioned. People's relatives reported to us that the service was good in obtaining their relatives views and involving them in decisions in relation to activities and food. The views of relatives had also been sought through a parent/carer survey. Some survey responses indicated parents/carers did not know enough about some aspects of the service to provide feedback, which suggested a more creative approach to involving relatives in the service may be required. A meeting for parents/carers had not been held in 2014, but one was due to take place in September 2014.

Mechanisms were in place to allow staff to communicate effectively with management. These included regular staff and senior meetings. These meetings showed evidence practice was challenged and the provider was seeking to improve the skills and competencies of staff, such as supporting them in areas such as positive behaviour.

Care professionals we spoke with reported excellent communication with the service and said staff were

Good

Is the service well-led?

pro-active in contacting them to discuss possible solutions. One health professional, said "Strong links with the service. We work really well together as a group, putting in plans and communicating regularly". Another care professional also told us staff always attended meetings such as safeguarding and best interest meetings and communication with the service was excellent.