

Lifeways SIL Limited

Lifeways SIL (Central)

Inspection report

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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

Lifeways SIL (Central) is a supported living service providing personal care and support to older and younger adults with mental health support needs. There were 3 people receiving regulated activity at the time of the inspection.

People's experience of using this service and what we found
People were protected from the risk of abuse.

Medicines were managed safely. People were encouraged to manage their own medicines as much as possible to promote independence.

People were protected from the risk of infection.

Risks were assessed and measures were in place to mitigate risk. People were well supported with taking positive risk and were encouraged to be as independent as possible in managing their own risks.

There were enough staff available to meet people's needs. Staff received regular training, supervision and support to ensure people's needs were met.

Accidents and incidents were recorded and monitored by the management team. Lessons were learned when things went wrong.

People's needs were assessed prior to admission to the service and there was a process in place to ensure a smooth transition.

People were supported to maintain a healthy balanced diet.

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 worked in partnership with health care professionals. People were accessing health care services as and when needed.

People were involved in the planning of their care and regular reviews. Care plans detailed people's likes, dislikes, choices, decisions and communication needs. Systems were in place to support effective communication.

Complaints were recorded and managed in line with the providers policy and procedure.

People had developed good relationships with the staff and management team and staff respected people's privacy and dignity.

The registered manager and provider maintained effective oversight of the safety and quality of the service and worked in partnership with other professionals to ensure people's needs were met.

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

Rating at last inspection This service was registered with us on 29/8/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people's needs not being met. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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 effective?

Good ●

The service was effective.

Details are in our effective 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 SIL (Central)

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

This service provides care and support to people living in two 'supported living' settings, 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.

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 a short period notice of the inspection prior to entering the building, this was to help the service and us manage any risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, the service manager and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "I feel safe, the staff are nice".
- Staff had received training in recognising the signs of abuse and were able to competently explain the actions they would take to protect people. One staff member told us, "I would go to my manager if I had concerns, we (staff) also have a dedicated phone number to call to report abuse".

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were reviewed regularly, measures were in place to mitigate risk. Staff had access to clear guidance on how to support people and keep them safe. One staff member said the guidance was accurate and was updated when changes occurred.
- People were supported to take positive risk to encourage and instil confidence with a view to independent living going forward. For example, people were encouraged to go out in the community independently without the need to report into staff of their whereabouts.

Staffing and recruitment

- Staff were recruited safely. The provider had a robust system and process in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to meet people's needs. A person told us they could access support from staff when they needed it and there was a staff member on call for support at night in an emergency.
- The provider had an internal bank of staff to cover for sickness and holidays. This provided continuity for people as they were familiar with people's needs.

Using medicines safely

- Medicines were managed and stored safely. People were encouraged to be independent with their medicines as much as possible with some people only requiring prompting to take their medicines. For people needing a higher level of support, staff were trained and medicine records were clear for staff to follow including allergy information and details on how to administer emergency medicine.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate PPE to support people and had received training in preventing the spread of infection. Staff had access to regular testing for COVID-19.

- Communal high touch areas were cleaned frequently such as door handles or switches and there was hand gel available. Visiting professionals were required to sign in and out, provide evidence of a negative lateral flow test and were temperature checked on entry.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the service manager and registered manager for trends and patterns. Following incidents staff received a de-brief and reflected on practice to see if there were any lessons to be learned. Risk assessments and care plans were updated to reflect changes.
- There was evidence of referrals made to other professionals following incidents, to support with preventing reoccurrence. For example, one person had been referred to the occupational therapist to prevent falls.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's needs had been thoroughly assessed prior to them receiving care. Transitions had been planned to ensure people had time to adjust to the environment and ensured the service could meet people's needs.
- Assessments included people's health conditions and behaviour support needs, religion, important relationships, culture, likes, dislikes and hobbies. This information had been used to plan people's care and support.

Staff support: induction, training, skills and experience

- Staff received regular training and support to develop their skills. The provider and registered manager had provided specific training for staff to ensure people's individualised mental and physical health needs were met. Staff were encouraged to participate in extra learning to develop their skills. One staff member told us they were being supported to take a managerial qualification in health and social care to aid their future career path.
- Staff received regular supervisions with the service manager. There was also extra support following specific incidents in the service that staff may have found distressing and staff stress levels were monitored via a recording tool.

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

- People's specific needs around food and drink were well documented and supported. Staff had a good understanding of how to support people to have healthy relationships with food and support their behaviours in this area. There was evidence of positive impact for one person who shared their significant weight loss success story with us and spoke positively of the staff support they had received.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked in partnership with healthcare professionals to ensure people had access to health care support when they needed it.
- People's routine healthcare appointments such as dentist and hospital check-ups and opticians' appointments were recorded to ensure staff could remind or prompt if needed. However, people were encouraged as part of their development towards independence to manage and attend their appointments independently.
- Staff had worked in partnership with people to develop hospital profiles to ensure a smooth transition

between services. This included details of likes, dislikes and communication needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

We checked whether the service was working within the principles of the MCA

- Staff had received training and had a good understanding of the mental capacity act. People were not restricted within the service and staff respected people's right to live an independent unrestricted life. There was evidence of people leaving and returning to the service as and when they wished without restriction or supervision as per their agreed plan of care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had developed good relationships with staff. One person told us, "I feel safe the staff are nice". Staff had got to know people well. Care plans had been developed over time to ensure people received extra support when needed. For example, personal dates were recorded that may trigger declines in mental health and require some extra support around that time.
- People's religious, cultural and communication needs were assessed and planned into care. One person's specific communication needs were well detailed and recorded with aids in place to support effective communication.

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

- People were involved in the planning and reviews of their care. People had been encouraged and supported to manage their own mental health recovery process via writing a wellness recovery action plan (WRAP), which included a mental health crisis and post crisis plan. Regular meetings were booked with people to evaluate and reflect on progress and develop the WRAP further.
- People developed and reviewed regularly their own timetable for staff support, this meant people were not restricted to specific times and days by the service but could request support at a time that suited them best. We saw staff were as flexible as possible in meeting people's requests.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One staff member told us the flats were people's homes and must be respected. People could have visitors to their flats as and when they wanted and were not restricted on entry and exit times from the building.
- Care plans contained detail on how people would like staff to enter their home. For example, one person had agreed staff could enter their flat without invitation in the case of an emergency. It was clearly documented what constituted an emergency for the avoidance of doubt for both staff and the person.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were actively involved in planning their care and support and this had been tailored to meet their specific needs, choices and preferences. For example, one person wanted very limited input from staff and led a very independent life. The person chose what input they wanted and when, staff respected those choices. One staff member told us, the provider and staff supported positive risk taking as part of the process into people being able to live independently. Staff we spoke with were committed to supporting people through the steps to living independent lives without support.

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 care and support records were in easy read and pictorial format where required. Communication aids were in place for one person in the form of pictorial cards.

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

- People were not restricted by staff as to who they could maintain relationships with. People were free to receive visitors to their homes and to leave the building as and when they wished to socialise with friends, access the community and partake in activities.
- People developed their own activity plans which included flexible input in activity from staff when people required it.
- Some people had assistance pets in their flats, staff joined people on walks or playing with their pets when requested/invited.

Improving care quality in response to complaints or concerns

- People had access to a copy of the complaints policy and understood how to make a complaint. There had been one complaint made which had been managed and responded to in line with the providers policy and procedure. The registered manager maintained oversight of complaints and there was a system in place to identify trends and patterns.

End of life care and support

- There was no one on end of life support at the time of the inspection. However, peoples end of life wishes were discussed as part of the care plan process. Where people had declined to discuss wishes there was evidence this was approached again at each review.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider and registered manager promoted a culture of supporting people to be involved in their care, be as independent as possible and achieve their personal goals and aspirations. This was reflected in staff attitude and people's experiences. For example, where people had expressed interest in taking on voluntary work roles in the community staff had actively encouraged and supported people. Some people in the service had now achieved this goal and would be returning to their voluntary role following the lifting of restrictions due to the COVID-19 pandemic.
- Positive risk taking was supported to empower people. For example, where people were able to administer their own medication this was supported and planned into care.

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 registered manager had a good understanding of the duty of candour and the legal requirement. The management team had good relationships with people and kept them updated on a regular basis including information on accidents or incidents.

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

- Systems and processes were in place to ensure the provider and registered manager maintained effective oversight of the service. Action plans were in place where areas had been identified for improvement and action had been taken. For example, where the provider had identified that staff would benefit from further training to improve the quality of the service this had been provided.
- The registered manager and service manager demonstrated a good knowledge of regulatory requirements and were open and transparent throughout the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident meetings had taken place regularly prior to the COVID-19 pandemic. During the lockdown restrictions people had still had the opportunity to speak with the staff and management team and had still been involved with the regular care reviews which gave them opportunity to share thoughts, ideas and plan their care. Following a recent improvement in the weather an outdoor meeting had been held which a

community police officer had attended to support people with understanding the legal requirement of following the restrictions in place due to COVID-19.

- Staff told us morale in the service was good and it was a good place to work. Staff meetings took place and those that could not attend were provided with meeting minutes. Staff told us they felt listened to. One staff member said, "They (the management team) are fantastic, incredibly supportive. Another staff member said, "There is a good management structure from the top down that will always make time for me, we are well supported."

Working in partnership with others

- The service worked in partnership with other professionals to ensure people were well supported such as GP's, mental health professionals and occupational therapists.
- Internal professionals also supported the service with monitoring and improving quality and safety. For example, the service had its own quality monitoring team that visited the service regularly.