Lifeways Community Care Limited

Lifeways Community Care (Swindon)

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 23 October 2018.

Lifeways Community Care (Swindon) is part of a national organisation which provides care to people with special needs living in different communities. The Swindon office manages supported living services for people living around Swindon. At the time of the inspection the service was supporting 24 people. People supported by Lifeways Swindon have physical and learning disabilities, profound difficulties in communicating and can, at times, display behaviours that may challenge.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection the service had been rated Good. At this inspection we found the service remained good.

The service had improved to 'outstanding' in the 'responsive' domain. The service was extremely responsive to people's needs and wishes. People's relatives told us that staff had gone over and above their duty this had made a difference to people's lives. People received support to set and achieve goals for themselves. The service had gone the extra mile in providing people with a wide range of activities to prevent social isolation.

The service remained safe. People were safeguarded from potential harm and abuse. Staff undertook safeguarding training. Risk assessments helped to enable people to develop their independence while minimising any potential risks. Any issues raised were fully investigated. Care and treatment were planned and delivered to help people retain their health and safety. There were enough staff to meet people's needs. Recruitment processes remained robust to protect people from being supported by any unsuitable staff members. Medicines were dispensed by staff who had received training to undertake this safely.

The service remained effective. Staff were provided with training to help them care for people. Staff received supervision and appraisals which helped to develop skills of the staff members. People's dietary needs were recognized. If staff had any concerns regarding people's needs, people were referred to relevant health care professionals to help maintain their well-being.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

The service remained caring. Staff supported people with kindness, dignity and respect. Staff respected people's individuality and encouraged them to maintain their independence to live the lives they wanted.

The service remained well-led. The registered manager, staff and the management team carried out checks and audits of the service. Investigations of incidents and accidents took place and any learning from these issues was implemented to help to maintain or improve the service provided.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

The service went the extra mile in providing people with personalised care in which emphasis was put on the quality of people's lives and meeting people's needs and preferences.

The service also went the extra mile in providing people with a wide range of activities to prevent social isolation. People told us they were delighted by events organised by the service.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service remains Good.

Lifeways Community Care (Swindon)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 23 October 2018.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that representatives of the management and staff would be in the office to meet us.

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 service.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is information about important events which the provider is required to send us by law. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service.

During our inspection we visited five people using the service. None of the people we visited were able to provide us with verbal feedback so we relied on our observation of how they were interacting with staff. In order to obtain more feedback, we spoke with seven relatives of people, four care staff members and the registered manager. We looked at records including care records for five people, recruitment and training records for four members of staff. We checked staff-related documentation to see if recruitment, training and support for staff were sufficient for them to provide good quality care. We also looked at other records

relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People's relatives told us people were safe receiving service form Lifeways Community Care (Swindon). One person's relative said, "I couldn't be more happy. She is safe with staff". Another person's relative told us, "Oh yes, she is safe".

Staff understood how to protect people from harm and knew how to report concerns. A member of staff told us, "I would contact the manager. If they were unavailable, I would call the local safeguarding team or the Care Quality Commission (CQC)".

Risks relating to the service and to individual people were assessed. These included risks associated with the environment, mobility, skin care or eating and drinking. Risk assessments formed part of the support plan for each person. They provided clear guidance to staff and specified the least restrictive methods possible to keep people safe.

We asked people's relatives if there were enough staff and if staff attended their calls on time. They provided us with mixed but mainly positive feedback. One person's relative told us, "They are sometimes short-staffed and it stops them going out". However, another person's relative told us that staffing levels had improved, "In the last 18 months there has been more stable workforce". Our observation and provider's records confirmed there were sufficient staff to keep people safe.

People were supported by staff who had appropriate experience and were of a suitable character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People received their medicines safely and when they needed them and each time staff explained to people what the medicines were for.

People were protected from the risk of infection. Staff received infection control training and told us they had access to personal protective equipment (PPE).

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. One person's relative told us, "I think the procedures are better. Staff are better trained than they were before".

Staff told us and records confirmed that staff received support through regular one-to-one meetings with their line manager, spot checks and training. Staff training records were maintained and we saw the planned training was up-to-date. Where training was required, we saw training events had been booked. We saw that staff's competencies were regularly assessed. For example, their competencies related to caring for people with dysphagia (difficulty in swallowing).

People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. People's communication needs were also taken into account.

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.

The registered manager and staff demonstrated a thorough understanding of the MCA. Staff recognised the principles of the MCA. A member of staff told us, "The MCA is about always assuming that someone has got capacity to decide for themselves. It is about not forcing people to do anything but about following proper channels like best interest meetings".

People's nutritional needs were met. Details of people's needs regarding food and drinks consisted part of people's care plans and included any special needs, allergies and preferences. One person's relative told us, "The food is good". Another person's relative said, "His eating habits were awful. He would only eat sandwiches. Now he eats well and is feeding himself".

People were supported to maintain good health. Various health professionals such as a speech and language therapist (SALT), GP's and district nurses were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were decorated and arranged with assistance of the service to suit people's individual tastes. People could choose their furniture and decorations through visiting various stores, looking at catalogues and pointing at pictures. One person's relative told us, "This is her home. She chooses the wallpaper and bedding".

Good

Is the service caring?

Our findings

People continued to benefit from the caring service. People were supported by a staff team who knew them well and had a good understanding of their individual needs. One person's relative told us, "It is very professional, but there is warmth, like he's at home". Another person's relative said, "The staff are amazing. She is so loved".

People were treated with respect and their dignity was preserved at all times. We observed that the staff respected people's privacy. They knocked on people's doors before entering their rooms. They also ensured the curtains were pulled and the doors were closed while they were providing people with personal care.

People were supported to be independent. They were encouraged to make as many decisions as possible. People were encouraged to interview new employees to ensure their compatibility and involvement. If a person chose not to take part in an interview, the service used a staff matching workbook to ensure they were recruiting staff matching the needs of a person. One person's relative told us, "They are more thorough with little things. They encourage her independence. She sits in at staff interviews. She feels valued. She doesn't need me as much. It's the end we wanted".

People's care plans identified the appropriate and individual approach for each person. Staff knew how to comfort people who were in distress and unable to communicate their needs verbally. Staff explained to us how they read any signs of people's anxiety and described the most effective ways to comfort people.

People and their relatives were involved in the planning of their care as much as possible and could voice their views on how their care should be delivered. In order to facilitate communication, most information was provided in a format that was easy to read, with symbols and pictures. One person's relative told us, "We are involved. They never forget our birthdays. We get cards and presents". We were provided with evidence that one person had been encouraged to participate in the development of their risk assessments. This had helped to enable the person to do an activity with positive risk taking. As risks to that person had been assessed and measures to mitigate those risks had been identified, the person could participate in walks in the community.

People benefited from being supported by staff who were aware of the importance of equality and diversity. People were encouraged to be tolerant of each other's differences and staff explained these to people to help them understand other individuals. People were supported to maintain relationships that were important to them.

During our inspection we were provided with evidence that people had access to advocacy services and advocacy lead events such as 'getting back to work' groups.

We saw that records containing people's personal information were kept securely. Some personal information was stored on a password protected computer.

Outstanding ☆

Is the service responsive?

Our findings

The service went the extra mile to meet people's needs. The registered manager and staff knew people well and were able to respond to any changes in their health and behaviour and were able to support and advocate for people For example, one person's relatives told us how staff had challenged a medical decision of healthcare professionals which had an impact on the health and well-being of a person. The person's relative commented, "There have been disputes with a doctor about medication. Staff stood up for her. Everything is done in her best interest".

The service was responsive to the changing needs of people and supported people to be as independent as possible. This significantly contributed to maintaining people's health and well-being. One person had enjoyed walking with staff support in the past. This had ceased when this had become unsafe for the person. The service had worked closely with healthcare professionals such as an occupational therapy specialist. It was suggested that a hoist and a sling would help the person walk again with staff support. Subsequently a sling had been made for the person and a moveable 'H' shaped hoist had been put in place to allow more movement. Since having this fitted, the person used it frequently, their agitation levels were noticeably minimised allowing the person to enjoy their favourite activity and be more independent. We saw the person smiling while being supported with their mobility hoist.

Another person had health needs that led to them not being able to go for long walks any longer, which they had previously enjoyed, and they had been restricted regarding what they could do for themselves. Staff had sought advice and together with the person they decided to purchase a piece of equipment to help with the person's health issues. A healthy eating plan had also been introduced. These interventions were successful and meant that the person regained more of their independence, which included putting on their own coat and rising from a chair with reduced support. The person was more independent in dressing/undressing, all of which they had required a higher level of support for previously. It also meant they could once more enjoy longer walks.

In another example one person had never sat in a dentist chair due to their lack of confidence. The dentist had always had to come into the waiting room and even then the person would refuse any dental checks. Over time staff had been working with the person to build up their confidence and develop a positive relationship and trust with the dentist. Because of this the person's confidence had grown and they had become more comfortable with the dentist and had recently sat in the dental chair for the first time. Overall the person had gained more independence and confidence in the last 18 months, which had enabled them to take part in new activities. This person had become a member of the Swindon Co-Production Group and was in the interview panel whose task is to interview new staff. The Swindon Co-Production Group is made up of people with 'lived experience' of a personalised approach to health care, who help deliver and shape key NHS personalised health care programmes, including personal health budgets and Integrated Personal Commissioning.

Staff told us and records confirmed that staff had managed to build up confidence of another person so that the person had been able to go on and enjoy their holiday for the first time in six years. A member of staff

told us, "We managed to encourage her and we found appropriate accommodation for her. This was a cabin with a hoist. She was so happy, she bought herself a new bag! She was so alert, smiling and awake. We are already planning her next holiday".

The service provided people with resources such as an easy-to-read guide to breast screening to enable them to obtain advice and support concerning sensitive subjects such as breast and testicular cancer screening. We saw this was recognised by people's relatives who praised the service during regular care reviews. In one example, relative's emphasized that staff had been extra supportive and empathetic throughout one person's breast cancer diagnosis; Staff had made sure a relative of the person had been kept informed and had understood what had been going at every step of the therapy.

We were provided with evidence of outstanding end of life care. For example the care provided to one person; As a result of many health-related problems and hospital admissions, the person had begun to display symptoms of distress and the service had organised a best interest meeting with health care professionals. Deterioration in the person's mental health had been observed: when going in to hospital, the person would become extremely low in mood and this would in turn raise their anxieties and cause them great emotional distress. Because of this it was decided that the person would only receive community treatment in their own home. The service had appropriately recognised changes in the person's health and then together with health care professionals they had adapted the care provided to meet the person's current needs. The service manager and staff who had known the person well had sat with the person continuously over five days and nights to ensure the person had been provided with all of the support they needed both physically and emotionally. We saw very positive feedback that had been provided to the service by a palliative care professional. They wrote, "(You were) Engaging within a best interest framework, involving healthcare professionals. Collaboratively working to achieve best outcomes for [the person] within her progressive deterioration. Your team supported [the person's] sister facilitating visits allowing them to spend time together even when it was recognised that [the person] was actively dying. You and your team engaged in education sessions delivered by the palliative care team, we also learnt from you as learning disabilities is not our speciality. You and your team were never afraid to contact us, we saw you maintain [the person's] dignity delivered a service with compassion and with professionalism. We attended the funeral of [the person] and it reflected the person she was, including her favourite colours".

We found that service had helped other people who had lived with the person through the bereavement process. The service had supported those people and had helped them understand what had happened.

A person sharing the same accommodation had been showing signs of how much they missed their friend. They had been spending a lot of time sitting in a chair in the lounge that had belonged to the person receiving palliative care. The staff recognised this and they supported them to go and sit with the person in their room and just hold their hand. The terminally ill person had a sight and hearing impairment so it had been important to relay messages to them through touch.

Another person who had also known the person well had spent a lot of time helping staff care for them. They would help staff get things the person needed, such as water or clean sheets, and would help staff with tasks like putting the person's washing in the machine. They had also sat with them for short periods of time during their last days of life.

This person had lived with the person receiving palliative care for a long time, and their demise made the person struggle with grief. Staff had worked with the person to develop a memory wall of their friend: a board had been put up and photos chosen by the person had been placed on the wall. The format of the photos had been adjusted to the person's visual needs, and the person could go and take a photo when

they felt the need. This also helped staff identify when the person was thinking of their deceased friend and could then provide additional grief-related support.

We saw evidence the service had identified the need for additional technology such as drop alarms, door opening alerts, etc. This in turn had reduced the need for staff support and reduced the restrictions on people.

Care plans and risk assessments were reviewed to reflect people's changing needs. Where a local authority review did not take place, the service completed their own reviews with people and their representatives and shared these with the care management team.

People were offered a range of activities they could engage in. People enjoyed swimming, trampolining, ice skating, bowling, cinema visits and other activities of their choice.

People had space to do their preferred activities. People had sensory rooms which they used to reduce their anxiety levels.

People knew how to complain and were confident appropriate action would be taken. The provider's complaints procedure was readily available in people's homes. One person's relative told us, "When we voice concerns and agree on the action to be taken, we would like to see evidence of change in the next review".

Relatives' opinions were valued by the service. These were gathered during regular phone conversations and annual reviews. People were asked for feedback by staff who used different methods of communication. For example, staff used pictures to ask people where they would like to go on holiday this year.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager promoted a culture that ensured people were seen as individuals. This culture was encouraged through all interactions with people, relatives and staff. One of the relatives told us, "Life has changed for better. It is so well organised". A member of staff said, "Now we are the team. It is more relaxed and families are now more involved".

The quality of care and service continued to be maintained. Regular checks and audits were carried out. Any shortfalls identified were addressed to improve the care people received. Audits completed included health and safety, infection control and safe medicines management. Care plans and risk assessments were regularly reviewed which ensured they contained accurate and up-to-date information.

Team meetings were held regularly and were used to discuss good practice and oriented to achieving positive outcomes for people. Additionally, information was shared effectively at these meetings and staff were given opportunities to contribute ideas and suggestions.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

The service was involved with local groups such as provider forums, manager forums and advocacy groups to ensure practice was shared and best practice was reviewed and developed.

The service had become accredited with autism accreditation and had set up a champion group to continue and develop this work. National Autistic Society accreditation autism champion role is to attend any specific training, be link to people and staff, to attend Autism Accreditation meetings and feedback them to staff, to be involved in implementing and sharing good practice.

The service was involved in community groups, for example Swindon's "beat the street" in order to prevent people's social isolation. At the time of the inspection the service was in the planning stages of developing their own community group that will involve the people, their relatives and wider community together with other care providers. The aim of this group is for people to get involved in community projects such as identifying an area that needs developing, for example, planting of flowers or cleaning up park areas. This would promote people's independence but also help to improve the local community. The service had committed to this in their recent tender submission to the local authoritiy.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to inform the CQC appropriately about reportable events.