

Lifeways Community Care Limited

The Royd

Inspection report

27 Selborne Road
Birmingham
West Midlands
B20 2DN

Date of inspection visit:
20 December 2017
28 December 2017

Date of publication:
20 February 2018

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

The inspection visits took place on 20 and 28 December 2017. The first day was an unannounced visit and the second day was announced to enable us to speak with people living at the service and the registered manager. 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 service was transferred in its entirety to the current registered provider in December 2016. The last inspection of the service prior to the transfer was in May 2016 and we rated it as good overall. The current registered manager and support workers were employed at the service at the time of that inspection.

The Royd is a care home registered to accommodate up to 16 adults with complex mental health needs who require assistance with their personal care. At the time of our inspection visit 13 people lived at the service. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Royd is divided into two units in adjacent houses within a residential area of Birmingham. One unit provides support for people who are unable to manage their personal care. The second unit provides support for people who are capable of attending to their personal care needs on most occasions. The service's main aim is to assist people to develop or relearn the life skills to enable them to live independently in the community.

People felt secure and safe with their support workers who helped them remain safe from the risk of abuse.

People were protected because risk assessments had been completed to identify and reduce the risk of harm for people who lived at the service.

People were able to have their needs met because sufficient support workers were available to assist them throughout the week.

People were assisted by experienced support workers who had developed in-depth and personal knowledge of their needs likes and dislikes.

The provider had recruitment processes for the safe employment of support workers and processes which ensured they would receive the necessary induction and training to meet the support needs of people living at the service.

People were supported and received their medicines as prescribed by their healthcare professionals.

Peoples' consent was obtained before providing support and the provider understood and applied the legal requirements of the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to make choices, take responsibility for their own daily activities and were encouraged to try new activities and learning opportunities.

People were provided with, or assisted to prepare, culturally appropriate food and drink.

People's mental health and physical health needs were assessed and people were supported to access their local health care professionals and mental health services when required.

People were supported by caring and respectful staff.

People's needs were recorded in support plans which were being updated and regularly reviewed.

People knew how to complain about the service they received and were supported to make complaints and discuss issues of concern.

The provider had systems to assess and monitor the quality of the service and was introducing new policies and documentation to improve consistency at the service and meet people's needs.

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 felt comfortable and safe in the service and with their support workers.

Support workers had a working understanding of safeguarding and ensured people were protected from the risks of abuse.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported to manage their mental health and physical health needs and to access health professionals when required.

Support workers received regular supervision and the training they needed to undertake their duties.

Is the service caring?

Good ●

The service was caring.

People were supported and encouraged to spend their time as they chose.

Support workers respected people and their right to make decisions about their lifestyle.

People spent time with support workers at the service and formed positive relationships.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained important details about them and were reviewed regularly to reflect any changes in support needs.

People were supported to spend time in the community and where appropriate, assisted to find suitable activities or encouraged to undertake further education courses.

People were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Good ●

The service was well-led.

People and Support workers confirmed they felt supported by the management team.

The provider had audits and systems in place to identify concerns and had processes to record the action taken to resolve the concerns.

The provider had introduced new policies and new documentation to improve the support provided to people.

The Royd

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 checked 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.

The inspection visits took place on 20 and 28 December 2017. The first day of the inspection was unannounced and was conducted by one inspector. The second day of the inspection was announced and conducted by the same inspector to provide a further opportunity for people to give their views about living at the service.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also looked at the Provider Information Return (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted local authorities who provide funding for people to ask them for information about the service. We were not informed of any significant concerns with the service.

During our inspection, we spoke with three people who lived at the service. Some of the other people we approached were unwilling to speak to us or provided limited responses; we therefore observed the interactions between people and support workers to contribute to our inspection findings. We also spoke with three support workers, the registered manager, and the deputy manager.

We looked at the support plans for three people to see how their support and treatment was planned and delivered. We also looked at five Medication Administration Records (MAR) and the medicine management processes and audits for the service.

We looked at support workers training records and the provider's training audit to confirm the training undertaken.

We also looked at records relating to the management and audit of the service and reviewed the provider's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I feel safe with support workers, we can share a joke." Most people had lived at The Royd for a prolonged period, some in excess of 15 years, and they had built up relationships with their support workers. The deputy manager told us the stability of the support worker team contributed to people's feeling of being safe because people trusted them. We saw people were comfortable with their support workers.

People were protected from the risk of abuse at the service and in the community. Support workers had undertaken safeguarding training, understood the signs of potential abuse and knew when it should be reported. A support worker told us, "Safeguarding examples are shouting at people, talking down to them, and mentally or physically abusing people. I would report incidents to the manager and if nothing is done I would contact safeguarding myself." We saw that the provider had ensured people at the service were provided with information and advice to protect themselves from potential abuse situations.

The provider has several services registered with CQC and has established recruitment processes complying with current legal requirements. All the support workers we spoke with had worked at the service for a minimum of three years and they confirmed the required checks had been completed before they started work. The deputy manager confirmed that all workers had recently been re-checked with the Disclosure and Barring Service (DBS) and that all their records were clear. The DBS is a national agency that keeps records of criminal convictions or information of concern relevant to people working in the care profession. The deputy manager also confirmed there had been no use of agency workers because where necessary other support workers or management would cover any absences. We found there were sufficient support workers to meet the needs of people

People's support needs were identified and risk assessed. We saw that the risk assessments in the support plans referred to people's needs and actions which could lead to a deterioration in their mental health. All the support workers we spoke with were able to explain the escalation triggers and the appropriate responses for the people they supported. A support worker told us, "We do get training to deal with escalating behaviour, mostly verbal abuse here. We will give the person time and speak to them again later on and explain why the behaviour was not acceptable. I will then record the incident in the support plan file."

People's safety in their rooms and the building was maintained. The building was kept clean and the provider had undertaken safety checks and risk assessments of the building to ensure risks to people and support workers were considered. A maintenance person had been employed to deal with on-going repairs and required checks. We saw for example that maintenance records were up to date for gas safety, electrical wiring and fire equipment testing.

People were supported to take their medicines on time and as prescribed. One person we spoke with told us, "The support workers do my medication for me, sometimes I don't want to take them but support workers encourage me." Support workers told us their medication administration practice was checked to

ensure they remained competent to do so. We saw that the Medication Administration Record (MAR) sheets accurately recorded when people had received their medicines and the action taken where they refused medication. Protocols were also in place for people using 'as and when required' medicines. We found there was no inappropriate use of medication to control people's behaviour.

Systems were in place for the ordering, storage and safe disposal of medication. We found however that there were some inaccuracies and omissions in the temperature recording to ensure medication remained safe to use. The high and low level temperatures recorded were however within an acceptable range. On the second day of the inspection visit the deputy manager had investigated the concern and established that some support workers had incorrectly used the thermometer. Clearer instructions had been given to support workers. In addition it was agreed that notices would be put up to ensure records were kept and appropriate action taken when temperatures were approaching a high or low level.

Is the service effective?

Our findings

People were supported by support workers who were required to keep their training up to date. Support workers had access to classroom face to face training and had online access to refresher training. A support worker told us, "Training is face to face, which I prefer; you get more out of it and understand it better." A support worker told us about the effectiveness of the training, "My first aid training enabled me to know what to do when someone had a stroke. I was able to put into practice what I had seen."

The provider had a training matrix which identified the mandatory courses to be undertaken by all staff which included safeguarding, first aid, equality and diversity, and fire awareness. The deputy manager told us and we saw that the majority of support workers at the service had completed all the courses. It was confirmed that any new support workers would be required to undertake the care certificate. The Care Certificate is the minimum training, supervision and assessment that employees new to health and adult social care should receive as part of induction before they start to deliver care independently.

Support workers told us they had regular supervision meetings to monitor performance and staff meetings. A support worker told us, "We get information and support from the provider. They attend staff meetings, every six to eight weeks we have supervisions and there are annual appraisals." The deputy manager confirmed, "Supervision is every eight weeks generally, but can be sooner if I see there are any issues. Support workers are able to speak to me at any time."

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. All the people living at the service were deemed to have mental capacity to make decisions on most occasions. People were given the opportunity to make decisions at times to suit them. A support worker said, "[Resident] does not like getting up for medication, I know that if I say...I will do it in 30 minutes they will be ready at that time to make a decision to take the medication." The deputy manager confirmed and we saw that there were regular discussions with people's social workers and psychiatrists to ensure their mental capacity was reviewed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The deputy manager confirmed no DoLS applications had been made at the service. We did not observe that any person was subject to an imposed restriction and saw people were free to move around and leave the buildings at any time.

People were assisted to maintain their mental and physical health. Support plans confirmed people had access to advice from health professionals at appropriate times. One person told us, "They [support

workers] go out of their way making phone calls to arrange things for us, for example contacting social workers and doctors." The deputy manager confirmed there was a good relationship with the mental health team which allowed for early intervention when people's behaviour escalated. We saw in one support plan that this relationship with the agencies had prevented a person's admission to hospital.

People were provided with healthy culturally appropriate meals. The provider had a weekly lunch menu that offered a choice of meals. People we spoke with confirmed they were happy with the meals provided. One person told us, "Support workers do all the cooking...the meals are not too bad, they are nice, lots of chicken and fish." Another person said, "The food is better here than in hospital. I need halal meals and they [support workers] supply it." Some people had additional dietary needs due to health conditions such as diabetes. We saw support plans contained a record of people weights to determine if people needed further support with managing their food and drink intake.

The buildings used by the service were decorated and furnished to create a homely environment. People were comfortable spending time with each other in the lounge areas, and we saw there were rooms available for people to meet privately if required. Each person's bedroom was en-suite and decorated to match their personal choice. People who were smokers were provided with a dedicated smoking area which could be viewed by support workers to ensure safety.

Is the service caring?

Our findings

People we spoke with were positive about their support workers. One person told us, "If you need anything they [support workers] are there for you." Another person said, "Support workers are nice and friendly here." A support worker told us, "We build relationships with people as if they were family members. . .we eat together, go out together, even go on holidays together."

On the first day of the inspection visit a Christmas party was taking place for people, their families and friends. Support workers who were not on duty also voluntarily attended the event to ensure it was an enjoyable experience for everyone attending. We observed throughout both days of the inspection visit that people were relaxed and at ease in the company of their support workers and with the other people at the service. We heard people talking positively to their support workers about what they were planning to do and not do that week.

People were supported to maintain family relationships and other personal relationships which were important to them. One person said, "I do keep in touch with family and would like to keep in touch with more friends," The registered manager told us about one person who had lost contact with their family. "We tracked down the person's family who now have regular contact, which is very positive." We saw the provider kept a compliments book. One of entries from a family said, "Staff are always kind, caring and go out of their way to make us feel welcome. Our [family member] has told us on numerous occasions how much they enjoyed living here."

Some people were able to access the provider supplied Wi-Fi and computer to contact family using emails or social media. The registered manager however acknowledged there were opportunities for other people to develop the skills needed to use social media to contact and maintain relationships with friends and family.

People were not restricted from developing personal relationships. The deputy manager confirmed people were advised about sexual relationships. The provider did not however allow overnight stays at the service to ensure the safety of other people from potential harm. The deputy manager confirmed there was no restriction on people staying out. The people we spoke with did not identify this restriction as a concern. The deputy manager confirmed, "Everybody is happy with the rules set and comply with them. They know we can't protect them individually without the rules."

People were treated with respect and dignity. People were given space and time to deal with emotionally upsetting situations on their own and offered support when needed. One person told us how they were assisted by support workers following a death of a family member to make contact with other family members and receive support.

Is the service responsive?

Our findings

People's support plans contained details about their life history, their likes, dislikes and preferences and were reviewed each month. People we spoke with were aware of their support plans. One person said, "I did a support plan early in the year, met with my support worker. I don't look at the plan but know I have one." The deputy manager confirmed that the provider had introduced new documentation for the support plans so that they were more user friendly and enabled further information to be recorded. We saw that the process to update the support plans had commenced but had not been completed.

We found support plans demonstrated people were involved in discussing their support needs. Support plans also included further information supplied as a consequence of the regular review meetings with people's social workers and health care professionals. Support workers told us they read the support plans. A support worker explained, "We have to follow the support plan, support workers do reviews, sit with people and help to prepare the plans. It is all about what people want, not what I want."

People were supported to maintain and where necessary develop social skills and make lifestyle choices. A community environment was being encouraged with events and activities arranged for the service as a whole, for example group holidays. There were also competitive quiz nights with another of the provider's services managed by the registered manager.

People attended educational and leisure activities in the local community, individually and as a group. We saw there were notices at the services describing planned activities for the week. A person confirmed, "The support workers take us out to pictures, bowling, shopping and for meals, they are very good to us." A support worker also told us "College is something we promote here, it is something people can look forward to. We go with people to register on courses...I have enrolled with them as well, people were more relaxed because a support worker was also doing a course with them."

People were assisted to acquire and maintain the necessary skills to enable them to move towards living independently in the community. The deputy manager informed us the service did not set a time limit for people to move out of the service. The registered manager confirmed the provider had introduced a specific recovery plan document to assist people to determine when they are ready for independent living. We saw the recovery plan document aimed to get people to think about their recovery in stages. People would be encouraged to explain what they needed to do to move onto the next stage towards independence and what assistance they needed from the service.

We found however some people had lived at the service for several years without progressing to the stage of being able to live independently. The registered manager acknowledged some people would remain at the service their entire lives if they chose to. The registered manager and deputy manager confirmed there was a plan to support the changing needs of people as they become older and remained at the service. The deputy manager told us the provider had arranged for additional support to enable some people to remain at the service. We saw that one person had already benefited from the additional support provided and remained at the service despite an increase in care needs.

People were encouraged to raise concerns or complain about their care. The provider held regular residents meetings chaired by an independent advocate. An independent advocate is used to help people express their views and wishes, and to make sure their voice is heard. One person told us, "The advocate is nice; she is like a voice for us to air our views." We found the provider had a process in place to deal with complaints, however at the date of the inspection visit there were no complaints being processed.

Is the service well-led?

Our findings

The service had a registered manager to manage the service who also managed another service for the provider. The registered manager confirmed there were experienced deputy managers at each service, who were capable of responding to people's needs and dealing with emergencies if they [registered manager] were not available.

People told us they liked the management team. We saw that there was a good relationship between the registered manager and the people at the service. People knew who the registered manager was and engaged in conversations with them. Support workers also told us they liked and felt well supported by the management team. A support worker said, "I feel I can go to the managers, even about personal matters and they will try to help." Another support worker confirmed, "There is good communication with the managers, I am not scared of going to them even about other colleagues, I know they will try to resolve the issue."

People we spoke with did not refer to any concerns about the new provider or changes to the service. We saw people had received information about the service and were given the opportunity to meet with the provider's representative when they visited. Support workers we spoke with confirmed they were happy with the provider. One support worker said, "The provider is responsive we had a meeting to discuss our feedback on the service. We know the provider is looking to resolve concerns, for example with rates of pay."

People had been given the opportunity to comment about the provider and the quality of the service at residents meetings. The registered manager explained that people could make suggestions for improvement of the service at any time. At the time of our inspection the satisfaction questionnaire responses had not been analysed, however there had been a low return. The deputy manager confirmed the satisfaction questionnaire process would be reviewed to encourage people to be more involved.

The provider ensured people were supported by a consistent group of support workers who were encouraged to develop their skills. The deputy manager told us, "The support worker group is stable, they only leave to enhance themselves for example one support worker went into nursing and another to the probation service, we try to encourage support workers to progress."

We found the provider had introduced systems and a consistent approach to audit, monitor and improve the quality of care and support people received. The registered manager confirmed the actions required to resolve concerns and make improvements were monitored by area and regional managers.

The provider had also introduced new policies, procedures and documents to improve the service. A support worker told us, "The provider has restructured the support plans so there is less writing which is better." The deputy manager confirmed the policies were written in plain language and supervision meetings had been used to test support workers understanding of the policies.

We spoke with the registered manager about the future direction of the service. We were informed that the

provider had set up forums, meetings and shared information with all staff to understand what was happening in the services operated by the provider. The registered manager confirmed no immediate changes were planned to the service however the provider was due to consider continuing involvement with people once they left the service. This was intended to improve the chances of people remaining independent and maintaining their mental health.

The provider had developed good working relationships with commissioners of services and other agencies. We saw support plans contained records of regular contact. The deputy manager told us, "We have a good relationship with the mental health teams and social workers. We know we can call them at any time, they need to be working with us for the service to work." A support worker confirmed, "I go to review meetings with people's doctors and community psychiatric nurses. There is a good relationship, I can speak to them at any time and they will come out to do a review if requested."

We found the registered manager and service managers understood their legal responsibility for submitting statutory notifications to CQC. The statutory notifications inform CQC about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our inspection visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.