

Lifeways Community Care Limited

# Lifeways Community Care (Doncaster)

## Inspection report

Unit 2, Don House  
Richmond Business Park, Sidings Court  
Doncaster  
South Yorkshire  
DN4 5NL

Tel: 01302344255  
Website: [www.lifeways.co.uk](http://www.lifeways.co.uk)

Date of inspection visit:  
17 May 2017

Date of publication:  
03 July 2017

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an announced inspection on 17 May 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. The provider is registered for this service to provide homecare and supported living services to people in the community with a learning disability. At the time of this inspection the agency was providing a regulated care service to 90 people in their own homes. This included supported-living schemes located in Doncaster, Sheffield, Barnsley and Grimsby.

The service has a registered manager in place. 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 of this service in August 2016 the service was rated as Good.

People told us they felt safe with the staff from Lifeways. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. People's care records were regularly reviewed and updated to reflect the change in their needs. There were sufficient numbers of staff deployed to support people. The provider had a robust recruitment process which ensured that potential staff were suitable to work with vulnerable people.

People kept their medicines in their own homes and were prompted and or supported by staff to take them and this was managed and recorded appropriately. People were asked for their permission before staff assisted them with care or support.

Staff received supervision from their manager which helped them to feel supported and valued, although the provider had recognised that annual staff appraisals had not consistently taken place. Staff told us they felt able to seek assistance when they needed to.

Where applicable, people received support to eat and drink regularly and were assisted to access healthcare appointments as needed. People's privacy and dignity was respected and promoted. People told us they were treated with kindness and compassion by staff and continuity of staff positively impacted on the ability to develop meaningful relationships with care staff.

People's care records were regularly updated to provide a detailed account of their needs and care. People told us they felt confident to raise anything that concerned them with staff or management, and any issues were addressed and resolved. Arrangements were in place to obtain feedback from people who used the service; which showed that people were happy with the service they received.

People and staff were positive about both the registered manager and provider. The registered manager

and provider regularly audited the quality and safety of service provision. If issues were identified, they took action to address them.

The provider did not always ensure that notifiable incidents were reported to CQC in a timely manner.

## 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.

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Appropriate staff recruitment and pre-employment checks were in place.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had been trained to meet their individual needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

People were supported to eat and drink sufficient amounts to maintain good health.

People were supported to access other health and social care services when required.

### Is the service caring?

Good ●

The service was caring.

People said staff supported them to maintain and develop their independence.

People said they were supported in a kind and caring way and staff respected their privacy and dignity.

Staff understood people's individual needs and they respected

their choices.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were personalised and gave detailed guidance to staff about the care each person needed.

People were supported to have as active a life as they wanted by staff who encouraged social events and engaged in activities.

The provider had an effective system to handle complaints.

### Is the service well-led?

**Requires Improvement** ●

The service was not always Well-Led.

The provider did not always ensure notifiable incidents were reported to CQC in a timely manner.

The registered manager promoted strong values and a person centred culture.

Staff felt valued and appropriately supported to provide a quality service.

There were robust systems to assure quality and identify any potential improvements to the service.

# Lifeways Community Care (Doncaster)

## **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.

The inspection took place on 17 May 2017. This was an announced inspection. We gave the registered manager two working days' notice of the inspection because the service provides personal care to people living in their own home and we needed to be sure someone would be available for the inspection. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for improvement. We reviewed the provider's information return (PIR). We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We could only speak with one person who used the service, however we spoke with eight members of staff and the registered manager. We also spoke with three relatives and two healthcare professionals. We looked at nine people's records and four staff recruitment records. We also looked at training records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from Lifeways. Comments included, "I feel very safe" and, "I think people are completely safe." People said they felt safe because the accommodation was staffed all the time. One person said, "Staff are always here if I need them." People said they felt safe because of their confidence in the staff. One person said, "Staff will look after me."

Staff we spoke with told us that they were encouraged to raise concerns about people where necessary. Staff told us, and records confirmed that all staff had undertaken training in safeguarding people. Staff showed that they understood that safeguarding meant keeping people safe from harm and abuse. They told us they were aware of their responsibility to keep people as safe as possible from avoidable harm. They demonstrated that they would recognise different forms of abuse and they knew to whom they would report any concerns. One member of staff told us that there were telephone numbers to ring to report abuse, in the care plan folders in people's homes. We saw that this information was available in the care records in the office.

Care records showed that thorough assessments of any potential risks to people had been carried out and recorded. Guidance had been put in place for staff so that risks to the person would be minimised but without taking away the person's independence. Risks to staff whilst working in people's homes, including risks associated with the environment, were also recorded and minimised where possible.

People said they were supported in taking their medicines in a safe way. One person told us, "I get medicine when I need it, staff help me." A member of staff told us systems for supporting people with their medicines varied dependent on people's individual needs. They outlined how some people needed no support and entirely managed their own medicines independently, other people needed reminding to take their medicines and others were supported in taking their medicines under the direct supervision from staff.

The provider had safe staff recruitment systems. One member of staff told us, "The induction process was always good but has continued to improve." All staff files had relevant information in them, including a full employment history, evidence of previous employment, at least two references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at Lifeways Community Care - Doncaster. The provider also audited all employment files to ensure staff were recruited in accordance with their own policies and procedures.

Both people and staff felt that there were enough staff to support people safely. Staffing levels in the service we visited were sufficient to meet the needs of people and in line with needs documented in care plans. Staff told us that if extra staff were needed, for example for a specific activity, then they were provided. Staff who were not on duty volunteered to cover for leave and vacancies to avoid reliance on agency staff.

# Is the service effective?

## Our findings

Staff were able to tell us about people's backgrounds, likes and dislikes. People's life histories were documented and gave detailed stories of people's lives to help staff to understand the person they were supporting.

One person we spoke told us that they thought staff were trained to do their job properly. The person said, "They [staff] know what they're doing." A relative told us, "The staff are amazing, I have full confidence in them."

Staff we spoke with told us that when they began to work for the service they undertook an induction programme which consisted of on-line learning, practical learning and shadowing more experienced staff. The records we reviewed confirmed that staff had undergone an induction process and had received the relevant training they required for their roles. A member of staff said, "The induction I received was very comprehensive and supportive." Staff were also required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction and training of new care workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

Staff were supported. All staff received regular supervision with their line manager. A member of staff told us, "It's really useful. An opportunity to discuss issues and my development." Another member of staff told us, "I find supervision really supportive." The provider's policy identified that staff should also receive an annual appraisal. The registered manager had identified that this had not consistently happened and had recently put in place a programme to ensure that all staff had received an appraisal. This was to be completed in the near future.

People we spoke with told us that staff sought consent from them prior to carrying out tasks. One person told us, "They [staff] always ask to do things." Staff we spoke with told us that they always sought consent from people prior to carrying out tasks. They told us that they offered people choices and would respect people's wishes if they refused care. Staff told us that they explained to people what they were about to do and waited for people to agree. We saw that within people's care and support file they had consented to various activities that staff could undertake on their behalf such as treatment, staff administering medicines to them, contacting GP, calling an ambulance and contacting the next of kin.

Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Court of Protection. We checked whether the service was working within the principles of the MCA. We found that people's rights were being protected



from unlawful restriction and unlawful decision making processes.

People were supported to have sufficient food and drink. One person told us, "Staff make me nice dinners. I get to choose what I have." A relative we spoke with said, "I don't have any concerns regarding nutrition. The food always looks nice and the meals well balanced." Fridge, freezer and food temperatures were recorded and in some cases food diaries were kept, documenting what people had eaten.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals, such as opticians and dentists. Contact with GPs was made when needed and when required, people attended hospital appointments with the support of staff.

## Is the service caring?

### Our findings

People, relatives and healthcare professionals we spoke with made positive comments about the staff and about the care people received. Comments included, "The care is excellent," and "The staff are amazing," and, "The location manager has worked wonders."

We were told by relatives and professionals that interactions between staff and people who used the service were kind and caring. From our discussion with staff we found them to be caring towards the people they provided care and support to. Staff said that they liked working at one location regularly as it allowed them to 'get to know and understand' the people who used the service. Staff told us that they were dedicated to the people they supported and said, "Developing trust and a caring relationship underpins everything else we do."

Staff supported people's independence and encouraged them to take part in daily living tasks. One person told us, "I help with things like preparing meals, I like doing it." A relative said, "I like that independence is promoted as much as possible."

Staff clearly knew people as individuals. One member of staff told us, "It's important that everyone is treated as an individual with their own wants, needs and preferences." We observed a member of staff supporting a person. They both had a good rapport. The member of staff clearly knew the person well and they were very polite to the person. We saw historic staff handover notes. Staff described how they had met people's needs in sympathetic way, this included people whose conditions were unstable at that time. These documents did not use judgemental language and celebrated people's success where they had achieved some of their aims in becoming more independent.

People confirmed that staff respected their privacy. Staff gave us examples of how they respected people's privacy and dignity, this included closing curtains and doors to ensure that people were not seen when undressed and knocking on the front door and internal room doors before entering.

Relatives confirmed that they were involved through regular reviews, and discussions. One relative said, "We are regularly updated." Whilst a second relative said, "We get updates, communication is very good." The care records we looked at showed that people were involved and supported in their own care, and decisions. Care documents were presented in a way that people could follow and understand easily so that they were fully informed of the care and support that was being provided to them. We saw from documents provided that people were encouraged to share their views and were listened to by staff who supported them in accordance with what had been agreed with them when planning their care. Care records included a person centred plan consisting of a one page profile detailing how people made decisions, how they liked to be supported, any risks and how they were involved in developing their plan.

## Is the service responsive?

### Our findings

Each person had a care plan that gave staff personalised, detailed guidance on the care and support that the person needed and how they preferred that care and support to be delivered. People and their relatives had input into the care plan and the plan reflected their needs and preferences. A relative told us, "I am asked for, and give my views on the care my [family member]."

The registered manager told us that the care records we looked at in the office were duplicates of the plans that were kept in people's homes. The plans we saw gave staff detailed instructions on every aspect of the care each person required. For example, one person's plan contained the specific use for a particular medicine. This included guidance from healthcare professionals.

We saw that care plans contained details of people's history, likes and dislike and routines. Care plans were person centred and written in plain English. People were involved in the assessment and reviews. One person said "I speak with staff regularly to check if everything is ok."

Risk assessments were an integral part of the care plan and included detailed guidance for staff on ways to minimise risk without putting restrictions on the person. For example, a care plan and risk assessment relating to taking one person out for a walk included details about ways to protect the person in different weather conditions and road safety.

All the staff we spoke with told us that care plans were reviewed and updated whenever changes to a person's care and support were made. Care plans we saw confirmed this, for example, one person's care needs had temporarily changed through illness. We saw that changes had been made in relation to the level of personal care required to be given by staff. When the illness had passed care provision was again reviewed and changed accordingly. Staff told us that the care plans were very detailed and gave them all the guidance they needed to be able to support each person. They said they always read the care plan when returning from annual leave to ensure they were fully apprised of the person's current and immediate needs.

Staff spent many hours with the people they were providing care and support to, which meant that keeping people active and stimulated in the way each person needed was described in the person's care plan. The person we spoke with told us that they enjoyed walking and staff encouraged and accompanied them in this pursuit. The same person also had a keen interest in the Royal family; they showed us a photograph of them meeting The Queen. Staff told us that they encouraged discussion around this topic because the person was proud and really enjoyed it.

The provider had a complaints procedure, which was in the care records folder in each person's home. People and relatives we spoke with told us they knew how to make complaints if they needed to. One relative said, "I would know who to go with any concern but I've not had any reason to." They were confident that the registered manager would act quickly to resolve any concern raised. Staff knew how to respond if anyone wanted to raise any concerns. Staff were sure that the registered manager would address any issues. Records we looked at showed that there were no recently recorded complaints.

## Is the service well-led?

### Our findings

People told us the service was well-led. We asked a relative if they would recommend Lifeways Community Care. They responded, "Absolutely." One person told us, "I really like it." A healthcare professional told us, "It's really very good. Following a difficult contract transfer the locality manager worked wonders. Care plans are person centred and tailored to health needs and aspirations." The provider regularly surveyed people's opinions about the service. The recent survey showed a high response rate from people. All responses were positive.

There management structure consisted of a registered manager and location managers. The agency also had office staff that assisted in the smooth running of the service providing administrative support.

The registered manager was supportive of staff to work effectively as a team in order to provide people with a good standard of support. The registered manager and staff had developed and sustained a positive culture within the organisation and we saw that structures were in place so that staff knew their roles and responsibilities. One staff member said, "I genuinely feel supported by my manager." Another told us, "We really have a great team." The registered manager told us that during staff meetings they discussed concerns or ideas with staff so that they could be used as a learning tool to improve the service. The provider had a system in place to record safeguarding, incidents and accidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals.

The registered manager and locality managers completed a number of quality audits on a regular basis to assess the quality of the service provided. The provider also had a dedicated quality team which conducted internal audits of locations. These included checking people's care records, safeguarding, service user involvement, staff training and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection.

Whilst the provider understood their responsibility to report to us any issues they were required to report as part of their registration conditions we noted that this had not always been done in a timely manner.