

Lifeways SIL Limited

Ashmourt Court

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

The inspection took place on 17 July 2017 and was announced. The provider was given short notice of our visit in line with our current methodology for inspecting this type of service. This was the first comprehensive inspection at the service since the provider registered with the Care Quality Commission in August 2016.

Ashmount Court comprises of 16 self-contained flats and is situated near Doncaster. The service provides 24 hour recovery based support for people with complex mental health needs.

At the time of our inspection the service did not have 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 service was managed on a day to day basis by the scheme manager, who had support from a registered manager within the same company.

The service had a system in place to safeguard people from abuse. Staff we spoke with told us they had attended training and learned how to recognise and report abuse if needed.

We looked at support plans and found that risks associated with people's support had been identified. These included ways of minimising the risk to help keep people safe.

People received their medicines in a safe way and as they were prescribed. The provider had a safe administration of medicines procedure which had four different levels of support. These were identified in people's support plans and reviewed on a regular basis.

Staff were recruited in a safe way. Pre-employment checks were completed prior to them commencing work at the service. Staff received an induction to the service which included training, reading policies and procedures and getting to know people who used the service. New starters worked alongside experienced staff until they were confident in their new role.

We spoke with people who used the service and they felt there were enough staff around to support their needs. Staff felt they worked well as a team.

Staff received training and support to carry out their responsibilities. Staff told us that training was provided on a frequent basis and was informative. Staff also received regular discussions with their line manager to reflect on their practice and to discuss job related issues.

We checked to see if the provider was meeting the requirements of the Mental Capacity Act 2005. We found that staff were aware of the principles of the act and ensured they obtained consent prior to supporting people.

Where required staff gave assistance to people to shop for food and to develop cooking skills. We saw the service had recipes to promote healthy eating.

Access to healthcare professionals was sought when required and without delay. This was documented and advice given was discussed with people and recorded in their recovery support plan.

People who used the service were complimentary about the staff team and felt they did all they could to involve them in their support.

We observed staff interacting with people during our inspection. Staff were understanding and supportive and encouraged people to make their own choices.

People had recovery support plans in place which were tailored to meet their individual circumstances. These were reviewed regularly to ensure people's needs were being met.

We saw that concerns were responded to appropriately and where necessary included meetings with the complainants in order to resolve issues. The scheme manager told us that complaints were used in a positive manner to develop the service.

People we spoke with felt the management team were supportive and inclusive. They offered opportunities for people to comment about the service and listened to people's views.

Audits were completed to ensure the service was meeting the objectives within the provider's policies and procedures.

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.

The service had a system in place to safeguard people from abuse. Staff knew how to respond and report abuse.

We looked at support plans and found that risks associated with people's support had been identified.

People received their medicines in a safe way and as they were prescribed. The provider had a safe administration of medicines procedure which had four different levels of support.

Staff were recruited in a safe way. Pre-employment checks were completed prior to them commencing work at the service.

There were enough staff available to meet people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to carry out their responsibilities. Staff told us that training was provided on a frequent basis and was informative.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Where required staff gave assistance to people to shop for food and to develop cooking skills.

Access to healthcare professionals took place when required and without delay.

Is the service caring?

Good ●

The service was caring.

Staff were understanding and supportive and encouraged

people to make their own choices.

People gave positive feedback about the caring and supportive nature of the staff team.

Staff respected people's privacy and dignity and recognised that people were at the centre of their support.

Is the service responsive?

The service was responsive.

People had recovery support plans in place which were designed to meet goals that the person wanted to achieve.

People completed a weekly activity schedule which included appointments, visits to family and social events.

The provider had a complaints procedure and any concerns were viewed in a positive way and assisted the development of the service.

Good ●

Is the service well-led?

The service was well led.

Staff were aware of their responsibilities and felt the management team were supportive.

People were given opportunities to contribute ideas and suggestions and felt listened to.

A range of audits were completed to ensure the service was meeting expectations.

Good ●

Ashmount Court

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 took place on 17 July 2017 and was announced. The provider was given short notice of our visit in line with our current methodology for inspecting this type of service and we wanted to make sure someone would be in.

The inspection was completed by an adult social care inspector.

Before our inspection we gathered and reviewed information about the provider from notifications they had sent to the Care Quality Commission. We also spoke with the local authority and with Healthwatch to gain further information and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During our inspection we spoke with four staff including the scheme manager, deputy manager and two support workers. We also spoke with three people who were using the service at the time of our inspection.

We looked at documentation relating people who used the service and looked at three support records. We also looked at documents about the management of the service and looked at three staff files.

Is the service safe?

Our findings

We spoke with people who used the service and they told us the service was safe and a safe place to be. One person said, "The staff are great, they help you and they won't let you do anything that could put you at risk without explaining what could happen." Another person said, "I feel safe most of the time, but if I don't I let the staff know."

The service had a system in place to safeguard people from abuse. Staff we spoke with told us they had attended training and had learned how to recognise and report abuse if needed. They also felt that the management team would take swift action to address any concerns of this nature. The scheme manager told us that they regularly talked about the safeguarding procedure during team meetings. The scheme manager kept a record of any concerns and recorded them on an incident log along with the outcome and any lessons learned.

We looked at support records belonging to people who used the service. Risk management plans had been developed to identify any risks associated with people's care and support. These plans included the identified risk, signs, triggers and risk reduction factors and who was responsible for each area. Risks identified included excessive spending of money, sexual vulnerability, self-harming and absconding.

We looked at systems in place for managing medicines in a safe way. We found the provider had a policy in place to guide staff in the safe handling of medicines. The provider also had a safe administration of medicines procedure which had four different levels of support. Level one was that staff would order and support people with their medicines. People would have their medicines kept in the medication room and would receive their medicines there. Level two was that people had their own lockable storage in their flat and staff kept the key and offered support in their own flat. Level three supported people to have a week's worth of medicines in their flat and the key to their cabinet so they could take their medicines as prescribed. Level four meant they could have a month's worth of medicines in their flat. Staff completed random checks to ensure people on level three and four were taking their medicines.

We saw medicines were stored appropriately. Medicines which required cool storage were kept in a medicine fridge in one of the medicine rooms. The service had two medicine rooms, one in each block of eight flats. We saw that temperatures were taken on a daily basis of the fridge; however there were no temperature checks completed for the medicine rooms. We spoke with the deputy manager about this and they told us this would be resolved.

We saw Medication Administration Records (MAR's) were in place to record when people had been given their medicines. We saw these were completed accurately and showed what medicine had been administered and when.

Staff confirmed that they received training in handling medication. Staff told us they felt confident in handling people's medicines in a safe way.

We spoke with people who used the service and they felt there were enough staff around to support them at all times. One person said, "There's always enough staff and they are available to chat to, they are brilliant." We spoke with staff and they felt they worked together well as a team and there was a good sense of teamwork. We looked at the rota and found that there was always one staff member on site 24 hours a day. Extra staff were available during the day and evening to support people to meet their support plans and attend appointments. At the time of our inspection there was not a full complement of staff and the provider was in the process of recruiting staff. However, this was not effecting the running of the service.

We looked at how the provider recruited new staff in a safe way. We saw they had a procedure which ensured pre-employment checks were carried out. These included references from previous employers, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Staff we spoke with could tell us that these checks were carried out prior to them working at the service. We looked at three staff files and they confirmed that the checks had been completed.

There was an induction programme in place for new starters. This included reading policies and procedures, reading support plans, getting to know people who used the service and working alongside experienced staff until they felt confident that they could do the job.

We spoke with the scheme manager and they told us that people with no previous experience in a care setting would have to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Is the service effective?

Our findings

We spoke with people who used the service and they felt staff were knowledgeable about their needs and supported them well. One person said, "They [the staff] know what they are doing and understand me well."

We spoke with a support worker who had team leader responsibilities and ensured the staff training programme was maintained. We were shown a training matrix which included training courses which were expected to be completed by staff and the date they were completed. Training course included subjects such as safeguarding, Mental Capacity Act 2005 (MCA), food hygiene, medication and fire safety.

We spoke with staff who confirmed that training was provided and that it gave them the skills the job required of them. Staff told us they were able to access other training as required to further their knowledge. One support worker said, "We are supported to progress within the company."

Staff told us they felt supported by the management team and they received regular supervision session. Supervision sessions were one to one sessions with their line manager to discuss work related issues and performance. In addition to these sessions, we saw that job chats took place. These were meetings to discuss a particular area of their work. Staff told us that they found all the support beneficial.

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.

People can be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The service was meeting the requirements of the MCA 2005 and the principles of the act were adhered to. People were given a range of choices and supported to make their own decisions. When these were unwise decisions, staff explained the potential consequences and risks involved. Staff were aware of the principles of the MCA 2005 and were keen to ensure people were in charge of their own support.

Staff supported some people to shop and make their own meals. One person who used the service had support at meal times as they were prone to weight loss. Another person had a support plan in place which indicated that they needed staff to help them choose a healthy and balanced diet. People had a weekly planner which was used to schedule food shopping trips and to ensure staff offered this support.

The support plans we looked at showed that people had access to health care professionals as required. Each person had a professional visits form, where contact to health care professionals had been recorded. People had access to professionals such as psychiatrist, social worker, consultants and care co-ordinators.

We saw that advice offered was discussed with people and wrote up in their recovery support plan.

Is the service caring?

Our findings

People who used the service were complementary about the support they received from staff. One person said, "They [the staff] are very easy to get on with, they do a brilliant job. They help you get through to the next stage. They are like stepping stones." Another person said, "The staff are friendly and supportive. Easy to talk to."

We observed staff interacting with people during our inspection. Staff were understanding and supportive and encouraged people to make their own choices. Staff made time for people and put them at the centre of all they did. For example, one person required support to sort out a bill and staff spoke with them and came up with a plan about how this could be resolved. Another person required some help in the garden area and staff were on hand to assist.

A key worker system was in place to ensure people received person centred support. Key workers were responsible for holding weekly key worker sessions to ensure people were receiving appropriate support. A weekly planner was also completed at these sessions to ensure staff were available to attend appointments and provide the appropriate support.

We asked staff how they respected people's dignity and privacy. One support worker said, "We have to respect that the person is the tenant and it is their individual flat. We would never enter their flats without an invitation to do so." Another support worker said, "Everyone is different and unique in their own way. It is their home and we need to ensure people feel comfortable with us."

People were involved in setting goals which were specific, measurable, achievable, realistic and time bound. This helped people to work on small goals which led to longer term goal setting when they felt this was required.

Is the service responsive?

Our findings

People we spoke with felt involved in their support. One person said, "They [the staff] really help you, they are always there. They [the staff] help you do a weekly plan which includes hobbies such as ice skating."

People had recovery support plans in place which were based on their personal situation and the support they required. Staff assisted people to take as much responsibility as possible for their own recovery support plan. Support plans centred on people's views, aspirations, and lifestyles. Staff we spoke with were keen to ensure that people received support which they were involved in and had made choices about.

Support plans we looked at contained information about people's identified needs, any goals, actions and who was responsible for doing each task. For example, people who had a personality disorder had plans in place to help develop confidence, and identified the support required to help them socialise in the community. Another person had an easy to read plan which helped them to cope with their mental health need.

Daily notes were maintained and a monthly report gave an overview of the month. This included what went well and identified any goals that the person wanted to meet. This was to ensure that the support plans were contributing to people's lives and helping them to meet their required outcomes.

People had an individual weekly plan which was completed with their key worker on a weekly basis. This incorporated any appointments, family visits, assistance with meals, shopping and social activities. Staff were particularly knowledgeable about supporting people in a way that would take their mind off their problem and focus on something more positive. This included volunteer work, and attending different schemes. Staff were keen to offer praise when things went well.

The provider had a complaints procedure which supported people who wanted to raise concerns about the service. This was also available in an easy to read document. We spoke with the scheme manager about complaints and they showed us a file where they logged concerns and their outcome. We saw that concerns were responded to appropriately and where necessary included meetings with the complainants in order to resolve issues. The scheme manager told us that complaints were used in a positive manner to develop the service.

Is the service well-led?

Our findings

People we spoke with told us they valued all the staff and felt the managers were easy to talk to and supportive.

At the time of our inspection the service did not have a registered manager in post. However, there was a scheme manager who was supported by a registered manager of another service within the company. The service also had a deputy manager and a team leader.

Staff we spoke with told us they had confidence in the management team and felt they were open to suggestions and ideas. Monthly manager's meetings were held and information was cascaded down to the staff team to ensure everyone was involved in the service.

From speaking with staff, people who used the service and by our observations, we saw that the management team communicated well at all levels. Staff were clear about what was expected of them, they knew what their responsibilities were and knew when to ask the management team for advice.

The scheme manager completed audits which looked at different areas of the service and how it was performing. For example, we found audits had been completed around areas such as medicine management, complaints and files belonging to people who used the service. We also saw that service audits were completed by a senior manager. These included health and safety, policies and procedures, partnership working, staff files, accidents and incidents and care of people who used the service. Any areas for improvement or development were identified and placed on an action plan. However, we found that the action plans had no dates or timescales for completing. We spoke with the scheme manager about this who said they would include these in the future.

The service actively sought the views of people who used the service. Surveys were sent to people twice a year. Comments we saw were positive. The scheme manager told us that feedback was also encouraged in tenants meetings. These were supported by staff at present and chaired by a tenant. The outcome of the meeting was then discussed at a staff meeting, where the chair person was invited to discuss their comments.