

Lifeways Community Care Limited

Lifeways Community Care (Swindon)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lifeways Community Care (Swindon) is part of a national organisation which provides care to people with learning disabilities living in different communities. The Swindon office manages supported living services for people living in the area of Swindon and Gloucestershire. At the time of the inspection the service was supporting 45 people in 17 different locations. People supported by Lifeways Community Care (Swindon) have physical and learning disabilities, profound difficulties in communicating and can, at times, express emotional distress.

People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Based on our review of key questions Safe, Responsive and Well-led

Right support: Although the care plans and risk assessments were reviewed, they did not always effectively identify all shortfalls noted during this inspection. Not all risks had been considered in relation to people's specific health needs. The service did not always follow best practice with regard to controlled medicines patches. The manager took immediate action to put things right and make improvements. The service supported people to have as much choice, control and independence as possible. The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right care: The service did not always ensure that care plans were up-to-date and that risks faced by people had been identified, assessed and planned for. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it. People using their individual ways of communicating could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right culture: People received good quality care, support and treatment because suitably trained staff were able to meet their needs and wishes. People's support plans were not always up to date, reflect their needs or demonstrate that the person's care had been reviewed. Checks to ensure that records were up-to-date were not always effective. The provider demonstrated a commitment to create a culture of improvement that provided good quality care to people. However, the success of this approach had been affected by changes in leadership at the service and the high use of agency staff. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (published 23 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Lifeways Community Care (Swindon)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors, a medicines 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 care service.

Service and service type

This service provides care and support to people living in 17 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service was run by a manager who was going to register with the Care Quality Commission (CQC)

Notice of inspection

We gave the service a 48 hours notice of the inspection. As the service is small and people receiving care are often out, we needed to make sure we could contact people in person to speak with them.

Inspection activity started on 12 July 2022 and ended on 12 July 2022. We visited the location's office on 12 July 2022.

What we did before the inspection

Before our inspection, we reviewed information we held about the service. This included information received from the local authority and professionals who work with the service. We looked at statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 23 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with four people using the service and eight relatives of people about their experience of the care provided. We spoke with five members of staff and the manager of the service. We reviewed a range of records, which included 10 people's care records and various medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- We viewed many records across different locations supported by the provider and most had information to keep people safe and were sufficiently detailed. However, some information on site had not been updated following audits with regard to a person's health and well-being. Another person had Type 2 diabetes and required medicines, but these were not detailed in the person's care plan. This information was also missing in the person's hospital passport and the hospital admission traffic light folder. This means there was a risk this information would not be passed to hospital staff if the person needed to be hospitalised. We found no risk assessment relating to Type 2 diabetes in the person's folder. As a result, the staff we interviewed on site were not always knowledgeable about the risks resulting from the person's condition.
- People were supported to take their regularly prescribed medicines safely. However, risks relating to people refusing their medicines were not always assessed and there was not always evidence of staff contacting medical professionals to seek for advice. For example, we saw that one person refused their diabetic medicines four days in a row. There was no information on how this might affect the person's health and well-being. There was no evidence of staff contacting the person's GP or 111.
- One person using the service was prescribed with controlled medicines patches. However, rotation of the patches were not recorded by the service provider. Patches should be rotated to maintain skin integrity and to ensure that the drug is absorbed at the correct rate through the skin. There was no checking process to make sure patches remained in place. This posed a risk of staff assuming the patch had fallen off and applying another, which might result in an overdose. We raised this issue with the provider who immediately introduced appropriate checks.

The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Another person had risk assessments regarding their catheter and colostomy bag. However, these assessments needed further improvement as they lacked details of possible signs of sepsis, and details of catheter and stoma bag care. We raised this with the provider who told us they were going to contact a district nurse to update the risk assessments for this person.
- People were involved in managing risks to themselves and in taking decisions about keeping safe.
- The provider had a medicine administration policy in place and staff involved in medicine administration were trained and had their competencies assessed to administer medicines.
- Staff assessed people's sensory needs and did their best to meet them.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "It's so good in here". People's relatives told us that generally they felt people were safe. However, they had concerns regarding people being supported by agency staff as they were not always knowledgeable about how to meet people's needs. For example, we saw a recent medication error where an agency staff member administered diabetes medicines to a wrong person. During our inspection we interviewed staff including agency staff asking them about their understanding of the person's condition. We were not reassured that staff, agency staff in particular, understood the person's condition.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "I would go to my team leader, my manager and the registered manager all the way up until it is getting sorted".

Staffing and recruitment

- Staffing levels were determined by people's support needs and funding arrangements. Some people required one to one support and this was provided.
- We received mixed feedback about staffing levels. One person told us, "Staffing numbers are okay". However, some people told us that due to the funding they felt restricted by low staffing numbers. We raised this issue with the manager who told us this would be reviewed with people who felt their current support hours were not meeting their needs.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.

Preventing and controlling infection

- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The manager was responsive to our feedback. They introduced a range of changes following our inspection feedback. This included contacting other professionals in order to update people's care plans and risk assessments.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people's care plans were out-of-date or did not contain important information regarding their health and well-being.
- People's relatives told us and records confirmed they were involved in planning people's care in a personalised way. However, their confidence in whether this support would be delivered by agency staff varied. One person's relative told us, "Her needs I feel are met when regular staff are on and they aren't too short-staffed".
- Staff offered choices tailored to individual people using a communication method appropriate to that person
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged by staff to reach their goals and aspirations and they were supported to participate in their chosen social and leisure interests on a regular basis.
- Care plans included details of people's relationships with family, friends and described the informal support people may receive or want to maintain. Where people wanted to access their local community or take part in domestic activities, staff facilitated this.
- People who were living away from their friends and families were able to stay in regular contact with them via telephone and video calls.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.
- Staff explained to people when and how their complaints would be addressed/ resolved.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. People's records included their preferences relating to protected characteristics, culture and spiritual needs and the manager confirmed they would liaise with families and appropriate health care bodies if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new manager had joined the service and was in the process of applying for CQC registration. The provider had conducted a quality assurance visit prior to our inspection and identified actions for completion. The manager had the knowledge and experience to perform their role, however, we found shortfalls in the oversight of the service they managed. Records related to people's care were not always accurate or up-to-date.
- Governance processes were not always effective in identifying shortfalls. For example, we found areas for improvement in care planning that were not identified prior to our inspection.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was visible in the service, approachable and took an interest in what people, their families staff, advocates and other professionals had to say.
- The manager promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The manager worked across 17 locations, but people and staff confirmed they were visible in the service and could be contacted easily when needed. Our observations indicated the manager was approachable and took a genuine interest in what people and staff had to say.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their duty to be open and transparent with people and their families when things went wrong.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- We received mixed feedback from people and those important to them regarding their involvement in the

running of the service. Their opinions on how the provider was using their feedback to develop the service also varied. One person's relative told us, "The only contact tends to be instigated by me unless they want to ask for permission to do something." Another person's relative told us, "I don't receive any phone calls, letters or emails from them, I don't feel I am kept up to speed on medical issues, it would be good to be contacted even with just a text where there is an issue."

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture.
- Staff encouraged people to be involved in the development of the service.

Continuous learning and improving care; Working in partnership with others

- The provider was responsive to feedback from other organisations. For example, some of the shortfalls found during our inspection were resolved immediately following our feedback.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p>