

Lifeways Community Care Limited

Lifeways Community Care (North of the Tyne)

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

About the service

Lifeways Community Care (North of Tyne) is a supported living service providing the regulated activity personal care. The service provides support to people with a learning disability or autism. At the time of our inspection there were 28 people using the service who required support with personal care.

The service supports people in their own homes. Staff supported people for either all or part of the day. Where people needed help over 24 hours then arrangements are made for staff to sleep at the property, at the same time causing the least disruption to people's living environment. Some people lived on their own and some people shared their homes with a number of other people. People rented their homes from a private landlord and were reliant on the landlord to deal with maintenance and upkeep of the property.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support: People were supported to make choices in their daily lives, although this was sometimes limited due to staffing issues prompted by current national recruitment difficulties. People were supported with shopping and preparing meals and engaged in a range of outside activities. They were able to maintain family relations, develop friendships and engage with the local community. Some people were actively involved in reviewing and auditing the service to ensure it was safe and that other people were receiving the care and support they needed. Staff had a good understanding of people's needs and were encouraging of people to set and achieve new goals.

Right care: Care was centred around people's particular needs and likes. Staff were fully aware they were supporting people in their own homes and ensured people were happy with their actions when providing care. Personal care was provided in a thoughtful and dignified manner and people were highly complimentary about the way staff helped them. Relatives and outside professionals said the service provided good care and helped to improve people's everyday lives.

Right culture: Staff talked positively about the role they undertook and consistently strived to deliver person centred care. People were supported by a staff group that had access to a good range of training and who were well supported by managers through regular checks, supervision and appraisal. People were empowered to live their best lives possible and were valued as individuals. They were encouraged to be part of the community. Relatives and professionals told us people had developed skills since being supported by the service and were enjoying life.

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

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

Rating at last inspection and update

This service was registered with us on 23 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Recommendations

We have made recommendations to the provider relating to ensuring staffing numbers are maintained to allow the correct support to people, making sure, where decisions are made in people's best interests, they are fully documented and ensuring people's involvement in care decisions is properly documented.

Follow up

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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Lifeways Community Care (North of the Tyne)

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 12 '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 a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 13 September 2022 and ended on 4 October 2022. We visited the location's office on 28 September 2022. We spoke on the telephone with relatives, professionals and staff at various times between the dates highlighted.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the provider's office location for this service to look at a number of management files and other documents related to the running of the service and spoke with the registered manager. We visited 4 locations where people were supported in their own homes and spoke with 4 people who were supported by the service, 1 service manager and 4 staff. We spoke on the telephone to 3 relatives of people who used the service, 2 care managers, 2 staff and 1 advocate for a person using the service. We further received 4 emails from staff working in the service and 1 care manager detailing their experiences.

During the inspection we looked at 3 care plans and a range of other care documents including medicine administration records. We looked at a range of management documents including 6 staff files, audit documents and meeting minutes.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out relevant to the support people received.
- The quality of the risk assessments varied, some being more detailed than others.
- Risk assessments had been reviewed and signed and dated, although it was not always clear how the review had been undertaken and who had been involved.

We recommend the provider review the risk assessment and review process to ensure it is consistent and appropriately detailed.

Staffing and recruitment

- Staffing was an ongoing issue for the service in line with current national issues in recruiting care staff.
- Staff and people told us it was sometimes difficult to maintain full staff numbers and that staff often worked additional shifts to ensure people were supported. One person told us, "It is difficult sometimes with staff shortages, sometimes there is only one staff on. Sometime the boss (service manager) has had to do it." A staff member told us, "There is always someone here. Sometimes it will only be one staff member, but we still support people to get out if we can."
- Staff time was split between general support and specific one to one time for people to visit the community or enjoy activities, although this was sometimes limited due to staffing numbers.
- The registered manager told us that recruitment was ongoing and a number of new staff were awaiting clearance to start work or were engaged in their induction process.
- People told us they had previously been involved in interviews, prior to the COVID-19 pandemic. The registered manager told us they wanted to reinstate this involvement.

We recommend the provider continues to monitor staffing in the service and further develops recruitment to help support people in their daily lives.

- Recruitment was carried out safely and effectively, although the process was split between the local service and the provider's Personnel Department which made the process difficult to follow.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place safeguarding processes and procedures.
- Staff had received training in safeguarding and understood how to protect people or recognise potential abusive situations.
- Appropriate action had been taken when safeguarding concerns had arisen.
- People and relatives told us they felt staff kept people safe.

Using medicines safely

- Medicines were managed effectively.
- Medicine records kept in people's home were up to date and well completed. People were supported to store their medicines safely.
- Staff had received training on the safe administration of medicines and senior staff regularly carried out observations to ensure this was done appropriately.

Preventing and controlling infection

- The provider had in place an infection control policy.
- Staff followed the provider's policy and wore masks when supporting people in their homes.
- Staff had access to a range of PPE to use when providing personal care or if a COVID-19 outbreak occurred.
- People were supported to maintain their home in a clean and tidy manner

Learning lessons when things go wrong

- The registered manager spoke about lessons learned from past safeguarding issues.
- Care records demonstrated staff considered what alternative actions needed to be taken in light of issues and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff knew where people had any Court of Protection orders imposing restriction on individuals.
- Staff were aware of any deputyships in place, with court appointed individuals to oversee finances. They were aware where relatives held Lasting Power of Attorney and needed be involved in decisions.
- Where appropriate, best interests decisions had been made, such as people having vaccinations or other treatment. Whilst the process undertaken was appropriate it was not always clear that full consultation had taken place and full consideration of the least restrictive option had been undertaken as required by the Mental Capacity Act (MCA)

We recommend the provider ensures that best interests decisions comply fully with the guidance set out under MCA legislation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs and choices were assessed and incorporated into their care plans.
- People told us they were able to make choices and that staff listened to them and supported them. One person told us, "I always have staff to support me." A relative told us, "They help them at the house. They just go with what they want."
- Staff had a good understanding of people's personal preferences and ways of doing things.
- People told us immediate choices was not always available, because of staffing issues and some staff not being able to drive, although people had planned one to one time with staff. A person told us, "Staff are excellent. They do what they can for everyone."
- People and relatives told us staff supported them to contact landlords and raise issues related to the

maintenance and upkeep of their home.

Staff support: induction, training, skills and experience

- The provider had in place a comprehensive training system.
- Staff told us they had regular and easy access to online training and had also received face to face training for areas such as moving and handling. They told us additional training was available and spoke about the registered manager arranging specific dementia training to help staff support one person using the service. One person told us, "All the staff are trained for everything."
- The provider carried out regular observations of staff to ensure they were competent to provide care.
- Staff told us and records showed there was regular supervision and appraisals taking place.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to shop for food and prepare meals.
- People told us staff supported them to plan meals and to cook what they wanted to eat. People said they could choose what they wanted.
- People and relatives told us staff also supported people to eat out.
- Staff monitored people's diet and followed professional guidance where appropriate.
- People told us staff supported them to make appointments or visit local health services.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of other agencies to support people to stay active and healthy.
- Records showed that staff followed guidance from other professionals and contacted them with any issues or updated information. One care manager told us, "I have an excellent relationship with staff." An advocate said, "I feel kept in the loop. I'm kept up to date over the telephone and it is always comprehensive."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in an individual manner and helped to live their best life possible.
- Staff had a very good understanding of people's needs and the individual likes and dislikes.
- People and relatives were very positive about the care they received. Comments included, "They are thoroughly spoilt. It is just like a family"; "They are happy there and that is the main thing. They are really quite happy" and "I like living here. The staff are really nice."
- Staff spoke about how they enjoyed supporting people. One staff member told us, "It's seeing the smile on their faces. It's about giving them choices. Every day is different. If you are having a bad day, they really pick you up."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about their care and were involved in decisions.
- Staff spoke about how they set goals for people, including one person wanting to make a homemade pie for a friend's visit. One person told us, "They come and talk to you about what you want; any changes I think I need. They listen to you."
- Relatives and professionals told us people were involved in any changes to care. A relative told us, "The staff are really friendly and really lovely. They involved them in the decision about their recent move. They wanted to go."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and maintained their dignity.
- Staff sought permission before going into people's bedrooms or personal areas. They asked people if they were happy for the inspector to come into their home when we called at each property. Where appropriate people answered the door themselves and checked badges.
- When providing personal care staff ensured curtains were drawn and doors closed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs had been assessed prior to them receiving support from the service.
- Care documents were detailed, and people's choices and preferences included. An advocate told us they were actively involved in care decisions and regularly reviewed and signed care documents.
- Care plans were mainly in written format and an easy read version was not evident. Plans were contained in multiple folders which made referencing details difficult. People told us they rarely looked at their care plans or care folders.
- Care plan reviews had taken place, although it was not clear how and with whom these reviews had taken place and that people had been actively involved. Some documents simply a date and a signature and no supporting documentation. Relatives told us they were kept informed in any changes to people's care.

We recommend the provider review care documentation and ensure there is clear evidence that people or their representatives are actively involved in reviews. The provider should look to rationalise documentation to ensure information is easy to access and accessible to people they care for.

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.

- People's communication needs were supported.
- Staff had a good understanding of how people communicated and the best approach to take to involve them in day to day decisions. Staff spoke about offering people a variety of choices to allow them to choose, clothes, food, meals and activities.
- Care plans indicated where people needed to have simplified instructions to allow them to understand information.
- Staff had a good understanding of people's non-verbal responses. They spoke in detail about the meaning behind looks, actions and sounds that people made as a way of communicating their wishes.

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 supported to engage in a range of activities.

- People and staff told us that activities were increasing after the restriction of the COVID-19 pandemic.
- People spoke about attending country and western nights, going to the pub with their friends, visit to the football and going swimming.
- People had also been supported by staff to go on days out including to a Comicon event in Scotland, a theatre trip and stay in London and a caravan holiday. People also spoke about attending local discos and being supported to attend day centres.
- Families said they had regular contact with their relatives and many people visited family homes on a weekly basis. One person had a friend from their previous accommodation round for tea at their new home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and copies of the policy were in people's care plans.
- There had been no formal complaints received since the service had first been registered.
- People told us they could raise concerns if they had any issues. They said they would speak with the service manager or registered manager. One person told us, "If you are not happy with staff you have to speak up. I've not had any recent problems but I'd speak to (service manager) or the team leader would be a good place to start.
- The registered manager regularly visited the locations supported and spoke to people about any concerns they may have had.

End of life care and support

- Care plans had a section covering end of life care and wishes. Most people had decided not to complete this section of the plan.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was person centred and looked to empower people as much as possible.
- People told us they felt well supported by staff and that they were happy living in their homes. Comments from people included, "It's okay; it's good. We have a bit of independence. You can go out for the day. I do lots of events."
- Relatives also praised the service and the support people received. Comments included, "It's been the making of them. I cannot fault it at all" and "It's a very well-run ship as far as the staff are concerned. They all seem to look after them very well." An advocate told us, "Staff are very much aware of things. (Person) is very happy there."
- Staff told us they felt well supported by managers, although had some concerns about staffing and improving overall teamwork. Staff members told us, "Members of staff often send e-cards to praise each other for a job well done and all staff can nominate using the XO awards. Our service received a 95% on its audit. Staff received vouchers from the area manager for their hard work" and "Our team works well and provides support for each person's needs and capabilities. Since our new manager came it has gone from strength to strength."

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

- The registered manager had a clear view of their role and how they could support both staff and people.
- The registered manager regularly visited locations across the patch and spoke with staff and people. Audits and checks were carried out by service managers, the provider's own quality team and the registered manager. Action had been taken in relation to issues identified.
- Staff told us people were supported to carry out regular checks. One staff member said, "People are involved in health and safety checks within their home."
- Risk assessments were in place and stated they had been reviewed. However, it was not clear how these reviews had taken place as previous documents had just been signed and dated. We found reviews of other documents were undertaken in the same way. We spoke with the registered manager about ensuring reviews were properly documented and demonstrated involvement from others, as necessary.

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 was aware of their responsibilities under the duty of candour.

- There had been no incidents or accidents that warranted the provider responding with a full explanation and apology in line with this regulation.

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

- People and staff were engaged in running the service and maintaining quality.
- The registered manager had established a 'quality checkers' programme where people were trained to carry out checks on other parts of the service. People assessed whether other people using the service were involved in their care, had the right staff to support them and could enjoy activities. One person, who was part of this programme, told us, "It's a very important job. You make sure that everything is right; check that there are the right staffing levels."
- The provider carried out a survey of people who were supported by the service and family members twice a year. The most recent survey was highly positive with people praising staff for their support. The registered manager told us she ran a coffee morning in one of her areas to encourage families to attend and chat about any issues. The provider also looked to run coproduction events to help engage with a wider variety of people in improving the service.
- Staff confirmed there were regular staff meeting and said they could raise any issues. They also said they could speak with their manager about issues. The provider had an internal social media site that could be used to inform and engage with staff and for staff to post events and ideas on. Staff surveys were generally positive although there were lower scores for staff feeling valued.
- Some staff members told us they felt involvement could be improved. One staff member told us, "Communication with management could be improved as this can be lacking at times."

Continuous learning and improving care

- The registered manager spoke about a number of areas she was hoping to develop in coming months and how previous experiences had influenced this.
- Staff were also proactive about learning from the past. They were keen for people and families to be actively involved in service development. One staff member told us, "If I want my decision valued, make it a co-production, organise regular house meeting, take pictures, document and evaluate the project and make it work for everyone in the service."

Working in partnership with others

- The service worked in partnership with a range of other services.
- One care manager told us, "It is one of the better services; in my top three. There are no issues if I ask for feedback. I've no complaints about them."