

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 effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We inspected Lifeways Community Care on 8 and 15 June 2015. Lifeways Community Care (Lifeways) is a national organisation which provides care for people with specialist needs living in the community. The Swindon office manages supported living services for people living in a range of housing provision in Swindon. At the last inspection the service also supported 42 people across West Berkshire, however from June 2015 the service only supported people in the Swindon area. At the time of this inspection the service was supporting 40 people.

People supported by Lifeways Swindon may have physical and learning disabilities, profound difficulties in communicating and present behaviour that may challenge.

There was not a registered manager in post at the time of our inspection as the service was still trying to recruit. 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'.

# Summary of findings

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 the time of our inspection an interim manager was in place being supported by a regional manager and quality team.

At the last inspection in December 2014 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to concerns in relation to care and welfare, respecting and involving people, supporting workers, management and quality assurance of the service and records. We required the provider to take action to improve. The provider sent us an action plan stating they would be meeting the relevant legal requirements by June 2015.

At this inspection in June 2015 we found action had been taken to increase the standards of service for people but there were still improvements to be made and newly implemented systems to embed.

People's needs were assessed and these assessments were used to create support plans. New support plans were in the process of being implemented, however a number of people's files were still to be updated. Whilst most support plans identified risks associated with people's needs some plans did not clearly indicate what actions were needed to mitigate these risks.

There were enough suitably qualified staff but they were not deployed in a way that met people's needs.

There was a growing awareness within the service of person centred planning. However,

relatives we spoke with still felt they were not fully involved and some staff we spoke with still had limited understanding of personalised care planning.

Documentation in people's files in relation to consent and assessment of capacity to consent was not always filled in correctly. The numbers of staff trained in the Mental Capacity Act (MCA) had increased; however, many staff we spoke with could not demonstrate a clear understanding of the act and its principles.

Relatives felt that staff were caring and that the staff were becoming more consistent. This was supported by our observations in most of the locations we visited. In one location we found that some staff were still treating people's homes like a care home. We have recommended that the service access the British Institute for Learning Disability information in relation to advocacy.

There was a system in place to monitor the quality and safety of the service. Each location since our last inspection had received an individual audit and actions had been identified and were in the process of being completed to improve the services.

At this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk associated with people's needs were not always documented in a way that met their needs safely.

Staff were not always deployed in a way that met people's needs.

People were protected from the risk of abuse as staff understood their responsibilities in relation to safeguarding.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff did not always receive regular supervision and appraisal in line with the service policy.

People's decision making was not always supported by an adherence to the Mental Capacity Act (MCA) 2005.

New staff benefited from a comprehensive induction programme and ongoing training.

Requires improvement



### Is the service caring?

The service was not always caring.

We observed caring relationships between staff and the people they supported. This was supported by what relatives told us.

People were supported creatively to communicate and be part of their household.

People were not always supported to access advocacy services to enable them to be actively involved in decisions and express their views.

Requires improvement



### Is the service responsive?

The service was not always responsive.

Despite improvements people were still not fully supported in a truly person centred way.

When people's needs changed the service responded appropriately. People's needs were assessed and reviewed.

Complaints and concerns were raised and managed with satisfactory outcomes.

Requires improvement



### Is the service well-led?

The service was not well led.

Requires improvement



# Summary of findings

There was not a registered manager in post at the time of our inspection.

The service had systems in place to monitor the quality and safety of the service but these were not always effective.

The management of the service had developed forums to encourage feedback and involvement in order to improve the service.

Staff we spoke with were clear on the vision for the service and felt able to contribute.

# Lifeways Community Care (Swindon)

## 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 was 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.

This inspection took place on the 8 and 15 June 2015 it was unannounced. The inspection team consisted of three inspectors, a specialist advisor in learning disability and Mental Capacity Act and an expert by experience (ExE). An ExE is somebody who has experience of using this type of service, and a specialist

At the time of the inspection there were 42 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with two people who were using the service and 14 people's relatives. We spoke with 18 care staff, three service managers, the senior manager who was in day to day charge of the service and the regional operations director. We reviewed 14 people's care files, records relating to staff supervision, training, and the general management of the home.

# Is the service safe?

## Our findings

At the last inspection December 2014, we found breaches of Regulation 9 and 7 of the Health and Social Care Act 2008 (Regulated Activity) Regulations (2010), which corresponds to Regulation 12 and 13 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. We found that people were not always protected from the risk of harm and abuse. A number of staff did not know how to identify abuse or how to raise concerns of abuse. We also found that the risk associated with people's needs were not always documented or understood by staff. At this inspection in June 2015 we found that improvements had been made but there were still areas that required improvement.

At this inspection in June people had support plans in place which identified risks associated with their needs. There was a plan in place to change the records used to document people's needs which made it clearer and easier to follow. Most documents we saw had actions for staff to take to mitigate assessed risk in relations to people's needs. However, some risk assessments did not always detail what action should be taken by staff to mitigate these risks. For example, one person who had mental health needs had a support plan for staff to follow. This support plan detailed potential behaviours with a clear need for staff to monitor changes in mood. Details of what staff should be aware of were not documented. Another person with mobility needs had been injured whilst being pushed in this chair and staff members had also been hurt using it. However there was no updated risk assessment to reflect these events. Not all staff we spoke with were aware of these risks.

The issues were a breach of Regulation 12 Health and Social Care Act (2008) (Regulated Activities) Regulation (2014)

There were sufficient numbers of staff to meet people's needs on the day of our inspection. However, a number of vacancies still meant staff could not always be deployed in a way that fully met people's needs. A number of staff we spoke with felt that numbers of staff had increased but still felt there were still not enough. Comments included, "Staffing is better, but I'm still having to do more than I'd like to cover the gaps", "Staffing is still a problem but it's better. The agency staff are not always the same ones so there is a lot of pressure when you are the only person full

time" and "It's hard when you are with staff they don't always know people well and there is not always time for staff to read the files so it feels you are thinking for two at times". Relatives we spoke with also felt that staffing was better in terms of seeing "more regular faces", but still could improve. Comments included, "We visit regularly and staff are becoming more regular", "They still seem to be struggling for enough staff, but we are much happier with the team".

Our observations on the day showed that there were enough suitably qualified staff to meet people's needs, but they were not always able to be deployed effectively to meet people's needs. Staff rotas also showed that gaps were filled, but did show a number of staff having to do a large number of hours and a number of gaps covered by varying agency staff. We identified in two homes people were not always able to do full activities of their choosing due to not always having enough staff at all times that understood their needs. One staff member said, "They enjoy going out, but we have to wait for certain staff to ensure we can meet everyone's needs". We also identified occasions where people could not access their mobility vehicles due to not having enough staff who were able to drive. This meant people were having to pay for taxis and public transport as a result. Relatives we spoke with also identified this as a problem.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Relatives we spoke with felt their relatives were safe. Comments included, "I think people are safe, lovely staff", "Safety is not an issue for us, they are very safe" and "I have complete confidence my relative is safe these days".

People were safe from the risk of abuse. Staff we spoke with had a good understanding of safeguarding and what to do if they suspected abuse. We did see a number of incidents that had been referred in line with the services safeguarding policy. Safeguarding alerts had been raised appropriately by the service. People were also protected from financial abuse because the service had robust systems in place to support people in managing their money. We checked the finances kept by the services for five people and saw in each case recorded money accurately corresponded to the actual amounts.

## Is the service safe?

People received their medicine as prescribed. Medicine administration record (MAR) sheets were accurately completed and medicines were securely stored in people's rooms.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of

interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

# Is the service effective?

## Our findings

At the last inspection in December 2014, we found breaches of Regulations 18 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to take action to make improvements with regard to ensuring consent was sought in line with legal obligation under the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for specific decisions to be made for people who lack capacity at a specific time. We also identified improvement was needed in relation to staff support and appropriate training.

At this inspection in June 2015 we found improvement had been made but some improvements were still required. More staff had received relevant training since our last inspection. We also found that staff were beginning to feel more supported. Comments included, “The support has been much better, you feel more able to be open”, “You get the sense that managers will listen and follow through on things now, they seem to have more time” and “Everyone is having more training these days especially around MCA and safeguarding, more time is made for it, even if it means overtime”. However, we still found four out of 12 staff did not have supervisions recorded in their files and a further four staff had supervisions in the past six months but nothing since. The services policy states staff will receive supervision every 3 months. We did not see recent appraisals in people’s files or clear development plans to support obtain further qualifications to support their professional development. We raised this with the manager who took immediate action to understand why these were not happening. We saw a clear plan in place to prioritise staff supervision.

This issue was a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Documentation in people’s files in relation to consent and assessment of people’s capacity to give consent, were not always filled in correctly and in some people’s files were left blank. The numbers of staff trained in the MCA had increased; however, many staff we spoke with could not demonstrate a clear understanding of the act and its principles.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Deprivation of liberty safeguards (DoLS) had been applied for in some cases and there were others that were in the process of being completed. DoLS are in place to protect people from unlawful restrictions on their freedom.

Relatives we spoke with felt that staff had the knowledge and skills to meet people’s needs. Comments included, “my relative has a great support team, when the carers are the regular ones they are supremely knowledgeable”, “very skilled carers excellent with my relative” and “the regular one are first class”.

A new staff induction had been introduced since our last inspection which meant staff now had a structured and through pathway before starting their roles. The induction programme involved becoming familiar with all the service’s policies as well as doing shadow shifts to develop their knowledge and skills within the job. We spoke with four new staff who were very positive about the process. Comments included, “it’s very engaging and interactive I feel ready to do the job” and “I have done care work before but have learnt so much more from this process”.

People who had specific communication needs were supported to communicate. We saw one example of a person with complex needs which impacted profoundly on their ability to communicate. We observed this person being supported to learn new ways of communicating. In another household we saw a person interacting with staff through sound and gestures. Staff were able to tell us what this person was communicating. Communication plans detailed this information to ensure that all staff could communicate using people’s preferred method.

People benefited from a varied and balanced diet of their choosing. On the day of our inspection food was being prepared and contained fresh vegetables. People who had specific dietary requirements had these documented in their support plans. For example, people who required support with drinking due to risk of choking had guidelines in place which we observed staff following.

People had access to appropriate professionals. People were supported to attend GP appointments and visit the dentists. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required.



# Is the service caring?

## Our findings

At the last inspection December 2014, we found breaches of Regulations 17 and 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people were not always treated with dignity and respect and the staff approach was not always caring.

At this inspection we found that improvements had been made. People and their relatives felt staff were caring. Comments included, “the staff are excellent very caring”, “the long standing staff are absolute angels” and “the care is very good, really wonderful staff”. These statements supported our observations. We observed warm and caring relationships between staff and people they supported. We observed that people were supported in a patient and considerate manner

Many people supported at the service had complex needs that impacted on their ability to communicate verbally; we saw two people who had received input from an advocate. Advocacy is a process of supporting and enabling people to express their views and concerns. Access information and services, and defend and promote their rights and responsibilities. However, this practice was not applied

across the whole service. Some relatives we spoke with hadn't heard of this and felt it would really benefit their relatives at the service. Comments included, “they service have never mentioned it was possible” and “that sounds just what my relative needs, we haven't heard about it though”. Staff we spoke with were not always clear on the purpose of advocacy or how they would go about identifying who may benefit from it.

People's relatives also felt people's privacy and dignity were respected. Comments included, “we can visit when we want with no problems, always respect our privacy”, “I have no worries about dignity, the staff are great” and “it's much better these days, you can see staff are more professional around people's dignity”.

Staff we spoke with talked about the importance of their relationships with people they supported. Comments included, “it's important to get to know each person as an individual and develop that trust”, “I treat each person as if they were family, they are all very special” and “I love coming to work and going home knowing I have made people happy and comfortable”.

**We recommend that the service access the British Institute of Learning Disability guidelines in relation to Advocacy.**

# Is the service responsive?

## Our findings

At the last inspection in December 2014, we found breaches of Regulations 9, 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to take action to make improvements with regard to designing people's care and respecting and involving people within the service. At the inspection in December 2014 we had concerns with regards to the way people's care and support plans were designed to mitigate risk and protect their safety and we had concerns that the key principles of person centred planning were not being adhered to. People and their relatives had not been fully involved in creating care and support plans. We also found that people's homes were not always being treated as their homes and had been treated more like traditional care homes. Within supported living services people own or rent the properties within which they live.

At this inspection in June 2015 we found that whilst improvements had been made there were still some further improvements needed. People's relatives still felt that whilst they had experienced positive changes people and their relatives were still not fully involved. Comments included, "we feel better about things, but we are still never really involved", "not involved at all, I have to keep calling and they don't always get back to me" and "they seem to only think to involve you if you are there, they don't take the initiative, what about people whose relatives don't visit as regularly".

People's needs were assessed and pre-review meetings had started for some people which were aimed at ensuring people had full control over who attended and became involved in their support planning, however this had not fully embedded at the time of our inspection. We found that some people's current support plans had a number of issues that reflected the lack of appropriate involvement. For example, some people's support plans contained other people's names. Staff told us this was mainly because, "information is often generic so just get pasted into everyone's". Other support plans had not involved the person or relatives in the development of them. Staff told us, "we aren't always included, they get taken away and brought back looking like this, things aren't always phrased how I would put it and I have known them years".

We found most of the households we visited to clearly respected the environments as people's own homes, for example people were encouraged to answer their own door and rooms were personalised with people's belongings. However, there were other occasions in others people's homes that required further improvement. For example in one household staff were walking in and out to get access to an area some staff referred to as an office. We did not observe permission being obtained from people. In another household we found care records were still centralised into the dining room area and not kept in people's rooms. One staff member told us, "it just makes it easier to update them; I don't think we've considered keeping them in people's rooms, they have always been there".

These issues were a breach of regulation 9 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

People were supported to take part in activities that interested them. On the day of our inspection people were supported to go for walks, have lunch out and attend a music session. Others had activities that interested them planned in for later in the week or holidays booked for later in the month. Relatives we spoke with were happy that people had lots of opportunities. Comments included, "my relative is out all the time I can't fault them, they really encourage them", "they always seem to have things planned, that's got much better" and "they have a busier social life than me it's very good".

Concerns and complaints were being handled effectively, we reviewed complaints that had been made since our last inspection and these had been responded to in line with the services stated policy. The service were also keen to improve relationships with stakeholders to ensure people felt more able to raise concerns.

We found when people's needs changed the service responded, for example one person needed support with their mobility, we saw that physiotherapists had been involved in assessing this person's needs. People we visited were all in good health but staff explained what action they would take should this change. Comments included, "we monitor throughout the day and make note of any changes as well as reporting them to the office" and "we are pretty good at knowing when people aren't right, we review daily to ensure we spot if things change".

# Is the service well-led?

## Our findings

At our inspection in December 2014 we identified a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulations 17 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not effective systems in place to monitor the quality and safety of the service. Staff in management positions did not always have the experience and qualifications required as essential by the service.

There was not a Registered Manager in post at the time of our inspection. The previous manager left in April 2015 and the provider was actively recruiting. At this inspection in June 2015 we found that significant improvement had been made. There was a system in place to monitor the quality and safety of the service. Since the last inspection each location supported by the service had undergone audits that were specific to each property. The service were also working alongside the local authority to do joint audits in order to ensure they were identifying all areas that may cause a risk to people or impact on the quality of the service.

Audits had identified a number of areas of improvement across a number of areas. For example where information was missing with regard to people's needs actions were in place to improve this and had been completed in a timely manner. However, we also found some audits were not always effective. The audits in place had not always identified the areas we identified in this inspection.

Incidents and accidents were being recorded with a clear process of learning in place for each event that occurred. The service managers either had or were working towards the appropriate qualification deemed essential by the service within their roles.

Staff and relatives forums had been set up to give everyone an opportunity to raise issues or concerns they had. At the time of our inspection only the staff forum had taken place but a number of relatives forums were planned in for the next few weeks. We saw the staff forum had responded well to concerns from staff and actions from this meeting had been included in the overall service improvement plan.

Staff we spoke with had a better understanding of the vision for the service and felt more able to be part of it. Comments included, "There has been much more focus lately, things feel like they are getting better", "The management have been great very clear to get the message across that things will improve, I feel part of it" and "The vision is just to improve, I feel that my opinion is important". Relatives we spoke with also felt they had experienced improvement. Comments included, "There is definitely a bit more professionalism around" and "Staff seem more positive about things, it does seem better". However, some relatives did not agree with these views. Comments included "communication is still very poor, I could tell you who the managers were, we don't hear from them" and "you still don't always hear back from them when they say they will".

Despite some relatives raising concerns over communication with managers and not being sure who the manager was, other relatives and staff told us the leadership had improved. Comments included, "the managers seem more accessible and interested, a culture of clarity is slowly forming I think". Our observations supported this statement. We found senior managers to be open and transparent about the service and the improvement still required. The leadership within the service spoke about creating a more open and professional culture and their commitment to achieving this. The regional manager told us, "we are not rushing to recruit the manager, they have to be the right person for what we want to achieve, and we want improvement and stability".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences.</p> <p>The designing of care or treatment must involve all relevant people with a view to achieving service users' preferences and ensuring their needs are met.</p> <p>(9) (1) (a) (b) (c) (d) (e) (f)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users by assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p> <p>(12) (1) (2) (a) (b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet people's needs.</p> <p>Staff must receive such appropriate support, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

This section is primarily information for the provider

## Action we have told the provider to take

Staff must also be enabled where appropriate to obtain further qualifications appropriate to the work they perform.

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Where service users are unable to give consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.

(11) (1) (3)