

Lifeways Orchard Care Limited

216 Lightwood Road

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

What life is like for people using this service:

Improvements had been made to the service since our last inspection in 2017. There were enough staff who knew people well and promoted people's dignity. There was a registered manager in post who had got to know the service and the people well.

People who used the service were supported safely whilst staff promoted their independence and inclusion within the community. People were supported by caring and compassionate staff who promoted choices in a way that people understood, this meant people had control and choice over their lives.

People were supported by safely recruited staff who were trained and supported to equip them with the skills and knowledge needed to provide effective support. Effective care planning was in place which guided staff to provide support that met people's diverse needs and in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There were plans in place to make improvements to the design and decoration of the service. There was an open culture within the service, people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. The registered manager was passionate about providing good quality care and staff were encouraged and supported to provide good outcomes for people.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Requires Improvement (published 3 November 2017)

About the service: 216 Lightwood Road is a residential care home registered to provide accommodation and personal care for up to seven people living with learning disabilities. At the time of the inspection, seven people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen 'Registering the Right Support' CQC policy.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection.

Follow up: We will continue to monitor the service through the information we receive.

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.

216 Lightwood Road

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

216 Lightwood Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns, serious injuries and deaths that had occurred at the service. We also sought feedback from commissioners of the service and the local safeguarding adults' team.

During the inspection, we spoke with people who used the service and spoke with relatives of two people who used the service. We did this to gain their views about the care and to check that standards of care were being met. Most people who used the service were not able to speak to us about their care experiences so

we observed how the staff interacted with people in communal areas and we looked at the care records of three people who used the service, to see if their records were accurate and up to date. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of care staff and the registered manager. We also looked at records relating to the management of the service. These included two staff recruitment files, staff rotas, meeting minutes and quality assurance records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels:

- At our last inspection in 2017, we found that people were supported by adequate numbers of staff on duty, however an influx of new staff had placed additional strain on the workforce.
- At this inspection, we found that improvements had been made and people were supported consistently by enough staff, who knew them well. A staff member said, "Since [the registered manager] came, we have new staff and we are now truly person centred. We have more new starters coming and we are doing well."
- We observed there were enough staff to meet people's individual needs. For example, some people needed two staff to support them safely in the community and we saw they could go out with two staff when they requested to.
- A relative said, "I do feel there is normally enough staff. [My relative] comes out with me but we need a staff member too and they always facilitate that. There has been a lot of improvement since [the registered manager] started."
- Staff rota's confirmed that safe staffing levels were maintained and additional staff were planned when required to support people to participate safely in activities they chose. The registered manager kept staffing levels under review and had acted to request additional staff when people's needs had changed.
- Safe recruitment procedures were followed and all appropriate checks were carried out to protect people from the employment of unsuitable staff.

Supporting people to stay safe from harm and abuse, systems and processes:

- People felt safe. A relative said, "I do believe [my relative] is safe there."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns. They had been trained to do this and their competency was checked.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.
- The registered manager understood their responsibilities in protecting people from abuse and avoidable harm. Concerns and allegations were acted upon to protect people from harm.

Assessing risk, safety monitoring and management:

- People's risks were identified and assessed and there were clear plans in place to reduce risks to people.
- Staff understood how to minimise risks for individuals and we saw they followed plans in place.

Using medicines safely:

- Medicines were administered, stored and managed safely. Staff supported people in a dignified way when administering medicines. For example; staff explained to people what the medicine was so people knew what they were taking.
- Protocols were in place to ensure that there was sufficient guidance for staff to follow when administering 'as required' medicines. There were also body maps in place to show staff where to apply prescribed creams.
- Medicines stocks were closely monitored to ensure administration was safe and that if people's stock was running low, action could be taken to ensure they had the medicines they required available to them.

Preventing and controlling infection:

- We observed that all areas of the home and equipment looked clean and hygienic.
- Staff understood the importance of infection control and we observed them following safe practices during the inspection, such as using personal protective equipment (PPE) when required.

Learning lessons when things go wrong:

- The provider had a system in place to learn from incidents that had occurred at the service. Incidents were analysed and action was taken to reduce further incidents and keep people safe from harm.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed, planned for and regularly reviewed to ensure they received support that met their changing needs.
- People's involvement in developing their support plans was maximised to ensure their preferences and diverse needs were met in all areas of their support. This included consideration of protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. Plans gave staff guidance on how to support people in line with their preferences.

Staff skills, knowledge and experience:

- People were supported by staff who had completed a range of training to meet their individual needs. When people's needs changed, additional training was arranged to meet specific needs and staff told us how this helped them to support people effectively.
- Induction training for new staff was thorough and ensured staff felt confident in delivering effective support. A staff member said, "I had a mixture of practical and classroom training and shadowing. The training was good and it was broken up to make it relevant. It equipped me well and then the shadow shifts helped to put it all into place, alongside reading care plans and getting to know people. I've then had observations to check my competency."
- Staff told us they were supported through regular supervision sessions where they could discuss their development needs and any requested training was always promptly arranged.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to eat and drink enough to maintain a healthy diet and staff maximised their choice and involvement.
- Some people had complex needs relating to their nutrition and staff understood their needs and risks and ensured they received safe support to stay healthy. For example, staff took time and care to ensure that people's drinks were thickened to the correct consistency in line with professional guidance.

Staff providing consistent, effective, timely care:

- Staff attended handover sessions at the start of each shift and these were effective as they ensured staff had the information they needed to provide effective care.
- A staff member said, "During handovers we get all the information we need. If you're off more than three

days you have to go and read back through all the notes to get up to speed. It's good."

- Each shift had a staff member responsible for administering medicines and a 'shift lead' who ensured staff were deployed effectively to consistently meet each person's needs. We saw this worked well and the registered manager oversaw this to ensure staff provided consistent, effective and timely care.

Adapting service, design, decoration to meet people's needs:

- The environment met most people needs however some improvements were planned. Some people were unable to access a bath if they wanted one, as their mobility needs could not be catered for. However, we saw this had been identified by the registered manager and the provider had plans in place to make bathrooms more accessible for people.
- The service needed redecorating and carpets needed renewing in some areas. There were plans in place for this work to be completed and we saw people had been consulted and involved in choosing new colours and decoration for their home.
- People's bedrooms were personalised to their individual preferences and one person had recently moved to a ground floor room to meet their changing needs.
- We will check that the planned improvements have been carried out at our next inspection.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had an understanding of their responsibilities under the MCA and followed the principles of the MCA.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting people's dignity:

- At the last inspection in 2017, people's dignity was not always respected and maintained by staff.
- At this inspection improvements had been made to the staff culture. We saw that staff consistently treated people with kindness and respect, maintaining their dignity. People were comfortable in staff presence and staff addressed people by their preferred names in a caring manner.
- A relative said, "I feel like [my relative] is happy there. They never show any signs of not wanting to be there and they are always happy to be back after we've been out together. Now, everyone has [my relative]'s best interests at heart. It is better now and I do feel staff care."
- A staff member said, "Making them [people who used the service] smile makes my day. There has been a big change in the last 12 months, the care is there, we [staff] have strong bonds with people."
- The registered manager spoke passionately about maintaining people's dignity and staff confirmed that the 'The 10 dignity dos and don'ts' were regularly discussed in their supervision sessions to ensure staff remained constantly aware of respecting people's dignity.

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

- People were supported and encouraged to make their own choices and decisions. We saw staff offering people choices and giving them the time they needed to think and respond, in line with their individual communication plans.
- Staff were aware of and catered for people's individual communication needs to help them express their views and be involved in their care.
- Records showed that people had been involved in making their own decisions about food, activities and how to spend their time during Christmas.
- Professionals were involved when staff had needed support to maximise a person's communication. We saw staff followed professional guidance and one person had pictorial aids to help them communicate effectively with staff.

Respecting and promoting people's privacy and independence:

- A relative said, "[My relative] needs one to one support in communal areas but [staff] do let [my relative] have time alone."
- People could choose when they wanted to spend time alone and this was respected by staff.
- Staff supported people to maximise and maintain their independence. For example, one person needed supervision when eating, to manage their risk of choking. Staff gave them a teaspoon and encouraged them

to eat independently whilst maintaining their safety.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care:

- People had access to activities they enjoyed and were supported to pursue their hobbies and interests. One person was consistently supported to attend football matches of their favourite football team, which was important to them.
- Staff knew people well, including their preferences and they delivered care and support in line with these. A staff member said, "One person likes to have music playing when they are having personal care so we do this for them."
- People and their relatives were involved in the planning and review of their care to ensure personal preferences were identified and met.
- Staff and the registered manager were knowledgeable about individual people's needs.

Improving care quality in response to complaints or concerns:

- A relative said, "I could definitely raise any concerns. [The registered manager] is very approachable and so are the other staff. If I do have concerns I know I can go [the registered manager] and I don't think for a second she would let anything be brushed under the carpet."
- There was a suitable complaints policy and procedure in place and an accessible version was displayed at the service to aid people's understanding and involvement.
- Staff knew how to respond to any concerns or complaints that were raised to them.
- No recent complaints had been received however there was a suitable system in place to investigate and learn from complaints.

End of life care and support:

- At the time of the inspection, no one was receiving end of life care.
- When appropriate, advance discussions had taken place to consider people's end of life wishes and relevant people had been involved in these discussions.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management:

- At the last inspection in 2017 there was not a registered manager in post. A new manager had started working at the service two days previously but the application process for registering with CQC had not been completed.
- At this inspection, the manager was registered with CQC.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- Relatives and staff told us the registered manager was approachable, supportive and visible at the service. A relative said, "[The registered manager] is really great and keeps me updated. I know I can go to her."
- A staff member said about the registered manager, "I love her. I'd give all my money to keep her. She is down to earth and supportive. If you've done something wrong, she goes over it with you so you learn from it. She will always listen and helps out on the floor too. She will always come and help us."
- The registered manager spoke passionately about the values and visions of the service and had a clear desire to promote high quality care and an open and honest culture.
- The registered manager worked a variety of different shifts at the service including evenings and weekends to enable them to review the day to day culture and working of the home and how staff interacted with people to provide good quality care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager understood their responsibilities of registration with us and had notified us of certain events which are required by law. They were supported by the provider to deliver what was required.
- The last CQC rating was displayed at the service and on the provider's website, as required by law. This is so that people, visitors and those seeking information about the service can be informed of our judgements.
- The registered manager and provider had effective systems in place to monitor quality and safety. Where audits had identified an issue, the registered manager acted to ensure improvements were made and people received their support as planned.

Engaging and involving people using the service, the public and staff:

- Regular meetings were held with people who used the service to gather their feedback and inform them of any changes. For example, people had been consulted on changes to their keyworkers following new staff starting at the service.
- Staff were engaged and involved with the service. A staff member said, "[The registered manager] listens to our suggestions. If it's not wise, she will say so and talk to us about other things we can implement."
- Regular staff meetings were held alongside individual staff supervisions to ensure staff were continually engaged in the development of the service.

Continuous learning and improving care:

- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received. The registered manager was working on an action plan to make continuous improvements.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to achieve an overall rating of 'good'.

Working in partnership with others:

- The service worked in collaboration with other professionals, which ensured people received support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing. For example, professionals were invited into the home to deliver specific training to meet individual needs.