

Lifeways Community Care Limited

Lifeways Community Care (Cheshire)

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

This inspection took place on 12 September was announced.

This was the first inspection of this service since the registered provider had registered with the Care Quality Commission (CQC) in April 2017.

Lifeways Community Care (Cheshire) is a 'supported living service' that provides care and support to people living in multiple '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.

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. Lifeways Community Care (Cheshire) provides a service to younger and older adults who are living with complex support needs. These values include choice, promotion of independence and inclusion. At the time of the inspection the registered provider was providing support to 16 people.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Individual care plans and risk assessments were checked during the inspection. We found that records were well maintained, regularly reviewed and contained the most relevant and up to date information. Risks were clearly identified and measures were put in place to mitigate risk and keep people safe.

Medication management systems were safely managed. People were administered their medication by staff who had received the necessary medication training. Medication audits were effectively being carried out and staff were complying with medications administration policy.

The registered provider had an accident/incident reporting procedure in place and staff understood the importance of reporting any accidents and incidents that occurred. The registered manager ensured that a routine analysis of all accidents and incidents took place as a measure of identifying and managing risk.

People were protected from avoidable harm and risk of abuse. Staff were familiar with the area of safeguarding and whistleblowing procedures and explained who they would report their concerns to. Staff had also completed the necessary safeguarding training.

The area of 'recruitment' was safely and effectively managed. This meant that all staff who worked for the registered provider had suitable references and disclosure and barring system checks (DBS) in place.

Health and safety procedures were in place. There was an up to date health and safety policy and staff appreciated the importance of complying with health and safety procedures.

The service was operating in accordance with the principles of the Mental Capacity Act, 2005 (MCA) and consent was sought in line with people's best interests. Staff received training in relation to the mental capacity and were familiar with the underlying principles.

Staff expressed that they were fully supported in their roles. Staff received the necessary training they required to provide people with the support they needed. Staff also received regular supervisions and annual appraisals.

The day to day support needs of people who were receiving support was well managed. Appropriate referrals to external healthcare professionals were taking place and the relevant guidance and advice which was provided by professionals was followed accordingly.

People's nutrition and hydration support needs were assessed from the outset. The registered manager ensured that any risk surrounding nutrition and hydration was effectively managed. The appropriate risk management plans reflected the level of care and support that was needed in this area of care.

People received a good level of dignified and respectful care. Staff were familiar with the care needs of the people they supported and explained the importance of respecting people's individual needs, wishes and preferences.

Confidential information was safely stored at the registered address. Personal and sensitive information was protected in line with General Data Protection Regulations (GDPR) and sensitive information was not unnecessarily shared with others.

People and relatives were provided with a 'service user' guide from the outset. This contained essential information in relation to the care and support people could expect to receive.

Care records we checked were tailored around the person and contained a variety of person-centred information. The information enabled staff members to develop a wealth of knowledge and understanding about the people they were supporting.

People were supported to actively engage and participate in hobbies they were interested in. Staff were familiar with people's interests and supported them to access a variety of different activities on a weekly basis.

A complaints policy was in place. This was currently under review and ready to be circulated following the inspection process. The complaint policy we reviewed contained information in relation to the complaints process and how complaints would be responded to. Relatives confirmed they were familiar with the complaints process.

At the time of the inspection, nobody receiving support by Lifeways Community Care (Cheshire) were receiving 'End of Life' support. Staff could access 'end of life' training upon request but this was an area of training that was being explored further by the registered manager.

The registered provider had a number of different quality assurance systems in place. Such quality assurance systems included weekly and monthly audits, competency assessments, annual questionnaires

and team meetings.

We reviewed the range of different policies and procedures the registered provider had in place. Policies we reviewed included safeguarding adults, whistleblowing, health and safety and medication administration policies.

Policies and procedures were available to all staff and staff were able to discuss specific procedures and processes with us during the inspection.

The registered manager was aware of their responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notification procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Care plans and risk assessment were well maintained, contained relevant information and regularly reviewed.

Safe medication procedures were in place; people were only administered medication by staff who had received the necessary training.

There was an accident and incident reporting procedure in place. Accidents and incidents were routinely analysed to establish trends and mitigate risk.

Safe recruitment practices were in place; the necessary pre-employment checks were conducted.

Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were followed accordingly.

Staff were supported with a variety of different training courses as well as receiving supervision and annual appraisals.

People's nutrition and hydration support needs were assessed from the outset.

Risks were effectively managed and staff followed any necessary guidance that had been given by healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff provided kind, compassionate and caring support.

People were treated with dignity and respect.

Confidential and sensitive information was well protected in line

with General Data Protection Regulations (GDPR).

Is the service responsive?

Good ●

The service was responsive.

Care records were tailored around the individual and person centred care was provided.

People were supported to engage in hobbies and interest they enjoyed. Weekly activity scheduled were routinely discussed and arranged with people receiving support.

There was a formal complaints process in place; people were provided with complaints process from the outset.

Is the service well-led?

Good ●

The service was well-led.

Effective quality assurance systems were in place. Audits and checks were completed and improvement action plans were devised accordingly.

Staff and managers meetings were routinely taking place and we were informed that the levels of communication were effective.

'Service user' voice was captured; people were encouraged to share their views and opinions in 'service user' meetings and annual questionnaires.

Policies and procedures were in place and staff had a good understanding of whistleblowing and safeguarding procedures.

Lifeways Community Care (Cheshire)

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 was planned to check 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.

This inspection took place on 12 September and was announced.

The registered provider was given 48 hours' notice prior to inspection visit. Notice is provided because the location provides a supported living service and we needed to be sure that staff would be available to support us on the day.

The inspection team consisted of one adult social care inspector and an 'expert by experience' who supported with phone calls to relatives. An 'expert by experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Lifeways Community Care (Cheshire). This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were receiving support. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to formulate a 'planning tool' which helped us identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, three service managers, one member of staff and four relatives over the phone.

We also spent time reviewing specific records and documents, including five care records of people who were receiving support, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

We received positive comments about the level of safe care people received. Comments received included, "The ladies [staff] who look after [relative] we have 100% confidence in them", "Yes I believe [relative] is safe, there is no sign of neglect", "My [relative] has 24 hour care with sleep ins, they [staff] are always there and there is never a day when there isn't a carer there" and "I don't worry at all I know my [relative] is safe, I am well informed, they are at the end of the phone if I need them I am truly sure [relative] is safe."

Care plans and risk assessments were in place for people who were receiving support. All care plans were individually tailored and contained detailed and significant information in relation to the different levels of support people required. Risk assessments were developed from the outset and identified all areas of individual risk that needed to be safely managed. For example, one care record we checked contained a variety of risk assessments in relation to safe bathing and hot surfaces, challenging behaviour, slips, trips and falls, choice and control and mobility.

Risk assessments contained detailed information about the level of risk and the different support measures which needed to be implemented. For example, one risk assessment contained detailed information in relation to a person's challenging behaviour. A 'living safely and taking risks' assessment as well as a positive behaviour support plan were in place. Staff could familiarise themselves with different behaviours that could be presented, why and when such behaviours were presented and the level of support that the person required. This meant that the person could receive the safest level of support when the level of risk was most heightened.

Care plans and risk assessments were regularly reviewed and any changes to people's support needs were reflected in the necessary records. This meant that risks were safely managed and the safety of people who received support was not compromised.

Medication management processes were reviewed during the inspection. Medication administration was safely managed and the overall governance of medication was safely monitored. Medication administration records (MARs) were appropriately completed, medication was only administered by staff who received the appropriate training and there was an up to date medication policy in place. People who were supported with their medication had the necessary medication care plans and risk assessments in place and staff were familiar with the different levels of support people needed in relation to their medications. Medication audits and checks were routinely taking place which meant that medication administration procedures were consistently being monitored and assessed.

During the inspection we reviewed five staff personnel files. Staff files confirmed that the registered provider had safe recruitment procedures in place. The registered manager retained comprehensive records in relation to each staff member. Records included application forms complete with employment and education dates, at least two suitable references, identification and the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is critical when ascertaining whether or not an individual is able to support vulnerable people in a social care setting.

The registered provider employed enough staff to support people in a safe and effective way. People received their support visits at the scheduled time and staff provided support for the required amount of time. This meant that people were receiving a safe level of support in relation to their support needs.

There was an accident and incident reporting process in place, staff were familiar with the reporting procedures and ensured that all accidents and incidents were reported and recorded in line with the organisational policy. The accident and incident processes enabled the registered manager to safely manage any trends and ensured that risks were being safely managed.

Each care record we checked contained individual personal emergency evacuation plans (PEEPs). PEEP information ensures there are safe measures in place to enable staff to respond to emergency plans in the event of an emergency situation. PEEPs were up to date and contained detailed information in relation to the person's support needs.

Health and safety procedures were reviewed during this inspection. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections. Staff were familiar with infection prevention control measures and were provided with necessary personal protective equipment (PPE).

During the inspection we spoke with staff about their knowledge and understanding of safeguarding and whistleblowing policies. Staff explained their understanding of 'safeguarding' and 'whistleblowing' procedures and how they would report their concerns. There was an up to date adult safeguarding policy in place and staff had received the necessary training in relation to the protection of vulnerable adults. This meant that people who were receiving support from Lifeways Community Care (Cheshire) were protected from harm and abuse.

Is the service effective?

Our findings

We received positive comments about the level of effective care people received. Comments included, "They [staff] are very good, [relative] gets on well with carers", "Yes very much so, the girls [staff] go above and beyond", "Definitely they know [relative] and what [relative] needs and how to provide it" and "I am not there 24/7 but when I am there they [staff] are very good."

During the inspection we reviewed whether or not the registered provider was complying with the Mental Capacity Act (2005). The Mental Capacity Act 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. There was evidence which demonstrated that consent had been sought from the person receiving care. This meant that the registered provider was complying with the principles of the MCA and ensuring that people were involved with decisions which were made in relation to their support needs.

The registered provider also ensured that 'Best Interest' meetings had been carried out and people were not being unlawfully restricted. This demonstrated that the registered provider was aware of their roles in relation to the MCA and the legislation underpinning the act.

Staff expressed that they felt supported on a day to day basis and could seek advice and guidance when necessary. Staff received regular supervisions and annual appraisals were also taking place. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

During the inspection we reviewed the range of different training courses that staff were provided with. Mandatory training courses that staff had to complete as part of their roles included, fire awareness, basic life support, food hygiene, health and safety, infection control, manual handling, MCA, adult safeguarding and medication administration. 86 per cent of staff had completed all mandatory training, which was in line with the organisations key performance indicators (KPIs).

Staff who did not have the relevant national vocation qualification (NVQ) were enrolled on to 'The Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. At the time of the inspection 72 per cent of staff had completed The Care Certificate, this was an improvement on the 57 per cent of staff who had completed The Care Certificate in February 2018. The registered manager expressed that training remained an area of improvement and development.

Effective communication systems were in place between staff, relatives and healthcare professionals. Staff ensured that daily records for each person were comprehensively completed and any concerns or incidents were communicated with managers.

People received a holistic level of support by Lifeways Community Care (Cheshire) staff and external healthcare professionals. Records we reviewed confirmed that people received support from a number of different healthcare professionals such as GP's, social workers, physiotherapist, speech and language therapist (SALT) and district nurses.

People's nutrition and hydration support needs were effectively assessed from the outset. Staff provided tailored support when required but also supported people with 'choice'. For example, in one health and well-being risk assessment we checked, it stated 'I need guidance with my food and to drink plenty of fluids, help me choose my meals and look at different recipes to ensure I have a healthy balanced diet.' Staff were familiar with the tailored support needs of the people receiving support and records contained the most relevant information in relation to the care that needed to be provided.

Is the service caring?

Our findings

We asked relatives if they believed people received dignified and respectful care, comments included, "Yes, [relative] is treated as an adult if there is something [relative] wants or doesn't want, [relative] will tell them", "Absolutely", "Yes [relative] is", "Yes very much so" and "Oh yes, I couldn't manage without them, with the care [relative] needs they are doing a good job."

People received care and support from regular and consistent members of staff. It was evident throughout the inspection that the registered provider was committed to providing a person centred approach to care and staff were encouraged to familiarise themselves with people's likes, dislikes, preferences and wishes. This meant that people received care and support from staff who had developed a good level of knowledge in relation to the people they were supporting.

People's privacy, dignity and rights were protected at all times. The registered manager conducted 'competency checks' which ensured the quality and standards of care were routinely assessed. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, medical conditions/disabilities and religious/cultural support needs. We saw that people were appropriately supported with equality and diversity support needs and records indicated the tailored level of support that was provided.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is someone who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

The registered provider ensured that all people and relatives were provided with a 'Guide to your service' from the outset. The guide was available in an 'easy read' format which meant that information was provided in an accessible way when needed. The guide contained essential information in relation to the support that could be expected, confidentiality, complaints procedures, health and safety, making informed choices, support staff and achieving goals.

Confidential information was stored securely and sensitive information was protected in line with General Data Protection Regulations (GDPR). All care records, personnel information, risk assessments and other protected information was safely stored at the registered address. The registered address is the address which has been registered with CQC to deliver the regulated activity of 'personal care'. This meant that all sensitive and protected information was not unnecessarily shared with others.

Is the service responsive?

Our findings

We received positive feedback in relation to the responsive care people received from Lifeways Community Care (Cheshire). Relatives informed us that they felt staff were responsive to people's support needs, staff were familiar with the people they supported and provided a quality of care that was expected.

Care plans we reviewed were person-centred and tailored around the needs of the person. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the service. Records contained specific information in relation to people's likes, dislikes, preferences and choices. For example, records we checked stated, 'I have capacity and will tell you what I want and don't want', 'I like to go on holiday each year, I will tell you where I would like to go, I will need staff to book and arrange but I would like to be involved', 'I enjoy socialising with friends', 'I enjoy going theatres and watching shows.' 'On a weekend I like to have a full English breakfast, for lunch I like to have all other options explained so I can make choices' and 'I like to go to bed at 22:00 every night, I like to play dominoes and listen to music.'

Care records were regularly reviewed, they contained up to date and relevant information and enabled staff to provide a responsive and tailored level of care. Relatives told us that staff were able to develop positive relationships with the people they supported and provided care that was centred around their needs and desires.

Staff we spoke with during the inspection were familiar with the varying levels of support needs and expressed that they were regularly updated if any change in need or risk had been identified. This meant that effective communication enabled staff to provide responsive support in a consistent and timely manner.

Care records demonstrated how people were encouraged to remain as independent as possible and supported people to make decisions for themselves (when safe enough to do so). Care records contained information such as, 'I like certain cutlery and crockery for my meals, I like things done in a very specific way', 'I am able to choose my own clothes', 'I can choose what food I like to eat and purchase', 'I like to relax in my lounge, watch T.V and also like to listen to music', 'I like to have my own space' and 'I am generally good at doing my own chores such as putting my clothes in the wash, however on occasion, I may need prompting.' Information such as this was gathered from the outset and provided staff with a significant amount of tailored detail.

The registered provider informed us that people were actively involved in the recruitment of staff and helped to recruit people who could provide the support that was required. People were provided with recruitment information and processes as well as an 'easy read' recruitment booklet that contained relevant information in relation to interview questions that could be asked. In some of the care records we reviewed, people were encouraged to identify the support team they needed, what skills the support team needed to have and the different hobbies and activities the support team needed to be interested in. This meant that the registered provider was responsive to the needs, wishes and desires of the people who were receiving support in

relation to recruiting the right staff.

People were encouraged to participate in hobbies and activities they enjoyed. Relatives informed us that staff actively supported people to engage in different stimulating activities and scheduled different activities on a weekly basis. Relatives told us, "Yes, [relative] likes to go to the gym and they [staff] take [relative]" and "They know [relative] is concert and music mad, they know [relatives] likes and dislikes."

There was a formal complaints policy in place. At the time of the inspection the complaints procedure was in the process of being reviewed and updated. The procedure for making a complaint was clear and relatives we spoke with were familiar with the complaints process. At the time of the inspection there were no formal complaints being responded to.

We reviewed if there was anybody receiving 'end of life' care from the registered provider. End of life care is provided to people who have been assessed as being at the end stages of life and need to be supported in a specialist way. At the time of the inspection nobody was receiving end of life care. Staff could access 'end of life' training but this was area of training and development that was being explored further by the registered provider.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had been registered since Lifeways Community Care (Cheshire) registered with CQC since April 2017. The registered manager was aware of their responsibilities in relation to their regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. This was the first inspection since the service registered with CQC. Upon receipt of the final report, the registered provider will be expected to display the ratings at the registered address and on the website.

We reviewed the quality assurance systems that the registered provider had in place. We reviewed whether or not the assurance systems were effectively identifying, monitoring and assessing the quality and safety of care people received. The registered manager explained that there were a variety of different assurance systems in place that helped to identify the provision of care people received.

Weekly, monthly and annual audits and checks were in place and helped to identify areas of good practice and areas that needed to be improved. Different quality assurance audits and checks included care plans and risk assessments, medications administration, staff competency assessments and observations, 'service user questionnaires' and 'service user' reviews and quality visits. This meant that there were measures in place to establish and identify if the provision of care people received was safe, compassionate, high-quality care.

Action plans were devised following the completion of specific audits and checks and enabled the registered manager to concentrate on areas of quality and service provision that needed to be improved upon. For example, a monthly 'quality service visit' identified that although the interior of the building was clean, a cleaning rota needed to be implemented to ensure the standards were well maintained.

Annual questionnaires were circulated to people/relatives to establish their thoughts, views and opinions on the care people received. Questions focused on a range of different areas such as the promotion of choice, people feeling listened to and respected, skill set of staff, the complaints process and feeling safe. Questionnaires identified that people were largely satisfied with the provision of care they received. For instance, 100 per cent of people felt safe, 100 per cent of people felt encouraged to remain healthy, 100 per cent of people felt their support needs were met and 100 per cent of people would recommend Lifeways Community Care (Cheshire) to others.

People we spoke with were complimentary about the registered manager and Lifeway Community Care (Cheshire) as a whole. Some of the comments we received included, "Lovely team and by comparison where I have worked in the past it's a really positive dynamic", "Registered manager is very approachable", "Very supported by registered manager" and "The staff go above and beyond." Comments we reviewed from the

questionnaires people/relatives submitted included, 'it's good and I feel safe', 'Help me make the right decisions', 'Happy in general with the staff and where I live' and 'Gives me the chance to be able to do all the things I want to do.'

The registered manager explained that there was a variety of different meetings which took place. We were provided with minutes of team meetings, managers meetings and 'service user' meetings. This meant that people and staff were actively encouraged to involve themselves in the quality and safety of care provided and were supported to share their views, thoughts and opinions. Discussion items from one of the staff meetings included areas such as compliments and complaints, organisation updates, training and development, policies and procedures, medication administration and health and safety. 'Service user' discussions were based around activities, behaviour, planning of weekly menu's, health and safety and reviews which needed to take place.

The registered provider had a variety of different policies and procedures in place. Staff were familiar with different policies and procedures we discussed with them during the inspection such as safeguarding, whistleblowing and medication administration and understood the importance of complying with these. All guidance and legislation was up to date, relevant and in line with best practice.

There was a 'provider emergency plan' effectively in place. The plan contained up to date, relevant and detailed information in relation to procedures which needed to be adhered to in the event of an emergency situation. The plan contained key roles and responsibilities, key persons to contact and contact details and an analysis of different emergency situations which needed to be planned for. This meant that the registered provider had sufficient emergency action plans in place in the event of such emergency situations.