

Lifeways Community Care Limited

Lifeways Community Care (Sunderland)

Inspection report

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30 July 2021

04 August 2021

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lifeways Sunderland provides personal care to people living in their homes in Northumberland, Newcastle, North Tyneside, South Tyneside and Sunderland. At the time of our inspection there were 73 people living with a learning disability and/or a mental health related condition receiving a regulated activity from the service. Not everyone using Lifeways Sunderland receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' which includes help with washing, dressing and eating.

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

People were not always supported to have maximum choice and control of their lives. Staff did not always support people in the least restrictive way possible and in their best interests. The provider had policies and systems in place to support good practice but these had not always been implemented.

People were safeguarded from the risks of abuse by staff who were trained in safeguarding and were able to raise concerns. People's personal risks were well managed. Medicines were managed in a safe manner. Fire safety actions had been addressed. Staff supported people to keep their homes clean.

There were mixed comments about their being sufficient staff on duty to meet people's needs. We made a recommendation about this.

Staff were supported through an induction period and received training suitable for their role. They did not always receive supervision in line with the provider's policy.

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 not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture in some of the individual supported living services.

Right support:

- Staff were using some people's homes as an office base.
- Relatives and staff reported some people were not able to access the community in line with their care plans due to staffing levels.

Right Care

- People were given choices by staff and were supported to pursue their individual likes and interests.

People were treated with dignity and respect.

- People's goals included tasks staff were expected to carry out rather than personal goals.

Right culture:

- The registered managers of the services demonstrated they had the right values and ethos to lead a supported living service. However, audits failed to identify where services could be improved to further develop and enhance people's experience of living in their own homes.

Based on our review of the key questions of safe, effective and well-led, the service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

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: The last rating for this service was good (published 17 February 2021). At this inspection we found improvements were required.

Why we inspected

The inspection was prompted in part due to concerns received about suspected abuse of people in a supported living service and the service having a closed culture. A decision was made for us to inspect and examine those risks. The registered manager and other professionals reported the concerns to us. Staff in the relevant service had received supervision to address any practice concerns.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifeways Sunderland on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lifeways Community Care (Sunderland)

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 Care Act 2014.

Inspection team

The inspection team consisted of three inspectors and two Experts by Experience who contacted people's relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type.

This service provides care and support to people living in 32 supported living settings, so that they can live as independently as possible. People received the regulated activity of personal care in 26 of these services. 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 service had a manager registered with the Care Quality Commission. During the inspection a second manager was registered with the 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. Inspection activity started on 26 July 2021 and ended on 12 August 2021. We visited the office location on 26 July and 6 August 2021 and visited supported living settings between those dates.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited six supported living services. We spoke with 12 people who used the service and 18 relatives about their experience of the care provided. We spoke with 22 members of staff including two registered managers, service managers, care workers, administration staff and a quality assurance assessor. We carried out observations of people and their interactions with staff in their own homes.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and 19 staff supervision files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

Is the service safe?

Our findings

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

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

Preventing and controlling infection

- The COVID-19 risk assessment did not include the overarching steps to be taken for visitors to people's homes to keep them safe.
- Relatives described visiting and having their temperature taken. One relative said, "Yes they (staff) are wearing their masks, I wear one when I go in, no testing though, but they take my temperature."
- Inspectors who visited the services were not always screened for COVID-19.

Systems were not always used to mitigate the risk of harm to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager submitted care plans wh
- Staff supported people to maintain cleanliness in their own homes.
- Staff reported they had access to enough PPE to provide safe care and were observed wearing masks. Regular testing of staff for COVID19 was in place.

Staffing and recruitment

- There were mixed views about the staffing levels in the supported living services. One relative was concerned about the low staff numbers employed in a service and the impact of burnout on the staff who had worked additional hours.
- Staff reported that whilst new staff had been recruited by the management team, they had not always remained in post. This meant in some services people were not always getting their outings in the community.

We recommend the provider reviews the required staffing levels in each supported living service to ensure people's needs can be met.

- The provider had recruitment processes in place which included checks on staff to assess their suitability to work in the services.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and process in place to protect people from abuse. Staff were trained on how to safeguard people. People told us staff were kind to them.
- The provider had a whistle-blowing procedure in place. Staff had access to a whistle-blowing helpline, the

number for which was on the back of their identity badges. Managers had acted when staff had raised concerns.

Assessing risk, safety monitoring and management

- Staff had assessed and understood people's personal risks and how to mitigate them. Relatives reported staff keep people safe. One relative said, "Yes they keep her massively safe."
- Managers monitored the safety arrangements and had oversight of incidents and accidents in each supported living service.

Using medicines safely

- Staff knew how to administer people's medicines in a safe manner. Staff were trained in medicines management and were assessed as being competent before they could administer people's medicines.
- Records demonstrated staff accurately recorded the administration of people's medicines.

Learning lessons when things go wrong

- Managers had carried out a review of a service when things had gone wrong. They had devised an action plan and carried out the actions agreed to improve the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were subjected to restrictions without the appropriate authorisations in place.
- Staff had introduced restrictions without first following the correct procedures.
- Staff had continued to weigh people and maintain food diaries without seeking their consent.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate restrictions placed on people were appropriate. This placed people at risk of having their liberty illegally restricted. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had raised concerns about restrictions in February 2021 with local commissioners from one local authority. The Registered Manager has asked that the Service Managers contact Care managers and not the staff.
- Each person had a best interests' decision for the administration of medicines and the management of their finances.

Staff support: induction, training, skills and experience

- Staff support, through the use of supervision, was not consistently delivered according to the provider's

policy. The registered manager said they had indicated to managers that staff could be offered supervision using alternative methods for example by telephone or other electronic means. Not all staff had received supervision.

We found no evidence that this had impacted adversely on people supported by the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff were supported through an induction period and a training programme to develop knowledge and skills pertinent to their roles.
- Managers allocated training to staff using an electronic system which notified them when staff members had completed their training.

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

- Information was gathered about each person to assess their needs before they began using the service.
- Each person had a personal goals section of their care planning document. Staff had documented tasks they carried out with people rather than their personal goals.

We recommend the provider collaboratively carries out assessments with relevant people to establish people's personal goals.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff prepared people's food and drink in line with their preferences. One relative said, "She chooses what she wants to eat, if she doesn't want something, they (staff) offer her something else."
- Staff had drawn up care plans to reflect people's nutrition and hydration needs including where people needed adaptations to their diet. Advice had been sought from dietitians when necessary.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health and when necessary supported people to attend medical appointments. Guidance was provided to staff on how to maintain people's health and well-being.
- Staff were alert to people's health needs changing and had made appointments for people to see their GP when required. Records showed how staff had consulted with healthcare professionals to provide effective care.
- Relatives confirmed staff responded quickly to people's health needs. One relative said, "They are on it straight away."

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems were in place to support managers to be clear about their roles and what actions were required to monitor the quality of the service.
- Service Managers completed workbooks to report on the quality of services to the relevant registered managers. Workbooks were not always accurate regarding staff training as staff were allocated to the wrong managers. Audits relating to DoLS had not taken place in some services.
- Processes for returning copies of staff supervision records to the office were unclear. Service managers stated they had sent records to the office, whilst the registered managers believed they were in their possession of the service managers. There was not a contemporaneous record for each member of staff of supervision meetings and appraisals in line with the provider's policy.
- Not all of the services were being delivered in line with national guidance including the CQC guidance Right support, right care, right culture. For example, one home was used by the managers and staff for the purpose of running the service. Audits failed to identify where services could be improved to further develop and enhance people's experience of living in their own homes.

The provider's governance systems to monitor the quality of the service required improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager immediately addressed the issue of the practice of having an office in a home.
- Relatives had mixed views of the culture of the services. Whilst some felt services were positive, one relative felt cliques had developed. One relative said, "The atmosphere in the house is very happy and upbeat."
- Auditing carried out by managers and the provider's internal quality assurance included reviews of safeguarding events.
- Registered managers carried out visits to services and undertook service checks.
- The provider's internal quality team also undertook audits of each supported living service and provided action plans for service managers to complete. Actions had been followed up.

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 registered managers understood the need to be open and honest when things had gone wrong. They had notified CQC of events.

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

- Relatives reported a reduced level of involvement due to COVID-19. Some stated they had not been invited to comment on the service using surveys during the pandemic. Other relatives believed they had received surveys but had not responded to them or only wanted to send them to the head office.
- There was no consistency in relative's knowledge of the manager, how and who to contact. The registered manager described a new service manager who was making contact with relatives and introducing themselves.
- Staff meetings had been constrained by the pandemic. Staff reported having smaller meetings when they came together during handover periods.
- Staff recognised the impact the pandemic had on people and sought different ways to engage people when their previous day to day living activities had been changed. This included decisions in obtaining new furniture.

Continuous learning and improving care

- The provider had taken steps to continue to provide improvements. They had developed an online application so staff could sign in and learn about the company and hold meetings on-line. Staff were required to complete an on-line training course before using the application.
- Due to the size of the service, the provider had plans to split it into two individual services to provide improved management oversight.

Working in partnership with others

- Commissioners reported working in partnership with the service to ensure people had the required support.
- Staff had worked with other professionals including GP's, district nurses, dieticians and chiropodists to assess and meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the Mental Capacity Act 2006 for people aged 16 or over who had restrictions in place.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably practicable in relation to COVID-19. Regulation 12(2)(b)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with this regulation. Regulation 17 (1)</p> <p>Audits carried out by managers to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were incomplete. Regulation 17(2)(a)</p> <p>The provider had failed to maintain securely records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity. Regulation 17(2)(d).</p> |

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff had received sufficient supervision. Regulation (18)(2)(a)</p> |