

Lifeways Community Care Limited

# Lifeways Community Care (Taunton)

## 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 

## Overall summary

This inspection took place on 24 September 2015 and was unannounced.

At the time of the inspection the service supported 56 people living in 14 different premises, including single occupancy and shared occupancy houses, flats or bedsits. The service is registered for the provision of personal care in people's own homes. This includes assistance or prompting with washing, toileting, dressing, eating and drinking. We call this type of service a

'supported living' service. Personal care was provided for approximately 50% of the people they supported. The service also provided other forms of support such as shopping and assistance with housekeeping. However, these activities did not come within the scope of the Care Quality Commission's (CQC) registration requirements for this type of service.

People's accommodation was provided by separate landlords, usually on a rental or lease arrangement. The

# Summary of findings

service was responsible solely for the provision of the support service and not for the provision of the premises. This meant people could choose an alternative service provider if they wished. People who used the service had a wide range of cognitive impairment and/or other support needs, ranging from mild to severe learning disabilities or autistic spectrum disorders. Some of the people had very complex support needs and required support from the service 24 hours a day. Other people were more independent and received support for just a few hours a day to help with their daily routines.

The provider's local area manager had applied to CQC to become the registered manager for the service. Their application was currently in progress. 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'. 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.

People received good quality personal care and support in accordance with their support plans. Support plans were person centred and focused on people's individual needs and preferences. One person's relative said "I'm struggling to think of anything wrong. I've got nothing but good to say about the service". A person who used the service said "I'm hoping to move to a new flat soon but I still want Lifeways to support me as I get on so well with all the staff".

All of the people we visited were happy and comfortable with the staff who supported them. People's relatives told us the staff were very approachable and good at keeping them informed. Where appropriate, relatives and other professionals involved with people's care were involved in decisions about people's support needs.

Individual communication profiles were developed to help staff understand the non-verbal ways in which many of the people they supported expressed their needs and preferences. We observed staff checked with people before providing personal care and acted on people's wishes. Where people lacked the mental capacity to make certain decisions the service knew how to protect people's rights.

The service deployed sufficient staff to effectively and safely meet people's personal care needs. Staff received training and guidance specific to each person's individual needs and they had a very good understanding of people's needs and preferences. Each person had their own core team of support staff who knew them well. Where necessary, people were supported to access other health and social care professionals to maintain good health and well-being.

The provider had an effective and comprehensive quality monitoring system to ensure standards of service were maintained and improved. People, relatives and staff told us they thought the Somerset management team had the right ethos and were focused on delivering the best possible service for people who use the service.

# 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 safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to be as independent as they were able to be.

Good



### Is the service effective?

The service was effective.

People received effective personal care and support from staff who were trained to meet each individual's specific needs.

People were supported to access a range of health and social care professionals to maintain good physical and mental health.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's preferred communication methods and how they expressed their individual needs and preferences.

People and their relatives were supported to maintain family relationships.

Good



### Is the service responsive?

The service was responsive.

People were involved, to the extent they were able, in the assessment and planning of their support.

People were supported to be as independent as they wished to be.

People's individual needs and preferences were well understood and acted on. This included a say in which staff they preferred to support them.

People and their relatives were encouraged to express their views and the service responded appropriately to their feedback.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service promoted an enabling culture centred on people's individual support needs.

People were supported by a motivated and committed team of management and staff.

The provider's quality assurance systems were effective in maintaining and promoting continuing service improvements.

# Lifeways Community Care (Taunton)

## 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 24 September 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries and the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. At the last inspection on 1 October 2013 the service was meeting essential standards of quality and safety and no concerns were identified.

During the inspection we visited the service's administrative office and three houses in other locations where people who use the service lived. The premises visited included single and shared occupancy houses which were leased or rented from private landlords, independently of the service provision. During our visits we spoke with five people who use the service and observed the care and support provided by staff. We telephoned the relatives of three people who lived in different premises, following our inspection visit. We also reviewed the responses received from the service's latest quality assurance satisfaction survey. A total of 17 people who use the service had responded to the survey.

We spoke with the provider's local area manager (and registered manager designate), a quality manager, one of the service managers and five other members of support staff. We reviewed three care plans and other records relevant to the running of the service. This included staff training records, medication records, complaints and incident files.

# Is the service safe?

## Our findings

All of the people we met were relaxed and happy with the staff who supported them in their homes. One person said “I get on with all the staff. No one does anything I don’t like”. Some of the people we visited had very limited verbal communication skills but we observed the interactions with staff were friendly and appropriate. People’s relatives told us they had confidence in the service and they felt their relatives were safe. One of the relatives commented “[Person’s name] likes their independence but I like the fact that staff keep an eye on him to keep him safe”. Another person’s relative said “[Person’s name] has very complex care needs and is hard to manage but the staff are absolutely brilliant with him”.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to make sure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

Support plans contained risk assessments with measures to ensure people received personal care and support safely. For example, some people could become agitated and distressed when receiving personal care. Risk assessments and plans, outlining the appropriate actions for staff to take when people started to display signs of anxiety, were included in people’s support plans. For some people, this included two to one staff support for an agreed number of hours in the mornings to ensure personal care was provided safely and appropriately. Staff also received training in positive behavioural support to de-escalate situations and keep people and themselves safe.

When incidents occurred they were investigated and action plans were put in place to minimise the risk of recurrence. For instance, some people self-harmed when they became agitated or distressed. Effective action had been taken to minimise the causes of distress and reduce the potential

for self-harm. For example, we visited one person’s home who sometimes banged their head when they became anxious. We were asked not to mention certain topics which were known to trigger the person’s anxiety. The person had protective headwear to protect themselves from injury. Staff said it was the person’s choice to wear the head protection. We observed the person appeared happy and comfortable wearing the protector and noted they had a choice of colours available.

Staff knew what to do in emergency situations. For example, some people’s support plans contained protocols for responding when they experienced epileptic seizures. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. Staff told us if they had significant concerns about a person’s health they would call the emergency ambulance service or speak with the person’s GP. Staff and people who use the service with sufficient mental capacity had access to the service’s on-call telephone number. This was available in case they needed to contact a senior person in an emergency or crisis situation.

Although the service was not directly responsible for the premises and equipment, they still carried out regular health and safety checks to ensure the physical environment in people’s homes was safe. For example, they contacted landlords to obtain copies of gas safety certificates. The provider had a range of health and safety policies and procedures to keep people and staff safe.

There were sufficient numbers of staff deployed to meet people’s support needs and to help to keep them safe. The staffing support was tailored to each person’s individual needs. This ranged from two to one staff support for people with very complex needs to just a few hours support each day for people who were relatively independent. We were given examples of staffing hours being increased where people’s needs had increased in intensity and other examples where support had been reduced as people became more independent.

Each person had a core team of support staff specifically assigned to them. Wherever possible, staff absences were covered by other staff from the person’s core team. When this was not possible the service used regular agency staff to work alongside members of their core team. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported.

## Is the service safe?

Some people required assistance or prompting to take their prescribed medicines. Systems were in place to ensure people received their medicines safely. Support staff received medicine administration training. They then shadowed more experienced staff until they were assessed as competent by a senior member of staff. This involved observation of their practice and successful completion of a detailed medicines questionnaire. Staff were reassessed

every 12 months to ensure their practice was safe. Records showed the number of medicine administration errors had reduced substantially since the introduction of the new medicines administration training and annual competency assessments.

Monthly checks were carried out to ensure medicines were stored, administered and used safely.

# Is the service effective?

## Our findings

People told us the personal care and support provided by staff had helped them a lot. One person said “My behaviours have changed a lot thanks to the staff support. In the past the slightest thing would trigger me but now hardly anything annoys me”. People’s relatives thought the service was effective in meeting people’s needs. One person’s relative said “I’m very happy with the care [their relative] gets. Staff look after them very well”. Another person’s relative said “I can talk to any of the staff. They are all clued up”.

Staff were knowledgeable about people’s needs and preferences and support was provided in line with people’s individual support plans. Staff told us they received comprehensive training in how to effectively meet people’s needs. This included general training such as safeguarding, first aid, infection control, and administration of medicines. Service related training was also given including autism awareness, epilepsy, positive behavioural support and individual communication strategies. One member of staff said “We get training specific to the individuals we support. They always source specialist training for people with complex needs. For example, I had fantastic sensory training for a person who has low arousal levels”. Staff told us the provider also supported them with continuing training and development such as vocational qualifications in health and social care. Training and development needs were discussed at their regular one to one staff supervision sessions and at annual performance and development appraisals.

The induction programme for new staff had recently been extended from one week to nine working days. This covered all the core competencies required for the job and a thorough review of the provider’s key policies and procedures. The new staff then shadowed experienced members of staff for a specified number of shifts to get to know people’s individual support needs and communication methods. Their competency, knowledge and skills were assessed over a six month probationary period to ensure they knew how to care for people effectively.

Staff said everyone worked really well together as a supportive team. This helped them provide effective care and support for people who use the service. Care practices

were often discussed at shift handovers, staff supervision sessions and at team meetings. This helped to keep staff up to date with current best practices and new developments or initiatives.

Many of the people supported by the service had limited or no verbal communication skills. Staff received individualised communication training to enable them to understand and communicate with people effectively. For example, staff used sign language, picture boards, symbols, and other methods of communication. In two of the homes we visited, we observed staff communicating with people both verbally and with sign language. Staff said the people were able to understand speech but the sign language also assisted with their understanding. It also allowed them more processing time to understand what was being communicated.

When people lacked the mental capacity to make informed decisions the service followed a best interest decision making process. People who knew the person well, such as family members and health and social care professionals, were involved in making multi-disciplinary team best interest decisions. Major decisions were referred to the local authority’s good practice panel. A number of people who used the service had appointees made by the Court of Protection to manage their finances. Staff received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make certain decisions at a certain time. The service followed the MCA code of practice to protect people’s human rights.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had carried out an audit of all their restrictive practices and had sent the details to the local authority. They were awaiting further advice from the local authority about whether or not they needed to make applications to the Court of Protection for any deprivation of liberty authorisations. This showed the service was ready to comply with the DoLS requirements. The service regularly reviewed the restrictive practices with a view to reducing the number and impact of any restrictions on people’s freedom and choices.

## Is the service effective?

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Some people were independent and bought their own food shopping but were assisted by staff to prepare their meals. One person told us “Staff try to encourage me to eat more healthily and have fruit and vegetables, but it is my decision”. Others who were less able to make decisions were involved with their meal choices as far as possible. Staff helped people to make meal choices in ways they could understand such as looking at pictures or pointing to the foods they liked. People’s relatives were also consulted where it was appropriate to do so. Over time, staff told us they became familiar with each person’s tastes and preferences.

Staff monitored people’s health and wellbeing to ensure they maintained good health and identified any problems. The area manager told us they had excellent links with the local GP practices and the mental health trust’s rapid intervention team. People with complex needs also had a named social worker to act as their care manager. These multi-disciplinary contacts helped the service to maintain people’s physical and mental health. Support plans contained health action plans and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments.

# Is the service caring?

## Our findings

One of the people who used the service told us “I’m hoping to move to a new flat soon but I still want Lifeways to support me as I get on so well with all the staff”. Relatives commented on the dedication and caring approach of the staff. One person’s relative said “The staff are all very caring” and another person’s relative said “Staff take the time to listen to [their relative]. They make sure they have regular showers and believe me that’s hard to do”.

One of the service managers told us “Our aim is to help people to be as independent as they want to be as this improves their self-esteem. We don’t want to do things for people: we want to enable them to do things for themselves”. A team leader said “We provide people with one to one staff support for a set number of hours each day. People can choose if they want to be supported to go out or they can go out on their own if they want. It’s entirely their decision”.

One person who used the service told us staff helped him to get ready and made sure he was appropriately dressed for work. He currently worked one afternoon a week in a charity shop and said his keyworker was trying to find him another job. He said he went out on his own for short periods every day. He said his aim was “to be able to live independently in the future”.

All of the people we met had very good relationships with the staff. We were told members of staff would be moved to another team if a person was not happy being supported by them. We observed staff spoke to people in a friendly and caring manner. When staff spoke with us they were respectful in the way they referred to people. Staff appeared compassionate and wanted to promote people’s welfare and well-being. For example, one member of staff told us they had become good friends with a person who

used the service after they were admitted to hospital for a long spell. The member of staff visited the person regularly in hospital and told us “He is a great chap and has so much potential but has been victimised most of his life”.

We observed people with limited verbal communication skills responded positively when staff spoke with them and staff understood what the people wanted and needed. All of the people we met appeared relaxed and happy with the staff. Staff understood people’s needs and preferences and engaged with each person in a way that was most appropriate to them. We observed people’s support plans detailed the best way to communicate with each person and how to help them make choices. Some people were able to communicate through sign language or through pictures and symbols. Others communicated through physical forms of expression such as leading staff to what they wanted or refusing things they did not want. Each person had their own key worker and core team of support staff who knew the individual’s needs and behaviours well.

Staff respected people’s privacy and dignity. Staff were available to support people with personal care when needed, but they encouraged people to be as independent as possible. For example, one person we visited was supported by staff to have their hair washed but staff said the person was able to have a bath and get dressed independently. When they were bathing staff left them alone and waited outside. When staff provided personal care they said they closed the door and drew the curtains or blinds as necessary to maintain people’s privacy.

People were supported to maintain ongoing relationships with their families. If needed, people were supported to visit their families and people’s relatives were encouraged to visit them. For example, one person was expecting a visit from their parent later on the day when we visited. Staff supported them to get washed and changed and to tidy their house. We were told staff also supported some people when they went on family holidays.

# Is the service responsive?

## Our findings

The service provided personal care based on each individual's assessed needs and preferences. Some people needed full support with all of their personal care needs whereas others were more independent and only needed a few hours support each day. One person said "I would like to live independently in the future. I need some help with washing and cooking but I am getting more independent". Another person told us the staff support they received "fluctuated each day depending on what I want to do".

People contributed to the assessment and planning of their care to the extent they were able to but sometimes lacked the mental capacity to make certain decisions for themselves. Each person had a core team of support staff, including a key worker responsible for ensuring their support plan and risk assessments were up to date and appropriate to their needs. Staff understood people's individual communication methods well, and assisted them to express their needs and preferences in ways people could understand.

Where appropriate, people's close relatives were encouraged to participate in discussions about people's support plans. One relative said "I give my opinions at [their relative's] annual review and they always listen to me. It's also easy to contact the staff at any time by mobile or text". Another person's relative said "Staff ring me when needed. I can talk to any member of staff and I know my messages always get through".

Each person had a personalised support plan based on their individual needs. Support plans included clear guidance for staff on how to support people. This included risk assessments and positive behavioural support plans for people who may become anxious or distressed. The plans identified people's support, communication, health and well-being needs. This included information on how each person made and expressed their choices and decisions.

Support plans were reviewed by people's key workers on an ongoing basis to ensure they remained appropriate and up-to-date. The 'live' copy of the support plan was kept in the person's own home. A copy was also kept in the service's administrative office and was updated every couple of months, or sooner if there was a significant change to the person's support needs. People's support

plans were regularly checked by senior staff. Every individual's support plan was also audited annually by the provider's team of quality auditors. This comprehensive audit included a visit to the person's home and a reassessment of their needs. An action plan was produced if any shortcomings were identified and progress on implementation was followed up by senior staff.

Where people demonstrated or expressed a preference for particular members of staff this was acted on. Each person had a core staff team assigned to them and had a say in the membership of the core team. Staff members of the same gender were always available to assist people with personal care, if this was their preference. A relative told us "[Their relative's name] doesn't take to everyone. They will shift staff around if someone doesn't suit them".

The service had recently started to involve people who use the service in staff recruitment and selection procedures. For example, one person had been involved throughout the whole recruitment process for a new member of their core staff team. They were involved with the drafting of the job specification, the job advert and attended the interviews. Similarly, people who use the service were involved in deciding the criteria and interview questions for a new scheme manager's post. They were invited to meet the applicants and give feedback to the interview panel. The area manager said this was the model and approach they planned for future appointments.

The service sought people's views through a variety of methods from informal contacts with people and their relatives, to regular support plan reviews and an annual satisfaction survey. The 2015 survey was just about to be sent out. The results of the 2014 survey were overwhelmingly positive. The results had been circulated to people and their relatives in easy to read format together with actions the service planned to take to maintain and further improve the service.

People who lived in shared accommodation were also able to attend and raise issues at 'house meetings'. For example, we were told a housing officer had been invited to a recent meeting to answer questions raised by people who use the service.

People and their relatives said the management and staff were very accessible and approachable. They said they could raise issues or concerns informally with any member of staff or with the team leaders and they received

## Is the service responsive?

appropriate responses. None of the people we spoke with had any complaints but they knew they could contact the service's administrative office if they were unhappy with the local response.

The provider had an appropriate policy and procedure for managing complaints. This included agreed timescales for responding to people's concerns. Details of how to make a

complaint were included in the provider's guide to services which was given to people and their relatives. The service had not received any written complaints in the last 12 months. The area manager had received two informal complaints over the telephone. Both complaints had been responded to and resolved to the person's satisfaction.

# Is the service well-led?

## Our findings

People told us they were very happy with the personal care and support they received. They said they got on well with the staff and with local team leaders and could talk to them about any issues or concerns. They also had access to the service's on-call telephone number if they needed to contact a senior person in an emergency or crisis situation. Relatives of people who lived in the home were very complimentary about the service. One relative said "I'm struggling to think of anything wrong. I've got nothing but good to say about the service". Another person's relative said "I wouldn't want [person's name] to go anywhere else".

The service was managed by an area manager who had applied to be registered with the Care Quality Commission as the registered manager for the service. His registration process was currently in progress.

The area manager said the service was not just about supporting people to do what they already liked but also to enable and stretch people to have ambitions for the future. He used his slot at the start of each staff induction programme to reinforce this philosophy and to encourage new staff to focus on people's ambitions as well as what they currently liked to do. The provider had a person centred service ethos. This was promoted through staff training programmes geared to the specific needs of the people who used the service. It was reinforced through staff meetings, shift handovers and one to one staff supervision sessions. The provider's policies, procedures and operational practices were all designed to support this approach.

Staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. Staff told us everyone in the organisation from the top down focused on the well-being of the people they supported. Staff told us they were well supported by the Somerset management team. One member of staff said "The area manager has the right ethics and values. These are all about the people we support".

Decisions about people's support needs were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from a range of external health and social care professionals when needed. There was a clear staffing structure in place with clear lines

of reporting and accountability. The area manager supervised the service and scheme managers and they supervised the local team leaders and support staff. Staff said everyone worked well together as a committed and close knit team.

The provider had a comprehensive quality assurance system to ensure people's needs were met effectively. The provider had a central quality department run by a head of quality who was supported by a number of quality managers responsible for teams of quality auditors. We met the quality manager responsible for auditing the Somerset area (as well as several other area offices) during the inspection. They told us every single service provided by Lifeways was visited and audited on an annual basis. The auditors used an electronic audit tool to rate services against a comprehensive set of quality standards. If the rating for any standard was unsatisfactory the tool automatically generated an appropriate pre-populated action plan to improve performance in that area. Service shortfalls were escalated to the appropriate level of management for action, depending on the level of concern identified by the ratings. The quality manager said none of the Somerset services were currently "under escalation".

Each service manager also completed a monthly workbook reporting on quality indicators, such as: incidents, safeguarding notifications, issues with people's finances, complaints, medicine errors, and safety checks. The workbooks were sent to the area manager who collated them into an aggregated report and forwarded a copy to the quality manager. The area manager and quality manager met every quarter to review the results. In turn, area reports were collated into regional quality reports and finally into the provider's Board reports.

People and their relatives were encouraged to give their views on the service directly to management and staff and through regular support plan review meetings. The area manager had organised three open forums for staff and people's relatives to meet him shortly after he took up post but he told us the attendance had been disappointingly low.

Annual satisfaction questionnaires were also circulated to gain people's views. The 2015 survey was just about to be sent out. However, the results of the 2014 survey were overwhelmingly positive. A total of 17 completed questionnaires had been returned. Half of the respondents indicated they were 'very happy' with the support they

## Is the service well-led?

received and the other half were 'happy' with the support. All respondents stated they were listened to by staff and were treated well. The great majority of respondents stated they were 'very happy' in this regard.

The provider employed a central involvement champion to promote increased involvement by people who use the service. One of the service managers was the designated local involvement champion. Recent involvement initiatives included involving people who use services in staff recruitment and interview processes. A pilot project had just completed for people who used the service to act as trained quality checkers and to work alongside the provider's team of quality auditors. This initiative was about to be rolled out nationally. Local quality focus groups were also planned to provide opportunities for people to contribute to the running of their services as well as to meet up socially. A toolkit for setting up and facilitating the new focus groups had been sent to each of the provider's area offices.

The provider participated in various forums for exchanging information and ideas and fostering best practice. These included internal managers meetings, local authority and multi-agency meetings, national and local conferences and seminars. They also accessed a range of online resources and training materials from service related organisations.

The provider employed and outsourced specialist advisors and trainers to support local services with complex support and communication issues. For example, they employed their own specialist in autism and worked closely with local authorities and mental health professionals to support people who had very complex or challenging support needs. The area manager said they had very good links with the Somerset mental health and local authority teams.