Lifeways Community Care Limited

Lifeways Community Care

Inspection report

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Date of inspection visit: 23, 24 March & 17 April 2015.
Date of publication: 15/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 23, 25, 26 March and we visited three people who used the service on the 17 April 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Lifeways Community Care in Melksham has been operating since 7 January 2014 from well-equipped office building on the outskirts of Melksham. They provide supported living services for people living in a range of housing provision in the local area. People using the service are adults who live in their own homes, and some share a home. At the time of this inspection 22 people were receiving the service.

There was not a registered manager in post at the service at the time of our inspection, but the recently employed manager was in the process of becoming registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service.

We saw records to show formal complaints relating to the service had been dealt with effectively.

Perminant staff were knowledgeable of people's preferences and care needs. People told us the regular staff they had provided them with the care and support they needed and expected. However we received negative feedback about the amount of agency staff which had been used, all of which stated this resulted in lack of consistency of staff sometimes and meant some people didn't always feel safe. The manager showed us figures to show the reduction in the usage of agency from 2118 hours during October 2014 to using 1404 hours during March 2015. The manager explained this would reduce further in April as the recently recruited staff will have completed their induction and would be included on the new four week rolling rota.

We saw incidents of medicine errors by one agency staff had been reported and appropriate action had been taken.

Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

From our observations staff members' approach to people who use the service was warm and caring. We saw that positive praise and choices were offered and that communication was calm and respectful.

Each person had a care plan that outlined their needs and the support required. People were supported in a range of interests which suited their wishes, this included accessing their local community.

Staff had received regular training in mandatory subjects. Lifeways employ a person to provide face to face training to staff for the majority of subjects. However opinions varied regarding the effectiveness of E learning (computer based) training for the remaining few subjects. The team leaders and manager said the effectiveness of training is monitored through the supervision and if necessary disciplinary processes.

Four out of five staff we spoke with said they "felt supported", however one out of five staff said they "did not receive regular supervision." Each of the staff records we saw included records of staff receiving regular supervision of their performance.

All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. The majority of staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

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?

Requires improvement

The service was not safe. People and staff told us they felt safe when they had regular staff supporting them. The service was reducing the amount of agency staff used over the past five months, this was due to recruiting staff and revising the rota system.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines, however incidents had been reported when an agency staff had made errors.

Is the service effective?

Good

The service was effective. Care plans were in place which described the care and support the person wished to receive.

Staff were knowledgeable about the care needs of the people they were supporting.

People had regular access to healthcare services to maintain and promote their health and well-being.

The majority of staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate. People's privacy and dignity were respected. People were involved in making decisions about their care and support.

People were asked what they wanted to do daily and their decisions were respected.

Relatives spoke positively about the care and support received by their family member.

Is the service responsive?

Good

The service was responsive. People were encouraged to take part in activities and access their local community.

We observed staff interacting positively with people and responding to their requests for assistance in a timely manner.

Summary of findings

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led, however the manager needs to be registered with us.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from management team.

Staff had a good understanding of the aims and values of the service and had opportunities to express their views.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required.

Lifeways Community Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 was carried out by two inspectors and a bank inspector. A bank inspector is a person employed by us to assist in the inspection process. The bank inspector gathered information by speaking with people who used the service, their relatives and staff.

We looked at notifications we had received. Services tell us about important events relating to the care they provide by sending us a notification.

Before the inspection, the provider completed a Provider 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 improvements they plan to make.

We contacted three social care professionals who regularly visit people who use the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed. We used a number of different methods to help us understand the experiences of people who used the service. This included talking to four people, three relatives and six staff. We visited three people in their own home. We looked at documents and records that related to five people's support and care, six staff and the management of the service. We spoke with the manager who was appointed recently and is in the process of applying to be registered with us.

Requires improvement

Is the service safe?

Our findings

We received the following negative comments from a relative and some staff we spoke with; "there has been quite a bit of a turnover of staff recently". One member of staff said "not really enough staff" another described how "the service was running very highly on agency staff. A third member of staff said they "worked more than their contracted hours, if you (the member of staff) didn't the guys haven't got continuity, that's not fair on them." Three staff we spoke with agreed the service used agency staff on a regular basis, but they felt the staff used were consistent and necessary until new staff were employed. Staff said they were made aware of the shifts which needed covering in advance, and could offer to cover them if they wished. Social care professionals commented on the "high turnover of staff and the use of agency has led to inconsistency of care, however there are several long-standing members of staff who have worked with some people for a number of years." They stated they were "in discussion with Lifeways about staffing". The manager was confident these concerns were historical and were particularly pertinent to the latter part of last year/beginning of this year. The manager explained the service was using regular agency staff where necessary to cover shifts, as they had identified the need to recruit 10 staff to cover the shortfalls. The manager explained they were working with the provider on a 'contingency plan' should the need arise from shortage of staff. At the time of our inspection a recruitment campaign was underway and seven candidates were being interviewed. The manager said four staff have been recruited in the last month. The manager was able to demonstrate the reduction in agency use from 2118 hours during October 2014 to 1404 in March 2015. The manager stated the recently recruited staff would be included on the rota in April. The rota had been revised and would reduce the need for agency staff and improve consistency of staff working with people. We visited three people in their homes. Two were able to verbally communicate the fact they had regular staff, records we saw in each of the people's homes confirmed this.

People told us that the service helped them feel safe. One person said "Safe, yes I like being here." Another person said "the staff help me, that makes me feel safe, they remind me of things."

Some of the people we visited were not able to tell us whether they felt safe. However we saw that people did not hesitate to approach the staff when they wanted support or assistance with a task. This indicated that they felt safe around the staff members.

Records and procedures for the safe administration of medicines were in place and being followed. We saw medicines errors had been made by an agency member of staff. This was reported and appropriate action had been taken. Training records showed staff had received training in the safe management of medicines. There was a difference of opinion regarding staff competency checks with medicines. One member of staff said "no competency check for three years" whereas two other staff said they "had to pass a meds assessment prior to lone working" and the other said "my team leader observes me on a meds round and I have to ask questions. I receive training updates regularly." We saw records of competency checks in the staff files we looked at. They showed the checks had been carried out regularly.

Staff we spoke with had completed safeguarding training and updates and told us that, if they had a concern about a person, they would report this to a senior staff member and record their concerns. Staff described different types of abuse and were aware of the role of agencies, such as the local authority and the police, in the safeguarding process. The safeguarding records demonstrated that the manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made.

The manager described the 'handover' process. This is where relevant information about people is passed from staff in-between shifts. Staff we spoke with said they always received a detailed handover and there was a 'handover sheet' with a summary of people's needs for new and covering staff. Staff records showed each new member of staff had completed an induction 'house test'. This included details necessary for staff to enable them to work safely in the house, such as a summary of the person living there and contact lists of what to do in case of an emergency.

There were clear recruitment processes in place to ensure that new staff were safe to work with people. We looked at

Requires improvement

Is the service safe?

five staff files which evidenced that safe recruitment practice was followed. We spoke with two recently recruited staff, both said they had found the recruitment and induction process as being "thorough".

We looked at five support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people's needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed.

Good

Is the service effective?

Our findings

Not everyone was able to tell us themselves whether they believed the staff who cared and supported them had the right skills to do so. Where this was the case we observed staff communicate with people calmly and respectfully. We saw people being encouraged to make choices and to decide which activities they would like to participate in. Staff we spoke with were knowledgeable about the people they supported. A relative described a member of staff as "They know (the person) inside out."

Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs. For example on the day of the inspection one person was supported to attend a doctor appointment. Each person had a health action plan and hospital passport that identified their health needs and the support they required to maintain their emotional and physical well-being.

The staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. An induction process was available for new staff which included reading the service's policies and procedures, care plans and shadowing more experienced members of staff. There was a programme of training available to staff and staff told us they received the necessary training to meet people's needs.

Staff told us that they completed mandatory training, such as moving and handling, and received updates. We viewed six staff personnel and training records and saw staff had undertaken training. Staff inductions and probationary periods had been signed off by the manager in post at the time. A member of staff told us, regarding training, "All you have to do is ask, they'll put you in for it." Another carer referred to doing training updates as "five hours of e-learning in your own time". They told us that "one person does all the training" for the provider. The manager explained some training updates are undertaken via e-learning, and appreciated some staff may not find this the most effective way of receiving training. However they stated that majority was given face to face by the person employed to provide the training, and that competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns. We saw a system in place which identified when staff training updates were due. This showed when training had been arranged in advance and we saw staff rota's reflected this to take into account staff would be training on that particular shift which would need covering.

Staff explained how they had received 'supervision' by their line manager who was the team leader for the home where they usually worked. We spoke with two team leaders who said the manager carries out their supervision. This was a way of monitoring staff delivering care to people in their homes, and identified any areas where personal or professional development was required in order to maintain good practice. Staff opinions varied regarding the frequency of supervision, with one stating they occurred "less often" with two other staff saying they received regular supervision every two to three months from their line manager who was a team leader.

One staff member we spoke with had some understanding of the Mental Capacity Act 2005 (MCA) and its principles. They said it was about "best choices". Three other members of staff showed a good understanding of the MCA and referred to its content. We found support plans had records of assessments of capacity and best interest decisions were in place where necessary. We were told that people living in one house were not able to access the kitchen while cooking was taking place and while medication was administered (medicines were stored in a cabinet in the kitchen). A staff member said that "It's been agreed" and that the "team leader" had dealt with this. We raised this with the manager who said an application had been made and it was deemed to be 'safe practice' rather than 'restrictive practice'.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff, describing them as “very good” and “always been very kind and were very friendly”. A relative told us their family member was “always well looked after”. Another relative said “The care is absolutely exceptional” adding “care is exemplary” and that they were “very, very satisfied” with it. Another relative told us their family member “seems to be quite happy” and that the staff were “very nice girls”.

The support plans we saw demonstrated that people were involved in making decisions about their care and support as much as possible. Family members said they had opportunities to express their views about the care and support their relative received. One family member said they were involved in developing and reviewing their relatives care and support plan.

People we spoke with said staff maintain their dignity and privacy. A relative told us “They don’t talk down. They talk to (X) as a person.”

We observed the positive relationships four people had made with the staff supporting them. Staff members spent time with, and anticipated the needs of, people who were unable verbally to ask for help. We observed this was done by staff interpreting their mood, the sounds they made, their expressions and behaviour.

During the visits to people’s homes, the staff asked each person whether they were willing for us to see their home. This respectfully gave the person choice and control. Each person we visited was happy to show us their rooms and to point out their favourite things, such as photographs of family.

People who use the service were kept informed of which members of staff were on duty by a notice board which had staff members’ photographs on it. Other visual aids were used to help people stay informed and to make choices such as; photographs of food for menu planning.

Good

Is the service responsive?

Our findings

We received feedback from social care professionals who stated the "referral and assessment process works very well."

We looked at five support plans. These were individualised, taking into account each person's needs and wishes using both symbols and words. The support plans were comprehensive and although easy to navigate, we found duplicate documents in two out of the five. The manager said the support plan format was being standardised, and this would in turn reduce the amount of information, but provide detail in a concise way.

People were encouraged to provide information about themselves so that staff understood their needs well. When appropriate, family members had contributed to people's life stories and the development of support plans to include details about people's likes, dislikes and interests. A person told us they had meetings about their care plan "sometimes". Records showed support plans were reviewed on a regular basis with the person and their family and other relevant people as necessary. A relative we spoke with confirmed they had been invited to attend. This helped to ensure that there was effective monitoring of people's needs.

No one we spoke with felt isolated from the community. Two relatives explained how staff "take (the person) out for dinner." Another relative told us their family member was "always out and about". However we received a comment from a relative who said "there are enough staff if they (the people) don't go out." People described the activities they were participating in. One person said they were "looking forward to going to a football match." Another person told us they went to a day service. They had a "day off" tomorrow and were going to have a keep fit session at the gym. Two people explained they enjoyed going shopping, swimming, friendship club, skittles and bingo. In each of the five support plans we saw daily records which included the variety of activities people had participated in. Two staff we spoke with confirmed they spent the majority of their shift supporting the people to participate in activities which the person had planned to do. Each of the three people we visited were involved in activities that were important to them, such as perusing hobbies, socialising and carrying out tasks such as menu planning and shopping.

We saw records to show formal complaints relating to the service had been dealt with effectively. We received feedback from social care professionals who stated the manager "responds to issues and looks into them." The staff described the team leaders and manager as being "approachable and would listen and act on what they had said."

Good

Is the service well-led?

Our findings

There was not a registered manager in post at the service at the time of our inspection; however the recently employed manager was in the process of becoming registered. We will monitor this and take appropriate action should the manager not become registered with us in a timely way.

We heard from staff how the manager had provided information and support during a period of considerable change. Without exception all of the staff we spoke with described the manager as being 'approachable, honest and supportive'. One member of staff said: "The manager is very approachable, you can go to her and voice your opinion, she takes it on board." We received feedback from social care professionals who stated the manager was "approachable." We saw several staff access the office during our inspection, to have a 'chat.' The manager said this is something they have encouraged staff to do as the majority of staff work alone and can be quiet isolating, it also gives staff the opportunity to discuss any concerns in private. The staff we spoke with welcomed this opportunity, comments we received included "it's nice to put a face to a name", and "it's nice to catch up over a coffee, and pass on information as well as discuss any problems."

Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. One member of staff said that they felt it was important to support people to have "fulfilling life". Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service they may have. They told us they felt well supported in their role and did not have any concerns.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the manager and a person employed by the provider to carry out audits. The audits covered areas such as support plans, the safe management of medicines and health and safety. The manager showed us the action plan which had been identified during the audits which they are working towards. Such as providing report writing for certain staff where shortfalls in report writing had been identified, and ensuring people are involved in the recruitment of new staff to work with them. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Such as the additional checks put into place following medicine errors by an agency member of staff. The manager explained they were working working with the provider on a contingency plan regarding staffing levels. However the feedback we received showed staffing levels had been of concern prior to the manager being employed in January 2015 and although the audits had identified the shortfalls in staffing numbers, no action was taken at the time to address the shortfalls. This meant there had been a delay in responding to the identified shortfalls.

Opinions from relatives regarding the frequency of requests for feedback on the service varied. Comments we received included "We get a form every year." To "I can't honestly recall receiving any requests for feedback on the service such as a questionnaire." The manager said a survey was sent out to 20 relatives in November 2014, seven relatives responded. The overall response was positive. One relative stated in their feedback that they were not sure who to raise concerns with. The manager wrote to all relatives introducing themselves and to explain the process.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire, including individual evacuation plans in place for people.