R G Care Ltd

Lifstan Way Care Home

Inspection report

Lifstan Way Care Home
74 Lifstan Way
Southend On Sea
Essex
SS1 2XE

Date of inspection visit:
13 January 2016
15 January 2016

Date of publication:
11 February 2016

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

The unannounced inspection took place on the 13 and 15 January 2016.

Lifstan Way provides accommodation and support for up to eleven people with enduring mental health needs.

The service is required to and did have a registered manager. 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.

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient members of staff enabled peoples individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

People's rights were protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately and staff understood their responsibilities and how to keep people safe.

Support and advice was given to people to allow/enable them to make informed choices about the food they consumed and purchases they made. New online person centred care plans allowed care workers to spend more quality time with people. Access to healthcare services were readily available to people and the service kept clear records of healthcare visits. Health professionals had access to the services new person centred software which enabled them to contribute effectively to people's care and support plans.

Staff were kind and respectful towards people ensuring privacy and independence was promoted. Staff understood their roles and people were supported in a person centred way. People were helped to identify their own interests and follow them with the assistance of staff. These activities took place independently or as part of a group within the service as well as in the community.

People's views had been gathered using effective systems. These included regular resident and staff meetings, direct interactions with people and the distribution of questionnaires to people, relatives and healthcare professionals. The implementation of the new person centred software has improved the services potential ability to audit and improve the quality of care being given. A complaints procedure was in place and has been used appropriately by management.

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.

People told us they felt safe living at the service. The service had systems in place to manage risks and plans were implemented to ensure peoples safety.

Appropriate checks had been carried out during the recruitment process which was effective in recruiting skilled staff. Staffing levels are adequate to meet the needs of the people.

Medicines were dispensed and received safely and as prescribed.

Is the service effective?

Good

The service was effective.

Management and staff had good working knowledge of legislative frameworks i.e. Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

Staff received an initial induction. On-going support was offered to staff who attended various training courses which enabled them to apply knowledge to support people effectively.

Access to healthcare professionals was available when required.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and respected people's choices to receive care tailored to their individual needs.

Positive caring relationships were created between people and staff. Staff listened to people and responded to their needs appropriately.

Is the service responsive?

Good

The service was responsive.

Care plans contained all relevant information needed to meet people's needs. New online care plans allowed staff more time with the people.

People were supported to identify and pursue their own interests, which promoted independence.

Complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well-led.

Staff respected and echoed management's values. Support and guidance were provided to staff which promoted a high standard of care for people.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Quality monitoring processes had been improved to ensure the service maintained its standards.

Lifstan Way Care Home

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.

We inspected Lifstan Way on the 13 and 15 December 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with seven people, four members of staff, the deputy manager and the registered manager. We observed interactions between staff and people. We looked at management records including samples of rotas, five people's individual support plans, risk assessments and daily online records of care and support given. We looked at six staff recruitment and support files, training records and quality assurance information. We also reviewed ten people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe, they [staff] check on me regularly which keeps me safe."

Staff knew how to keep people safe and protect them from harm. Staff understood how people may be at risk of different types of harm or abuse and told us what they could do to protect them. One member of staff told us, "There are lots of different types of abuse; financial, emotional and physical are some, I would report concerns to my senior and go up the ladder if it wasn't dealt with properly, I'd call the CQC if I felt I needed to." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Also staff told us that safeguarding was part of their induction training and the training matrix revealed that staff updated their knowledge every three years with regards to safeguarding vulnerable adults. The registered manager and deputy manager had good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. An example was given of how they had safeguarded a person who was at risk of absconding. The person's family and local authorities were involved to ensure the safety and wellbeing of the person.

Staff had the information they needed to support people safely. At the time of inspection people's care plans and risk assessments were in transition from hard copy documents to easily accessible online person centred software. We saw that staff could access people's care plans easily online with individual handsets. The deputy manager told us the importance of continuing to review hardcopy care plans and risk assessments to ensure the complete and accurate transition from hardcopy to online. The registered manager also confirmed that a contingency plan was being devised in the event that the online system failed and they could revert to hardcopy if required.
People's care plans were regularly reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. For example, in one person's support plan we saw risk assessments enabling the person to pursue independence making their own hot drinks with potential risks. This documentation displayed how to support the person and respected their freedom. Where people had history of potential harm to themselves, this was documented in their support plans with likely or known factors which may have been associated with this risk and how to manage them. In turn, staff undertook risk assessments to keep people safe. We saw other risk assessments covering areas such as absconding, managing medication, suitability to occupy upstairs bedrooms and smoking.

There were sufficient staff on duty to meet people's assessed needs. Staff were not rushed and were available to people when support was needed. One staff member told us, "There's enough staff here day and night to meet people's needs, people are quite independent here." The deputy manager told us they had recently recruited which meant they currently employed ten permanent care workers, a nutritional support worker, an infection control support worker, one volunteer and when required used agency staff. One member of staff said, "We don't use agency staff often." The sample of rotas that we looked at reflected sufficient staffing levels.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. Staff files contained interview notes, appropriate references, proof of their identity and proof that a criminal record check with the Disclosure and Barring Service (DBS) had been undertaken.

People received their medications as prescribed. All staff, excluding the recently recruited had received training in medication administration and management and dispensed medicines to people safely. Senior staff showed us the process of checking medication administration records before they dispensed the medication and signed the records after administration. They also spoke with the person about their medication. We found staff knowledgeable about people's medicines and the effect they have on the person. For example, staff identified and understood how to monitor when one person required their 'as and when' prescription medication. Medicines were administered in a person centred way. We reviewed medication administration records and found regular audits of the medication were undertaken and managers addressed any errors to ensure people's medications were always managed safely. People confirmed that they received their medicines safely and as prescribed. This assured us that the service was checking people received medication safely.

The provider employed maintenance staff for general repairs at the service to ensure people were cared for in a safe environment. All staff told us they knew emergency numbers to contact in the event of such things as plumbing or electrical emergencies and the rotas clearly stated which manager was on call out of hours in case of emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. If there was a medical emergency staff knew to call the emergency services and said "we are trained in first aid." Staff also received training on how to respond to fire alerts at the service. One member of staff said, "The fire alarm is tested every Friday afternoon."

Good

Is the service effective?

Our findings

People received effective care. Continuous good care was provided as staff were supported to obtain the knowledge and skills required. Eight permanent care workers had completed nationally recognised qualifications in Health and Social Care. Staff received on-going training in the essential elements of delivering care such as; moving and handling, medication, infection control, Mental Capacity Act and first aid. Staff also received training specific to the needs of the people such as self-harm and epilepsy. One member of staff said, "After the self-harm training I speak to people more assertively now, I have a better understanding and confidence of how to interact and manage a situation."

Staff received an induction into the service before starting work. Staff files indicated that all staff had received an induction. One staff member told us, "I had plenty of time to get to know people during my induction and understood how to meet people's needs by shadowing experienced staff." The induction process had recently changed and newly recruited staff had completed a home centred pack induction which included information about the running of the home and guidance on how to meet the needs of the people using the service. The service had also implemented the new care certificate, which is a recognised induction in care. Those staff we spoke with said their induction was very good and had provided them with the knowledge they required. Supervision documentation was present in staff files and the deputy manager told us that supervision occurs every four months to ensure best practice. Staff also received yearly appraisals evidenced in staff files. Staff told us they felt supported at the service and one member of staff reported how much they appreciated the on-going support from the registered manager and deputy manager in order to complete her certification in care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The registered manager confirmed that some people were subject to continuous care and supervision and did not have capacity to consent to such arrangements and were not free to leave. Subsequently there were current DoLS in place and people's freedom was not being inappropriately restricted. The deputy manager, registered manager and staff had a good understanding of the MCA and awareness of how to complete the appropriate assessments with other professionals if it is deemed necessary. An example was provided regarding concerns staff had in relation to a person's potential lack of capacity and in turn a potential danger to themselves. Assessments had been completed in their best interest and the person continued to be supported by staff with choices involving risk.

People had enough to eat and drink for a balanced diet. We saw one person ask the nutritional support worker for an alternative to what was offered on the menu. The person was given alternative choices that met their dietary requirements. Support plans contained risk assessments regarding specific dietary and healthy eating needs and identified the importance of monitoring weight where appropriate. Support plans contained the monthly weight monitoring records where appropriate; no gaps or adverse changes were identified in the monitoring records. Staff supported people to be independent and safe when they purchased food. Management also supported people with their finances. We observed a person ask the deputy manager for part of their budget in order to buy food items. The deputy manager responded to the person's request promptly, respectfully and discussed the health implications of their potential purchases and encouraged the purchase of healthier foods so the person could make an informed decision of what to buy. One person said, "I'm on a diet, they [staff] help me eat healthier."

Care records clearly showed people had access to healthcare professionals when required. People told us that they liaised with their GP, mental health professionals, dentists and optometrists in the community when required. One person said, "I haven't been feeling well so they [staff] have made an appointment for me with the doctor." We saw one person being supported by staff to attend their health care appointment. The new online person centred software also had the capability to allow GP's and other appropriate professionals temporary access (and view only) of an individual's care records in their own offices in order to contribute effectively to peoples care with current information.

Good

Is the service caring?

Our findings

People said they were happy with the care they received from the service and that staff treated them with kindness and respect. One person said, "I enjoy living here you can laugh with the people that work here." Another said, "When I was looking for places to live I knew I wanted to live here as soon as I walked in." People and staff enjoyed each other's company and people were supported to be as independent as they chose to be.

There were friendly conversations between staff and people about how they planned to spend their day. People responded to and were motivated by some staff more than others. Nevertheless independence was promoted and care workers respected people's choices in a caring way. For example, some people did not want to take part in activities. We observed a member of staff encouraging the involvement of people and tried to find alternative activities. The people responded that they were ok and didn't want to and their decision was respected. The interaction was a display of respecting people's choices whilst ensuring their safety and wellbeing.

Staff knew people well, their preferences for care and their personal histories. The registered manager told us, "Each person has a key worker they have a bond with but staff have learnt each person's specific needs to be able to care for each of them well." One example involved a person who when they became anxious and stressed were at risk of harming themselves. Care workers were aware of how to monitor the person's stress levels and how to manage the person to avoid self-harm incidents.

People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People were aware of their support plans and had monthly meetings with their key worker to identify any needs or wants they may have, along with their overall well-being. Details of these regular monthly meetings were verified within the support plans.

Monthly residents meetings were also held for the opportunity of people to express their views about the care they received. People told us they could raise any issues they had during these meetings or speak to staff whenever they needed to.

Good

Is the service responsive?

Our findings

People's needs were assessed before people came to live at the service to see if their needs could be met by the service. We saw completed pre-admission assessment reports for people. The deputy manager told us he liaised with other health professionals to plan and discuss people's transfer to the service. This process ensured that medications were organised prior to the transfer date and medicines being omitted was avoided. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan put in place before they came to live at the service.
The service understood people's care and support needs well. This was reflected in detailed support plans and individual risk assessments. Although a minority of detailed hardcopy care records were still being transferred into online versions, the majority of people's care plans and daily recordings of care had been successfully implemented online from 1st October 2015. Staff told us, "Updating the care you've given online is much easier than writing it all out. You can enter into the handset what care you've given at the time you've given it which makes the system more accurate you don't forget any care you've given. We used to have to find time later in the day to update records but now we can spend more time with the people as we've already completed care records through the day."
Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. We saw from records that people's views were sought and recorded on their care plan when reviewed and their support needs were discussed with their key worker monthly. The support plan was regularly updated with relevant information if care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

People's strengths and levels of independence were identified and appropriate activities were planned for people. Two people had been supported to attend college. One person told us, "I am learning French at college; I meet all different kinds of people there." Another person showed us their books and expressed a desire to read them. One member of staff told us, "We have made plans to support them in reading and writing classes."

A volunteer assisted at the service three of four days a week and we saw creative work that people had produced from planned activities. People sometimes chose not to take part in activities. One person told us, "I have enough to do without activities; I have my chores and my knitting to do." People did undertake chores around the service to promote independence. The deputy manager expressed that, "We will continue to try to encourage and motivate people to take part in different activities. We have planned trips out every Friday, as well as visits to the park, cafes and restaurants other days. People enjoy it when we can encourage them to take part but sometimes they lack motivation in the days due to their illnesses." On the day of inspection we saw that staff supported the majority of people who had chosen to go bowling altogether.

Policies and procedures were in place for receiving and dealing with complaints and compliments. The policy described what action the service would take to investigate and respond to complaints and concerns raised. Staff told us that if anyone complained to them they would notify the manager or senior in charge to deal with the issue. The deputy manager gave an example of a complaint they had received and how they

had followed the required policies and procedures to resolve the matter. People felt that they could approach the manager or any care worker with any complaint or issue they had. One person said, "I've never had to complain but I know the managers would do something about it if I did."

Good

Is the service well-led?

Our findings

The service had a registered manager in place who oversaw the service and sister services. The deputy manager was responsible for the daily operations of the service and worked closely with the registered manager to provide an efficient and responsive service. The deputy manager told us, "The registered manager is extremely organised and an excellent leader, I have learnt a lot from her." Both the registered and deputy managers were very visible within the service.
The management team passionately expressed a vision of providing people with a service which empowers them to be as independent as possible whilst ensuring they are kept safe from harm. Care workers did share the same vision as management. One member of staff told us, "Supporting people is more than just completing tasks we help people gain confidence to be able to get back out into the community either with our support or independently if they can."

Staff felt very supported by management, one member of staff said, "They have helped me so much, they were supportive with challenges in and out of work and they supported me so I could carry on doing my job well." Staff files contained documentation which detailed regular supervision and a yearly appraisal. Disciplinary policies and procedures were followed and documented appropriately. Also, staff received positive feedback, encouragement and motivation from their managers. One member of staff said, "I do feel valued at work." Staff's opinion of management demonstrated a culture which supports staff with an open door policy.

People received good quality care and management displayed good leadership of the service and responded to any concerns raised. Issues raised from Local Authority Monitoring Reports had resulted in an action plan being created by the registered manager and issues addressed and completed within realistic time frames.
Managers and staff carried out regular audits on people's support files, medication management and the environment. The registered manager and deputy manager were very keen to deliver a high standard of care to people and told us the new software now being used will improve the quality monitoring processes of care being delivered. The online system allowed for managers to view real-time activity and run daily, weekly and monthly reports to audit what care had been received and if any support had been missed. Action plans could also be produced based on the analysis of the reports which will keep the service under continuous review and drive further improvements. The deputy manager reported that during the first day of inspection a requirement had been identified for a contingency plan to be created in the event of the new software failing. On the second day of inspection the registered manager confirmed that contingencies were being added to the services business plan to cover any eventualities should they arise.

People were actively involved in improving the service they received. The manager gathered people's views on the service on a daily basis through interactions with people and through regular meetings each month. Meeting minutes showed that regular meetings took place and various topics were discussed and people were notified of arrangements of planned excursions, maintenance works, staffing issues, food and drink and the environment. The registered manager also distributed questionnaires yearly to gain feedback on the services from people, relatives, visitors and other health professionals. They used information from these

questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service. Annual quality audits had been undertaken, residents meetings also took place every month to listen to the needs of people and learn from people's opinions.