

R G Care Ltd

# Lifstan Way Care Home

## Inspection report

74 Lifstan Way  
Southend On Sea  
Essex  
SS1 2XE

Date of inspection visit:  
17 April 2018

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09 May 2018

### 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

Lifstan Way Care Home is a residential care home located in Southend on Sea close to local amenities such as bus routes and shops. The home is registered to provide accommodation with personal care for up to 11 people with mental health needs. There were 10 people receiving a service on the day of our inspection. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on the 13 January 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had 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.

The service provided good care and support to people enabling them to lead fulfilled and meaningful lives. People were supported by skilled and well trained staff who ensured people were safe and encouraged them to achieve their full potential and live as independently as possible.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. People were cared for by staff that had been recruited and employed after completion of appropriate checks which ensured people were protected from the risk of avoidable harm. People were supported by a consistent staff team and there were sufficient staffing levels to meet people's assessed needs. People's medicines were managed appropriately.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. There was a positive culture within the home that reflected the provider's vision to support and promote people's voice, choice and control within their own home and the wider community.

Staff received and the training they needed to fulfil their role and received regular supervision. Staff knew people well and were kind and sensitive to their needs and ensured their privacy and dignity was respected. People told us they were happy with the care and support they received. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People received support to access health care professionals and services when required.

Care plans were regularly reviewed and people were involved in the planning of their care. Staff shared information effectively which meant that any changes in people's needs were responded to appropriately. People were provided with the opportunity to participate in activities which interested them.

People, staff, relatives and healthcare professionals spoke positively about the registered manager who was committed to providing a person centred service; ensuring people had a good quality of life. There were systems in place to regularly assess and monitor the quality of the service provided and people and staff had the opportunity to say how they felt about the home and the service it provided. The registered manager was able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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.

This was an unannounced comprehensive inspection. The inspection took place on 17 April 2018 and was completed by one inspector.

Before our inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with three people. Some people chose not to speak with us, so we used observation as a main tool to find out about the service they were receiving. We spoke with three members of staff, registered manager and the area manager. Following our inspection we spoke via telephone to two relatives on the 19 and 20 April 2018 to seek their views on the service.

We reviewed a range of documents and records including two people's care files, three staff recruitment and support files, staff rotas, training records, arrangements for medication, minutes of resident and staff meetings and quality assurance information.

# Is the service safe?

## Our findings

People told us they felt safe living at Lifstan Way. One person shared with us how staff helped them to prevent a deterioration in their mental health. They said, "I feel very safe here, [names of care staff] really understand me. I can talk things through with them and they help me out and keep me safe."

Staff were trained in recognising the signs of abuse and demonstrated an understanding of the different types of abuse and reporting procedures. All the staff we spoke with told us they were confident that the management team would report all concerns appropriately. They were also aware they could report any concerns to external agencies such as the local authority and CQC.

Individual risks to people were assessed and effectively managed. Positive risk taking was promoted to empower people to be as independent as possible and to make their own choices. Staff supported people to make safe choices including minimising risks to enable them to lead meaningful and fulfilled lives.

Systems were in place to keep people safe in the event of an emergency situation such as fire and personalised emergency evacuation plans were in place for people. Incidents and accidents were monitored by management which ensured if any trends were identified actions would be put in place to prevent reoccurrence.

There was a robust recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff disciplinary procedures were in place to respond to any poor practice.

There was enough staff to meet people's needs safely. Staff told us, and our observations showed, there were sufficient staffing levels to meet people's individual needs effectively. During our inspection we observed staff spending quality time with people.

All staff who administered medicines had received medication training. The medication administration records (MARS) we looked at were completed appropriately however we did find some unexplained gaps. On further discussion with the registered manager we found people had received their medicines however staff had forgotten to sign the MARS. Records showed these errors had been fully investigated and the registered manager had taken appropriate action. Regular audits of the medication systems had been undertaken, including an external audit of the home medicine procedures by a pharmacist. There were safe systems in place for ordering, receiving, storing and disposal of medicines.

Measures were in place to ensure people were protected by the prevention and control of infection. The service had a dedicated infection control worker and staff had received infection control training, and had access to personal protective equipment. A relative told us, "The home is always clean and tidy."

## Is the service effective?

### Our findings

The service carried out a comprehensive assessment of people's needs prior to them moving into the service. This was in conjunction with the person and other health care professionals involved in their care. This meant it was clear what the individual outcomes were for people, enabling staff to support them with their mental health recovery.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff completed an induction programme when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. Staff said they were actively encouraged and supported to continue their professional development to expand and develop their skills. Records confirmed that all staff had achieved or were working towards achieving a recognised health and social care qualification. This meant that people were supported by staff who had the skills and knowledge to meet their needs and ensure their safety.

Staff received regular supervision and an annual appraisal in place. Supervisions and appraisals are important as they are a two-way feedback tool for the registered manager and staff to discuss work related issues and training needs. Staff told us they felt well supported by the registered manager who was always available if they needed any support or guidance. This demonstrated staff had a structured opportunity to discuss their practice and development.

The service used an electronic system which held people's care records. Care staff were issued with handsets and were able to view people's care plans and records and update them in 'real time'. A member of staff told us they felt the system was invaluable as it enabled them to input information such as people's food and fluid intake immediately, review changes to people's care needs and gain information as to how people were feeling; for example in low mood and therefore needing closer observations and/or support from staff. It also flagged reminders to staff such as people's medical appointments.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received MCA training. They were able to demonstrate a good working knowledge of the MCA and understood the importance of gaining people's consent and helping people to make choices on a day to day basis. Records showed people's capacity to make decisions had been assessed. This meant their ability to make some decisions, or the decisions that they may need help with and the reasons as to why it was in the person's best interests had

been recorded. We were assured from our observations that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. Where people had been deprived of their liberty, appropriate applications had been made to the 'Supervisory Body' for a DoLS authorisation.

People were supported to have a balanced and healthy diet. People told us they liked the food. Staff were knowledgeable about people's specific dietary needs. Minutes from meetings showed people's feedback on menus had been regularly sought. Snacks including fresh fruit, and drinks were available to people at any time. A relative told us, "[Name] has lost weight since moving in and is eating more healthily. The staff have worked really well with [name] to achieve this." Another relative said, "[Name] is much better both physically and mentally, they are putting on weight, eating properly and look so much healthier."

People were supported to maintain good health including accessing healthcare services as required such as psychiatrists, GPs and chiropodists. Care records demonstrated the service worked effectively with other health and social care services to help ensure people's health care needs were met and their mental health wellbeing maintained. A relative shared with us how the service had worked with healthcare professionals to significantly improve their family member's mental health and well-being since moving into the service. They said, "The home is terrific considering how [name] is now from where they first moved in. They [staff] are marvellous."

The environment at Lifstan Way was accessible, including a passenger lift to the first floor. People's diversity was respected and their bedrooms were personalised. Refurbishment works were planned for the home including a new kitchen. People had access to a private garden. The provider was holding a competition for the best garden across its three services. One person shared their idea with us and staff about having coloured moss across a fence. During discussions it was clear the garden project was having a positive impact on the person's well-being. We noted a sign in the foyer of the home which said, 'Our residents do not live in our workplace, we work in their home.' It was clear from our observations and discussions with staff that they fully embraced this ethos. A relative told us, "It's not the newest of buildings but it has a nice atmosphere and is very homely."



## Is the service caring?

### Our findings

There was a strong visible person centred culture at the service. Staff provided a caring and supportive environment for people. Most staff had worked at the service for a number of years which enabled positive relationships to develop. People valued their relationships with the staff and spoke highly of individual staff members. During our inspection we saw people and staff were relaxed in each other's company and it was clear that staff knew people very well. There was free flowing conversation and exchanges about people's wellbeing and about their day. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way and took time to listen closely to what people were saying to them. We saw a comment the service had received which stated, 'All you lovely people who took such great care of [name], we so appreciate your compassion, sensitivity and devotion to them.'

People were actively involved in making decisions about their care and support. Care plans were person centred and contained information about people's likes, dislikes and preferences in regard to all areas of their care including cultural and religious beliefs. Staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported. The service displayed information about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager was able to provide examples of how they had worked effectively with independent mental health advocacy services to ensure people were supported to understand and be involved in making decisions about their care and support.

We checked whether the service complied with the Accessible Information Standard to ensure effective communication systems were in place for people using the service; for example large print and pictorial formats. The registered manager informed us they used pictorial format to help support one person at the service. This included pictorial interview questions to enable the person to participate in staff interviews and to share with staff how they were feeling; for example to show whether they were feeling low and were at risk of self harming. This meant staff were able to take appropriate action to mitigate the risk of the person self harming themselves. No other people living at the service required information in accessible format however the area manager told us if information was required in an alternative format they would ensure this was actioned.

People's privacy and dignity was respected. Staff demonstrated a good understanding of privacy and dignity such as knocking on people's doors before entering their rooms. Where people preferred to stay in their room and not socialise with other people this was respected by staff.

People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves. This ensured that staff provided care and support in a way that helped to maintain people's independence and, where appropriate, support people to develop independent living skills.

People were supported to maintain relationships with friends and families. Relatives confirmed to us they were able to visit at any time.

## Is the service responsive?

### Our findings

The service was responsive to people's individual needs. One person described to us how staff had recently supported them to do something which was very important to them. They said, "[Staff] were unsure whether I would be able to cope, they worried about me but I was fine. They listened and helped me do it, this was an important thing I wanted to do and we are going to do it again next year."

Each person had a care plan which was person centred and responsive to their individual care and support needs. Care plans were reviewed regularly and tailored to meet people's needs such as personal care preferences, specialised care needs and emotional support. People had a dedicated keyworker who was responsible for reviewing their care and support needs. People told us they were involved in the development and review of their care plan and they were happy with the care they were receiving. A relative said, "The move to the home has been so positive, I cannot fault it. I am so pleased [name] has moved there, they are doing so well." We saw feedback from a healthcare professional which said, "Staff are really responsive to the residents' needs. I'm extremely impressed with the needs led/personalised care provided."

People who used the service told us they enjoyed the activities provided both within the service and the local community. People were provided with the opportunity to try new things or do things they enjoyed and to socialise with others. Staff actively encouraged and supported people to follow their interests and hobbies and to access the local community. This included attending local events, trips to the theatre and enrolling on college courses. A walking group had been set up and people were actively encouraged to go out for daily walks; this included taking the resident dog Bella out for walks. One person told us how Bella had a positive impact on their well-being. They said, "I look after Bella, she has really helped me out when I haven't felt very well." A relative told us, "[Name] has come on leaps and bounds and is now going out places and having a better quality of life." Another relative said, "Absolutely, the home is terrific. [Name's] whole demeanour is perfect now and they have a much better quality of life. [Name] also goes out on lots of trips, we have to check they are in before we go and visit."

The service had a policy in place for dealing with concerns and complaints. Information on how to raise a complaint was clearly displayed within the foyer of the home. People told us they were listened to and would speak with staff or the registered manager if they had any concerns. One person said, "I'm happy here and feel safe and if I had any complaints I would go to [manager]." There had been one complaint since our last inspection and records showed this had been dealt with in a timely manner, in addition lessons learned from the complaint had been shared with staff to prevent reoccurrence.

No one living at the service was receiving end of life care. The registered manager informed us some people were reluctant to discuss their end of life care due to their mental health. Records showed discussions had been held with people about their end of life wishes.

## Is the service well-led?

### Our findings

The service had 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.

The registered manager showed their commitment and passion to ensure people received good quality care to support them with their recovery and live meaningful and fulfilled lives. They said, "Seeing positive outcomes, changes and growth in people and seeing them happy and pushing themselves to achieve things independently is one of the best things we can do."

The registered provider's vision and values were displayed at the service and were fully embraced by staff who were committed to ensuring people had the best quality of life. Staff told us they felt the service was well-led. All staff we spoke with told us that all levels of management were approachable and they felt confident to speak openly with management. Comments from relatives included, "The service is very well led and managed; you couldn't wish for a better home." And, "Yes, I do think the service is well led and managed. [Name] is safe and making good progress. I feel more settled for the first time in years as this has alleviated a lot of stress as [name] is well settled and cared for."

Staff told us they felt supported and valued and thoroughly enjoyed working at the service. Staff told us morale was high and they worked effectively together as a team. One member of staff said, "One of the best things about working here is the team. We work well together and nothing is too much trouble. Morale is good and I can honestly say I enjoy my work." Staff told us the registered manager operated an 'open door' policy and they were available for support and guidance at any time. During our visit we observed people frequently entering the office to speak with the registered manager. Relatives also said they could speak with the registered manager at any time. One relative told us, "[Registered manager] is always visible and if we have a problem or want to find out something is happy to chat with us. This was particularly important when [name] first went to live there."

Regular staff meetings were held and topics such as updates on people living at the service, training, activities and the day to day running of the service were discussed. The registered manager actively encouraged feedback from staff to help improve services for people. This was confirmed by staff we spoke with. They told us that they were able to openly discuss any concerns and put forward suggestions for improvements to the service. This showed us that staff had the opportunity to be involved in how the service was run.

The registered manager actively sought the views of people who used the service and others. This was done in a number of ways such as daily interactions with people, monthly resident meetings and surveys. Feedback was taken into account to improve the quality of the service. We saw the responses collated from a resident survey carried out in March 2018 which showed positive feedback from people about the service they receive. This included people feeling their opinions were valued and respected.

The registered manager told us they received good support from the area manager and provider. They attended internal and external meetings which provided them with an opportunity to network with other providers, share good practice, discuss challenges and keep up to date with changes in the care sector. They also kept themselves updated by accessing websites such as 'Skills for Care' and the 'National Institute of Excellence' (NICE) to obtain guidance relevant to the management of the service.

There were systems in place to monitor the quality and safety of the service. The registered manager and provider were committed to delivering a high standard of care to people and carried out regular checks and audits such as health and safety, medication and the fire system to ensure people's health and welfare. The registered provider also visited the service regularly to undertake quality assurance checks. This demonstrated the registered provider had a quality assurance programme in place which effectively monitored the service.