

Lifeway Care Ltd

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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 ●

Summary of findings

Overall summary

About the service

Lifeway Care is a domiciliary care agency providing personal care to people living in their own homes in Leeds. At the time of this inspection, the service was providing care to 6 people.

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

Relatives told us they felt the care provided was safe and were complimentary about the way in which care was delivered. All the relatives spoken with told us they would recommend the service.

Risk assessments were in place to identify and manage risks to people and staff. Accidents and incidents were recorded, investigated and analysed by the registered manager and changes implemented when required. Staff were knowledgeable about identifying and reporting safeguarding concerns. Medication was administered safely. The registered manager had processes for monitoring visits and were using a computer-based monitoring system to monitor whether staff were visiting as planned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. The registered manager knew who to contact if people's needs deteriorated.

Relatives consistently shared very positive feedback about staff being kind and respecting people's wishes. We also found several examples of people's independence being promoted.

The service had developed person centred assessments and care plans that guided staff according with people's needs and preferences, including for those who required end of life care. Relatives knew how to make a complaint and they were confident that their complaint would be listened to.

There were effective quality assurance processes in place that allowed management to keep an appropriate oversight of the care delivered, as well as implementing any improvements required. We received positive feedback about the registered manager being approachable

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 October 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the

service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of moving and handling people. This inspection examined those risks.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lifeway Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November and ended on 7 December 2022. We visited the location's office/service on 30 November 2022.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with 7 relatives of people using the service. We spoke with 5 staff members; this included care workers, administrative assistant, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at care records for 2 people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We gathered additional feedback from staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. Relatives told us their loved ones received safe care. Comments included, "It is safe care, particularly in moving and handling my [relative]" and "Everything is done in a safe, careful and considerate manner."
- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- The registered manager was aware of their responsibilities in relation to safeguarding adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were effective risk management systems in place.
- The provider was completing relevant risk assessments to people's care this included risks to people's individual safety, well-being and environmental risks. These assessments generated plans that guided staff on how to support people against ongoing risks.
- Some people required staff to use equipment to move them safely. The provider had a system in place to ensure the equipment had all relevant checks and was safe to use.
- Relatives told us staff arrived on time and did not miss care visits. The provider was using an electronic monitoring system that generated alerts if the care visits were not completed in the scheduled time.
- Our conversations with staff showed they knew how to safely deal with accidents and incidents such as a medical emergency or a fall. Staff were confident that any concerns raised would be acted upon by management.

Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should. Medication administration records (MARS) were detailed and relevant.
- The registered manager was conducting regular medication audits and when issues were identified these were addressed in a timely manner, such as gaps in MARS.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency had been regularly checked.

Staffing and recruitment

- People's care was provided by a team of regular staff. One relative told us, "I feel that it is safe care because they are all familiar faces."
- The service followed safe recruitment practices. The provider had a safe recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience to support

people using the service.

Preventing and controlling infection

- People were protected against the risk of infections.
- Staff had completed training in infection control and food hygiene and told us protective equipment was made available.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide care and support. This ensured the service meet people's needs and there was clear guidance for staff to follow.
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans, as well as people's mental health requirements when appropriate.

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

- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.
- Relatives told us staff supported people appropriately and in line with their preferences and needs. Relatives comments included, "These carers seem very good to me. They are patient with [person] when feeding [them], it is never rushed, and they encourage [them] to drink, which is good" and "The carers have to blend [person's] food as [they are] on a soft diet now. [Person] has Fresubin prescribed and will also drink water, soup and hot drinks without thickeners."

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

- The records evidenced the service maintained regular contact with relevant services such as GPs, social workers and district nurses
- Relatives were confident staff would contact healthcare professionals or report any concerns to relatives who could then make contact with relevant professionals. One relative told us, "One carer also noticed that [person] had an infection on [their] toe. I called the GP in to see [them] and antibiotics were prescribed."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance to ask consent before delivering care. Relatives gave us examples of observing staff asking for consent. One relative said, "Staff carefully explain things and ask for [person's] consent before delivering care."
- The service was working within the principles of the MCA. Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care.
- The registered manager was aware of their responsibilities to assess people's mental capacity to make specific decisions if people's health and needs required it.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide appropriate care to meet people's needs. Relatives commented, "These staff seem to be well-trained, for example, they knew to use the hoist without me having to tell them" and "The staff seem well trained to me and they seem to deal with situations professionally."
- Staff completed an induction and training programme. There was a regular programme of training for staff; records showed training was up to date.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss things that were relevant to their jobs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Relatives told us, "The staff who visit us are kind, caring, considerate and professional people;" "I feel that all the staff are caring and kind people" and "During the visits, we have met two carers and they both were absolutely lovely." The registered manager told us the ethos of their service delivery was, "we provide care not just with our hands but with our hearts."
- Relatives mentioned how staff were attentive to their own needs and helped with tasks that were not included in care plans. Comments included, "The carers are great because they do little jobs for me as well. They seem to go above and beyond the call of duty. For example, they will take my washing out of the machine and will lift heavy things for me."
- Care plans were person centred and included people's views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care. Our conversations with relatives confirmed staff respected people's dignity. One relative said, "The carers always close the doors to ensure privacy."
- People were supported to be as independent as possible. One relative told us, "They must be encouraging independence because of the fact that he can shower himself again now" and another relative said, "The carers support [person] to do as much as [they] can during personal care."
- People's records were kept securely to maintain privacy and confidentiality in the office.

Supporting people to express their views and be involved in making decisions about their care

- People's views and preferences were clearly expressed in their care plans.
- People and relatives had been involved in planning and reviewing their care. Records that we looked at confirmed regular reviews were taking place and involving the relevant people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care records were designed in a person-centred manner and reflected a person-centred approach to care. These included personal information about people, their routines, their specific health conditions and relevant people involved in their care.
- Some people required equipment to meet their needs; we saw their care plans described in detail how staff should use this equipment. The daily notes showed people's care plans were being followed by staff.
- The service was providing care for people who had palliative needs. The registered manager explained us how they worked with other relevant healthcare professionals to meet the changing needs of people who required end of life care. One staff member told us, "When we work with end of life clients, we need to have a heart of gold and empathise with them, like they are our mother, our father, our uncles."
- We saw evidence of positive feedback from families relating to end of life care. Comments included, "I would sincerely like to thank everyone at Lifeway for looking after [person] with such care and respect, thank you all so much" and "Thank you so much for looking after [person], we can never repay you for the care you gave [them]. You all treat [them] as part of your family, [person] was grateful for the care you gave [them], as we were."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was working within the Accessible Information Standard. Specific communication requirements were described in people's care plans and staff told us how they would follow these to effectively communicate with people.

Improving care quality in response to complaints or concerns

- There were policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed and found it to be appropriate.
- Relatives told us if they had any concerns, they would not hesitate to discuss them with staff or the registered manager.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People received care which was personalised to their needs and focused on their outcomes.
- Relatives consistently told us they were satisfied and would recommend the with service. Their comments included, "I would recommend this service because they really care for people well, having an individual approach and taking great interest in the person they look after, making sure that everything is done to support them in the best way" and "I would definitely recommend this company because they are friendly people who deliver care well. They deal with personal care tasks cheerfully and with dignity. They seem to be more on our side and ready to support [person's] needs than many [other] organisations have been."
- Records showed us that health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.
- Staff told us the management were supportive and any issues raised would be acted on in a timely manner and appropriately.
- Relatives shared positive feedback about the registered manager. They told us, "I find this manager to be very approachable and he listens" and "I know the manager by name. He will listen and he does try his best."
- We reviewed the provider's overall quality assurance systems, and these provided a good oversight of the service with regular audits on medication, care records and relevant aspects of service delivery being discussed at the management level. Spot checks were regularly carried out to oversee staff performance and to check the quality of care and people's experiences.

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

- There were systems in place for gathering the views of people using the service, their relatives and staff.
- Records showed staff meetings were recently being held more regularly and relevant issues were discussed.

