

# **Lifeways Community Care (Inverness) Limited**

## **Housing Support Service**

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**Type of inspection:**

Announced (short notice)

**Completed on:**

24 May 2019

**Service provided by:**

Lifeways Community Care Ltd

**Service provider number:**

SP2004006707

**Service no:**

CS2009235245

## About the service

This service has been registered since 2010.

Lifeways Community Care (Inverness) Limited provides combined care at home and housing support services to people living in Inverness and nearby surrounding areas. People supported by the service live in their own homes, or in shared houses. People receiving support had a wide range of needs, and included people living with learning and physical disabilities, health and mental health issues. Support provided varied according to the assessed needs of the person, and ranged from a small number of visiting hours over each week, to more intensive support at times extending to cover up to 24 hours per day.

## What people told us

During the inspection we met six people who used the service, either in the Lifeways office or through us visiting them by arrangement in their own homes. Some people were unable to provide direct feedback on the quality of the service they received. We were also able to speak with one relative.

We also had an inspection volunteer supporting the inspection. Our inspection volunteer was able to speak with five people who received visiting support and through this obtained some detailed feedback about their experience of the service they were provided by Lifeways.

We also had twelve questionnaires submitted to us before the inspection.

Overall the feedback received from those we spoke with, or who submitted questionnaires to us, was good and people told us the service they received made a positive difference to the quality of their life.

People told us:

"I'm sent a rota every week as my times vary but the carers do come when it says on the rota."

"On some occasions when a support worker doesn't turn up for a shift nobody phones or lets me know."

"I am happy with everything."

"I am happy with ...(my staff)."

"My carer goes beyond her duty and I am very happy with my support. Nothing is too much trouble for her."

"I wouldn't be able to go out without them, the carers are just brilliant to me. They help me with.. All the things that allows me to stay in my own home."

"My carers are quite good at keeping time they visit me five days a week and the time is what I agreed when the service started."

"There are times I do feel they rush me usually holiday time or sickness."

"Hands on staff are brilliant, happy to help in any way, they will adjust the times to suit if I require."

"I do have a regular worker, wouldn't like it if I was seeing different faces all the time.. I would say the support I receive is second to none."

"The staff from the office visit me from time to time to update my plan."

"I do hear from the people in the office. I find them helpful and friendly."

## Self assessment

The service was not asked to submit a self assessment to the Care Inspectorate before the inspection. However as part of the inspection we looked at their organisational quality assurance, development and self assessment documents. The service were using the new care standards to inform these, and we were satisfied that there was evidence of a positive approach towards service improvement.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

We assessed that people experienced good support from this service. We observed that people seemed to enjoy a good level of consistency from staff teams which ensured that people benefited from consistency and continuity of care. We observed interactions that were relaxed, and staff who demonstrated warmth and respect. Staff we spoke with demonstrated a good level of knowledge and understanding of the people whom they supported.

Staff supported people in a way that encouraged and promoted independence and involvement. We observed that people received a service that was flexible, and endeavoured to respond to changing preferences or routines. People were being supported to take part in a range of activities both in their homes and in the community. We saw that the opportunities being offered included personal interests and hobbies, but also promoted the introduction of new activities in an individualised way that built on skills and supported independence. People experiencing support were encouraged to feedback on their support plan and contribute to their aims and objectives in a way that promoted development. Teams displayed a proactive and responsive and consultative approach to risk assessment, so that individual preferences and legal responsibilities were both carefully considered and consulted upon in an individualised way. It seemed that there was good multi agency working and a transparent approach to highlighting any concerns, or responding to issues.

We saw that health needs were being well supported and that staff were both proactive and responsive to any changes in health needs. Overall there were clear arrangements in place to support people with medication needs, and in an instance where we observed that better clarity needed to be achieved within a support plan, we were satisfied that this would be taken forward as a priority. We observed people to be supported to maintain health and well being through receiving the right support to meet personal care needs. We also

concluded that support plans informing how particularly complex areas of need should be met were comprehensively completed and updated according to changing circumstances.

Peoples care plans should be right for them. This should mean that they set out how their needs are to be met, and are reviewed and updated at least once in every six month period. While we saw that while some care plans were up to date and reviewed regularly not all were. We concluded that there was still outstanding work to be completed particularly for people who received less intensive, visiting support. While there were plans in place, there were still a significant proportion that required review to ensure that they were an up to date reflection of how support was to be provided, and had involved consultation with the person to inform this process. The service needs to prioritise work to ensure that all care plans are fully completed, and continue to be kept up to date and reviewed regularly. **(See recommendation 1)**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should continue to develop a care and support plan for all people they provide a service to. The plan will detail people's needs and preferences and how these are to be met.

The plans should be kept updated and a review of support should take place at least every six month period. There should be a written record of the review detailing who was present and any areas of the support plan discussed. There should be an action plan developed with timescales for any necessary actions to be completed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15)

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

We found that the quality of staffing was good which indicated that the service had important strengths, but with some areas for improvement.

Care staff who provide care and support should be appropriately and safely recruited. During our inspection we found that the service followed a safer recruitment approach for all new staff which offered assurance to people using the service.

Staff should be trained, competent and skilled. Once recruited the service provided an eight day induction for all new staff. The induction consisted of essential training and time working alongside an experienced colleague. Staff we spoke with indicated that their induction to Lifeways was positive. As a result staff were given time to gain confidence and become familiar with people's preferences, needs and wishes, before working alone.

The service had developed a training plan which outlined training for all staff. From this, we could see that some staff had not yet completed a full training programme although staff acknowledged that any training they had received supported them to develop their practice. Refresher training was out of date, and in some instances had not been completed for some time. The service acknowledged this and were working to ensure that all staff training could be completed as a priority, ensuring that staff were competent and skilled. We will look at this area at the next inspection to ensure that this has been addressed.

We could see that staff working in the service had access to regular supervision and appraisal. This included observations of practice which supported staff to further develop their skills and knowledge. Staff we spoke with commented on feeling supported by management and to having easy access to informal supervision when required. Therefore, people benefited from staff who were able to reflect on their practice.

People should have confidence in the service delivering their care and support. The service would benefit from a system which would enable all staff to access and share information safely. We could see that on one occasion a service user missed a care visit which was due to a communication error. Having a system in place would ensure that changes to shift patterns were communicated clearly and reduce the risk of people missing their care visit.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

We concluded that this service had evidenced progress, and were benefiting from good management and leadership. This remains key to people having confidence in the organisation and the people who provided their care and support. The team demonstrated that they were committed to providing consistent support, and have made good progress towards meeting the areas about which a requirement and recommendations were made at the previous inspection. We also saw that where outstanding work remained there was a clear understanding within the team of what required.

We observed that the management and supervisory team were working collaboratively with staff teams so that people received support based on guidance and best practice.

The service had a well organised approach towards identifying key areas of responsibility and supervisory structures. This meant that people using the service could have clarity about who they should speak with about their care and support.

Senior staff demonstrated had good knowledge of individual needs, and were familiar with how support was to be provided. This enabled them to guide staff, check that protocols were being followed, and effectively and meaningfully lead on and participate in individual review meetings.

The service office clearly had an open door to staff and people using the service and took on board any matters raised. This meant that any concerns, complaints or issues were responsively followed up on. Throughout the inspection it was clear that many people who used the service appreciated the opportunity to regularly talk informally to senior support staff about different aspects of their care and support. We saw that individuals were welcomed into the office, and it was evident that each persons contribution was valued.

The provider has a clear quality assurance system in place which we saw was being used effectively to drive improvement. We observed good use being made of regular audits and checks to ensure that service delivery was based on good practice. Staff had access to senior staff to guide them through any complex issues that arose, and in a way that enhanced how support was safely provided.

At feedback we highlighted that the provider should review their current progress towards existing staff registration with SSSC (Scottish Social Service Council). While we saw that progress was being made towards a fully registered staff group, we concluded that they needed to ensure that there was an accurate action plan in place to identify any outstanding staff, and then progress their applications, in accordance with the relevant time frames.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

**What the service has done to meet any requirements we made at or since the last inspection**

## Previous requirements

### Requirement 1

In order to ensure that care and support is responsive and appropriate to need, the provider/manager must ensure that care and support plans are reviewed and updated when necessary but at least every six months in order that they accurately reflect the care and support that is being provided.

In doing this they should also ensure that people they support have the opportunity to discuss their needs and wishes on a regular basis and share any concerns that they have. Service users and anyone who they feel is important such as family members and/or social workers should be involved in this process.

Good practice would be that support staff who regularly provide support to service users should also be involved in the care and support reviews.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

Also in order to comply with Regulation SSI 2011/210 5 (2) (b) (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Timescale: By 31 October 2018 the provider must evidence to the Care Inspectorate that all service users have had reviews within the last six months.

**This requirement was made on 25 June 2018.**

## Action taken on previous requirement

We were satisfied that there had been good progress towards resolving the issues identified in this requirement and we were confident that this work would steadily continue until fully addressed. We have therefore considered the requirement met, but have made an area of improvement to reflect what remains outstanding.

Although we have seen evidence of progress, in general it seemed that the care plans and review practice for people receiving less intensive support continued to require attention. This was to ensure that all plans were up to date, and that reviews which included consultation with service users, were taking place within the necessary time frames. We saw that completion of this work was being prioritised within the service.

Care plans and review practice for people receiving more intensive supports was overall satisfactory. We read plans which reflected individual needs and preferences, and we saw that regular reviews were taking place. **(See recommendation 1)**

**Met - outwith timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

## Previous recommendations

### Recommendation 1

In order to ensure that care and support records are accurate and reflect responsive care and support, further training should be considered for all staff to ensure that they are familiar with recording and documentation skills and the need for accuracy in this area.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes." (HSCS 3.14)

**This recommendation was made on 25 June 2018.**

## Action taken on previous recommendation

We were satisfied that appropriate standards were being maintained in relation to record keeping. Various records that we sampled, and which included progress notes and accident and incident reports, were generally being well completed and would support continuity of care. The provider also made good use of various quality assurance and audit tools to regularly check that records were reflective of good practice. This meant that they could identify and remedy gaps, or areas where improvements were required, on an ongoing basis. We saw that staff training on record keeping was being delivered when we were present in the service. However, as with other training on their plan, they now need to ensure that this opportunity has been extended to all staff as a priority. On the basis that we observed that the process of organising training was already in hand, and that overall we thought record keeping was good, we have considered that this recommendation has been met.

## Recommendation 2

In order to ensure that staff are trained, competent, skilled and follow best practice, awareness training for all staff should be carried out regarding the new Health and Social Care Standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

**This recommendation was made on 25 June 2018.**

## Action taken on previous recommendation

We could see that a number of opportunities were being taken to promote knowledge and awareness of the new Health and Social Care Standards with staff. The service used self assessment and personal planning processes which reflect the themes and statements in the care standards. However they should continue to ensure that staff have opportunities that develop their knowledge and awareness of supporting people in a way which is informed by these standards.

We therefore concluded that this recommendation had been met.

## Recommendation 3

To ensure that staff are trained, competent and skilled, regular competency observations should take place as part of overall supervision practices within the service.

This is to ensure that responsive care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes." (HSCS 3.14)

**This recommendation was made on 25 June 2018.**

## Action taken on previous recommendation

The service carry out a range of practice observations as part of their management and supervisory processes. These observations were regularly carried out by supervisors to check practice in various aspects of support, for example documentation, record keeping, medication and so on. Competency assessments also included an opportunity for knowledge testing and discussion around the topic. It was apparent that as well as being used



as a response to any highlighted concerns, these were also used routinely and in a planned manner to check on the quality of the support being delivered.

We therefore concluded that this recommendation had been met.

#### Recommendation 4

To ensure that the service remains responsive to care and support needs and that people using the service benefit from a culture of continuous improvement, the provider/manager should ensure that regular quality checks are carried out on every service that is being provided and on systems that support that service.

In order to ensure that care and support needs are met in a way that is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me." (HSCS 1.19) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This recommendation was made on 25 June 2018.**

#### Action taken on previous recommendation

The provider had a quality assurance system which we concluded supported good practice. This system included regular audits at both service and provider level. Within this senior, managerial, or external staff, focused on different aspects of the supported person's individual's experience, checking quality in terms of documentation, legal requirements as well as more practical and quality of life observations. There was further work outstanding, for example to ensure that each person, in all parts of their service, has had regular opportunities to feedback or influence their care through reviews. **(See recommendation 1)**

However we concluded that overall the system supported better outcomes for people, had real strength and in depth knowledge that senior staff built about the needs and preferences of those they supported.

We therefore concluded that this recommendation had been met.

#### Recommendation 5

To ensure that the service benefits from a culture of continuous improvement, the provider/manager should ensure a local development/improvement plan is completed which clearly takes into account the needs of the service.

In doing so the following should be considered:

- The plan should include the views of people using the service and all other stakeholders as part of the service's own quality assurance systems as well as areas highlighted by external inspection.
- The plan should be updated regularly to reflect the current position of the service and clearly identify future direction. It should include measurable and targeted outcomes/ goals with a clear action plan, identified timescales and person responsible.

In order to ensure that the organisation is working in a way that is compliant with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This recommendation was made on 25 June 2018.**

## Action taken on previous recommendation

The service had a local development plan in place which we concluded identified some key areas for improvement and how these were to be taken forward. We saw that issues identified either locally, at national level, or as a result of regulatory visits, were all included. Action points were also reflective of individual service user feedback. We suggested that as part of their service development consideration be given to reviewing the night service provision which has been set up in collaboration with other providers. This would be with a view to ensuring that any areas identified as potentially requiring improvement be taken forward in a way that benefits people using the service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
29 May 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
11 Aug 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
27 Sep 2016	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
25 Feb 2016	Unannounced	Care and support 4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 4 - Good 4 - Good
21 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 5 - Very good
19 Feb 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
22 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 4 - Good
5 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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