Livability

Livability Treetops

Inspection report

94 Victoria Gardens
Highwoods
Colchester
Essex
CO4 9YE

Tel: 01206844121
Website: www.livability.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Livability Treetops is registered for accommodation for persons who require nursing or personal care, diagnostics and screening and treatment of disease disorder or injury. Livability Treetops provides a high dependency service and nursing care for up to 21 people who have a physical disability and may have a learning disability or an acquired brain injury. There were 17 people living in Livability Treetops on the day of our inspection.

Livability Treetops is a 'care home'. 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. Livability Treetops provides people with a spacious single room with ensuite facilities in a purpose built building in a residential area in Colchester.

There was a registered manager in post who has managed the service for many years and was present on the day of our inspection. 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.

At our last inspection of the service in May 2016, we rated the service as 'Good.' At this inspection, we found that the service had not sustained its good rating and further work was needed to improve medicines management and governance.

People and their relatives spoke highly of the service and the quality of care provided. We found areas of good practice but there was a lack of consistency across the service. Medicines records were not clear and did not always follow the organisations own policy. These shortfalls placed people at risk of not receiving the correct medicines. Checks had been undertaken on equipment to ensure that it was safe to use however we found that one piece of equipment, which was in regular use had been missed off the safety and cleaning checks, which indicated that the system was not as robust as it should be.

Risk assessments were in place and the organisation had already identified that moving and handling assessments needed strengthening and they had a plan to address this.

There were sufficient numbers of staff available to meet people's needs when we inspected. However, the service had a significant number of vacancies and was dependent on agency staff. The service was actively recruiting to the vacancies and there were clear systems in place to recruit staff to ensure that they were suitable for the role. New staff received induction and training to provide them with the skills and knowledge they needed to support the people living in the service.

People's nutritional needs were assessed and met. Professional advice and support was obtained for people where risks such as choking, swallowing difficulties and inadequate food and fluid intake. People were

supported to access health services when they needed to.

The management team and staff understood their roles and responsibilities in relation to the to the requirements of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were motivated and supported. They were clear about their responsibilities and we observed kind and caring interactions. There was a strong emphasis on helping people to communicate effectively and people told us that they were consulted and had a say in how they were supported.

Care plans were detailed and informative and were regularly updated to reflect changes in people's needs. They focused on people's strengths and provided staff with guidance on promoting independence and involving individuals in their day to day care. There were clear systems in place to hand over information which ensured that staff had the information they needed to support people. People had access to a range of social opportunities both within the service and in the local community. A new activity coordinator had recently commenced employment and it was planned to further extend the opportunities available to people.

Information on how to raise concerns or complaints were available and people and their relatives were confident that any concerns would be listened to and acted upon.

People relatives and staff were positive about the levels of support from the management team and told us that they were approachable and helpful. However, governance was not fully effective and relied almost totally on self-reporting. The registered manager was open and provided the information that was requested however the provider had not undertaken regular quality audits to check on the implementation of its policies and ensure that the service continued to improve and develop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

People's medicines were not always managed safely.

Risks to people's welfare were not always managed effectively.

Staffing levels was sufficient to meet the needs of people living in the service.

Staff were aware of what was abuse and the procedures to follow.

Is the service effective?

Good

The service was effective.

People needs were assessed and their care monitored.

Staff received training and support to enable them to meet the needs of people who used the service.

People were supported to make decisions about their care.

People were referred appropriately to external services when their needs changed.

People were supported to eat and drink.

People were supported to live healthier lives and access health care when they needed to.

Is the service caring?

Good

The service was caring

People were supported by staff that were kind and caring.

People were treated with dignity and respect.

People were asked for their view of the service.

Is the service responsive?

Good

The service was responsive.

Care plans were informative and person centred. There were clear systems in place to handover information and ensure that peoples needs were monitored.

People had access to a range of social opportunities which promoted their wellbeing.

People were supported at the end of their life and enabled to stay at the service if they wished to do so.

There were systems to respond and investigate people's concerns and complaints.

Is the service well-led?

Requires Improvement

This service was not always well-led.

Provider audits had not been regularly undertaken and did not address the inconsistencies in practice.

Information analysis could be strengthened to identify patterns.

The registered manager promoted a culture which was open and supportive.

Livability Treetops

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

The inspection was undertaken on 13 December 2018 and was unannounced. We made follow up telephone calls to relatives to ascertain their views of the service between 13 and 18 December 2018. The inspection team consisted of one inspector and a specialist advisor who was a registered nurse.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During our inspection, we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

As part of the inspection, we spoke to four people who used the service and four relatives. We spoke with five care staff and the registered manager.

We reviewed a range of documents and records, including three sets of care records for people who used the service. We viewed the recruitment records of three staff who had recently been employed, complaints records, medication, accident and incident records. We looked at the system to review quality.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt "safe" and that staff were on hand if they needed them." Relatives spoke highly of the service and the care provided.

People's medicines were not however always managed safely. Medication administration records(MAR) were not clear and did not provide staff with sufficient guidance as to what people had been administered. For example, we saw that people had been prescribed stock medicines such as antibiotics should they become unwell so that staff could the medicines start quickly. However, this was not clear on the MAR and therefore people were at risk of receiving these medicines when they did not need to. Some people's medicines had been written on the MAR twice, which meant that there was a risk that they could be given the wrong amount of medicine. The amounts of medicines were not always carried over, so it was not always clear about how much stock they had and impacted on the services ability to audit effectively. Handwritten entries not always double signed which was contrary to the providers own medication policy.

It was not clear from the MAR where care staff should be administering creams and lotions. For example, we found that one person had been prescribed an eye ointment for their catheter site, but this was not clear from the medication administration chart. According to the records we viewed staff were not applying peoples topical cream on a regular basis. These creams included the administration of pain relief gel. Medicine audits were being undertaken but they were not identifying these issues and therefore were not sufficiently robust. The registered manager told us that they intended to take immediate action to address the shortfalls we found and subsequently confirmed that they had done so. The actions included amending the records, increasing audits and making one member of staff responsible for the oversight of people's medicines.

There were systems in place to ensure that equipment and environmental risks were identified and managed however not all the equipment that we saw were included. For example, we identified that the suction machine had not been included as part of these checks and this meant that people could be placed at risk in the event of an emergency. There was also no cleaning schedule in place for the suction machine. We saw that some people had specialist mattresses on their bed to reduce the likelihood of skin damage, but we could not see that the mattress settings were known to staff and therefore there was a risk that they could be adjusted, and people may not receive the support they need. The registered manager agreed to address these matters immediately.

Hazardous substances were locked away and we saw that checks were undertaken on fire safety equipment to ensure that it was working effectively. One member of staff told us, "We have a fire alarm every week and regular drills, we are not told when they are taking place and asked what we would do, as it is so easy to forget." The provider had arranged for a separate company to undertake checks on equipment such as hoists and the water to make sure that the systems in place were working effectively and the risks associated with areas such as legionella were being managed.

Risks were identified and there were management plans in place to reduce the likelihood of harm. Risk

assessment tools such as 'waterlow' and 'must' were in place to identify risks of skin damage and malnourishment. We saw that risk assessments had been produced for areas such as moving and handling and the use of bedrails. Where risks were identified guidance was provided for staff to follow, for example, staff where advised to use slide sheets and use in situ slings for some individuals. Not all the assessments that we viewed provided staff with clear guidance on the loops to use but the registered manager told us that the organisation was reviewing its moving and handling risk assessments to improve the details recorded and these where due to be brought into place within a few weeks of the inspection.

Staff had undertaken training on safeguarding and could describe the actions that they would take to protect people if they had concerns. They expressed confidence that any concerns would be taken seriously. The manager outlined the steps that they had taken when concerns had been identified and was clear about their responsibilities to report to the local safeguarding authority for investigation if required.

There sufficient numbers of staff to meet people's needs. We observed that staff were visible and responded promptly to call bells and peoples request for support throughout the day of the inspection. We looked at the staffing rota and spoke with staff who told us that the levels of staff were good although they were dependent on agency staff. The provider told us that they had 6.5 vacancies and recruitment was underway. The service were having some difficulties recruiting to the team but tried where possible to use consistent staff from an agency who knew the individuals they supported. We spoke with some of the agency staff and they confirmed that they had previously worked at the service.

The provider's recruitment procedures demonstrated that they operated a safe and effective system for the recruitment of staff. We looked at the recruitment records for the staff members who had most recently been appointed. This included completion of an application form, a formal interview, previous employer references, identification checks, and Disclosure and Barring Checks (DBS) checks. We saw that the service checked that the nurses were fit to practice and registered with the Nursing and Midwifery Council (NMC.) We saw that the registered manager maintained details of the agency staff they employed and the checks and training that they had completed.

The service looked clean, with one small exception which was addressed on the day. Cleaning schedules were in place to evidence that there was a rolling system in place. People told us that staff wore gloves when they were being supported.

Good

Is the service effective?

Our findings

At the last inspection, this key question was rated as 'good'. At this inspection, we have judged the rating remains 'good'.

People's physical and social needs were continually assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. We looked at the admission process for people moving in the service and saw that they had visited the service as part of their admission and staff had spoken to them and the people supporting them about their needs and care preferences.

Staff were provided with the skills and knowledge they needed to meet people's needs. Staff told us that when they first started working at the service they received an induction which included a period of working supernumerary and working alongside an experienced colleague. New staff completed the care certificate which is an agreed set of standards that sets out the knowledge, skills, and behaviours expected of people working in the health and social care sectors. Staff told us that the training covered areas such as moving and handling, infection control and first aid. Staff told us that specialist training such as on dysphasia was provided and training on multiple sclerosis was planned. We saw the deputy manager maintained a spreadsheet which provided details of the dates on which staff completed training and highlighted when refresher training was due.

Staff told us that their competency to complete tasks was checked and their practice was observed. This included nursing staff had an annual competency check on medicine administration.

Staff received regular supervision sessions and were also informally supported on a day-to-day basis, with any concerns that arose from the management team. Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. Staff were positive about the support they received and told us that the registered manager was approachable and helpful. Regular staff meetings were held, and minutes displayed for those staff who were not able to attend.

People were supported to access a balanced diet. On the day of our inspection we observed that people were offered choice of a main meal. The food looked appetising and people told us that they enjoyed the meals on offer. People also had fridge's in their rooms where they kept snacks

People told us that their health needs were met, and we saw that referrals were made to health professionals when needed. Records of peoples visits to opticians and dentists were documented and the advice given were clearly recorded for staff to follow. Staff supported people to the hospital and where possible stayed with them to ensure that there was an effective handover of information.

The manager understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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 the 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorized and whether any conditions on such authorizations were being met. The manager told us that they had assessed people's needs and made applications as required to the local authority.

The service was comfortable in a good state of repair, for example, furnishings were regularly replaced and upgraded. Individuals had access to transport to enable them to access the community and external venues.

Good

Is the service caring?

Our findings

At the last inspection, this key question was rated as 'good'. At this inspection, we have judged the rating remains 'good'.

People and their relatives told us that the staff were "Lovely" and "Kind." One relative told us, "[My relative] has a good relationship with the staff, some of them have been there for years, but they have also taken on some new staff, but everyone is nice." Another told us, "My [relatives get on well with staff, they are the happiest I have ever seen them." We observed that people looked relaxed in the company of staff and interactions were warm and friendly. Staff were attentive for example they noticed that one person was sitting facing directly into the sunlight, so they quietly moved them so that they were more comfortable. We heard them say, "Now I am going to sit you next to [resident] now is that better."

Staff knew people well and could tell us about individuals, how they communicated and what was important to them. Personal spaces were personalised and reflected people's interests. People were supported and encouraged to maintain links with their family and access the local community. One person, for example, was due to attend a family wedding in another part of the country and two staff were going with them to support. This involved considerable planning including a trial run to ensure that it all went smoothly on the day and it was 'special' to the individual.

Independence was promoted. Care plans were written in a positive way and focused on people's strengths. They provided staff with guidance on promoting independence and involving individuals in their day to day care. For example, please ensure that my assistive technology is within reach and I can use a joy stick instead of a mouse on the computer. We saw that people were provided with specialist cutlery and had plate guards in place to help them eat independently.

A relative told us, "My relatives care is their priority and is under [my relatives] control. They fully involve him in decisions and choices at all times." The registered manager told us that people were involved in the life of the service for example in screening prospective job applicants. We saw that care plans documented people's views. For example, 'I have chosen [name of staff member]as my keyworker.'

People were asked for their view of the service at regular intervals. Residents meeting were held and feedback questionnaires We saw that these were being provided in different format including easy read. Feedback had also been requested from relatives and from other professionals and we saw that the results were very positive. A visiting professional had written "The environment is always warm friendly and welcoming. The quality of care provided appears high. Individuals are respected and treated equally and with dignity."

Good

Is the service responsive?

Our findings

At the last inspection, this key question was rated as 'good'. At this inspection, we have judged the rating remains 'good'.

One relative told us, "I feel very reassured by the care my relatives receives, they keep on top of things and keep me updated." Another told us, the care is excellent, they keep us informed."

Support plans were informative, and person-centred reflecting the needs and preferences of the people we observed. One person's care plan stated, 'I have an area in my back that needed to be washed and dried well otherwise I will develop a moisture lesion.' Daily records were completed by staff on the computer. These varied in quality, but some were very detailed and recorded information on what people had eaten and drank during the day, the exercises completed, and activities undertaken.

Ongoing monitoring of people's needs was undertaken. For example, we saw that peoples blood pressure weights and temperature were checked at regular intervals. Relatives told us that the service communicated well with them and ensured that they were updated on any changes to their relative's health or needs

There were effective systems in place to ensure that staff were kept up to date with changes in people's needs and daily handovers were undertaken. As part of the inspection, we observed the handover and saw that appropriate information was shared about what people had eaten and what staff should look out for.

People were supported at the end of their life. Staff gave us examples of how they had supported people with palliative care and ensured that they were pain free and surrounded by their family and friends. The service was due to hold a celebration of life event for staff and people using the service to remember and celebrate the lives of those they had recently lost.

We observed people were supported to be involved in activities of their choosing which promoted their sense of well-being. On the day of our visit, people were participating in a variety of clubs and hobbies. One person had gone shopping, another was attending bounce ability a music and activity session. People told us about things that they had participated in. For example, one person told us about going out with staff for a Christmas meal. Some relatives told us that they would like their relative to do more but we saw that the service had been struggling to fill some staffing vacancies which had impacted on their ability to provide activities. We saw that a new activity coordinator had been appointed and had just commenced work at the service. They were advertising for a second post.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. We saw the service provided people with a range of information in easy read documentation. The registered manager told us that they used a range of tools to communicate with people including specialist computer programmes, pictures, cards and observation.

People and their relatives told us that they could raise concerns and that the service, "Took suggestions on board." We looked at the provider's concerns and compliments log and noted that all concerns had been investigated and responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

People told us that they were happy at the service. One person told us "It's still good here I wouldn't change anything." A relative told us, "My relative is in good hands, the manager is very approachable, I have no concerns."

The provider had arrangements in place to monitor the quality of care however these were not effective and had not identified the areas that we found at this inspection, such as the medicine and safety shortfalls. The arrangements in place relied almost totally on self-auditing and the registered manager completed a range of information returns on areas such as complaints, food safety, training and health. The provider asked the registered manager to state whether the service was safe, effective etc and provide details of any successes or challenges. The system, however, was not robust and did not provide sufficient scrutiny or challenge.

Livability Treetops is part of a national organisation which has its own quality assurance team who undertake checks on quality. However, it was not clear on the day of the inspection how frequently these checks were being undertaken and what aspects of care delivery and safety were looked at. The registered manager told us that the providers quality team were due to audit the service and they had been provided with the dates of their next visit. Following the inspection, we were informed that a 'validation audit' had been undertaken in the months leading up to the inspection.

The registered manager told us that they were supported by a line manager and attended meetings with other home managers. They told us that their line manager visited the service and spoke with people living there and staff. They were not able to show us any reports from these visits or actions to drive improvement.

Information was not always collected or used in an effective way. For example, we saw that incidents were logged on individuals records on the services computer system, but it was not collated or analysed to identify trends or patterns.

The registered manager had worked at the service for many years and knew the people and the relatives of those they supported. There was a clear leadership structure, with a deputy manager who had dual responsibilities for leading some nursing shifts and undertaking management responsibilities on a supernumerary basis. All the staff and people we spoke with were complimentary about the management team and the levels of support. Staff told us that they received regular supervision and that the managers were very approachable.

The registered manager understood their responsibilities around key areas such as safeguarding, and we saw that they had taken advice appropriately. They also demonstrated their knowledge of their legal responsibilities for notifying CQC of deaths, incidents and injuries which effected people who lived in the service.