Livability

Livability Greenwood Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Livability Greenwood Lodge provides accommodation, care and support for up to five people with a learning disability or who have a diagnosis of autistic spectrum disorder. At the time of our inspection there were four people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in March 2016, the service was rated good. At this inspection we found the service required improvements in a number of areas. The service was also in breach of two regulations. Regulation 14 and 17 because peoples nutritional requirements were not managed effectively and the service was not consistently well led.

The service has 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.

There were not always sufficient numbers of staff on duty to meet people's needs. This was due to the changing needs of a person who used the service; staff were sometimes challenged to respond to people's needs in a timely way.

There were no regular arrangements in place to engage people in regular meaningful activities.

Records were not always accurately maintained in respect of medicines stock balances

People were unable to tell us if they felt safe. We observed that staff worked hard to keep people safe in challenging circumstances. Staff were knowledgeable and understood their responsibilities in respect of safeguarding people. They had safeguarding training and demonstrated a good overall knowledge.

Safe recruitment processes were in place to help ensure that staff were of good character and were suitable to work in this type of service.

Staff were knowledgeable and felt supported in their roles. They received regular individual supervision with their line manager and received on-going training relevant to their roles and responsibilities. Staff were positive about the training and support they received.

People were involved in the development and review of their care plans as much as possible. Each person

had a detailed care plan, which recorded their individual needs and choices. However, these were not always followed due to the lack of available staff. Risks to people's health and safety had been assessed and personalised risk assessments were in place to help staff manage risks that had been identified. Care plans and risk assessments had been regularly reviewed to help ensure they reflected people's current needs. However, the care people received was not always provided in accordance with what was recorded in people's care plans.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was obtained from people before any support was provided.

People and staff had developed positive relationships and it was clear staff knew people well. Staff were kind and caring to people who lived at the service. People's dignity and privacy was maintained. Staff knew people's needs and preferences well and encouraged them to retain everyday living skills while supporting them. People attended day care.

People were supported to access a range of health care professionals to help maintain their health and wellbeing. Care plans detailed people's health needs and the support they required from the service. People received their medicines in accordance with the prescriber's instructions. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

People's relatives and staff found the registered manager supportive and approachable and spoke highly of their ability to manage the service. People felt listened to and that staff were responsive to any concerns or complaints that they may have.

Quality monitoring systems and processes were in place to help monitor the quality of the service and to identify where action needed to be taken. However, they were not always used effectively to drive improvements.

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

The service was not consistently safe.

Potential risks to people's health and safety were assessed but risks were not always mitigated effectively.

People were not always assisted in a timely way due to the needs of other people.

Records were not always accurately maintained in relation to medicine stock balances.

People were kept safe by staff who had been trained and were knowledgeable about the potential signs of abuse.

Recruitment processes were robust to help ensure that staff were of good character and suitable for the roles they performed.

Staff supported people to take their medicines safely.

Staff were aware of the risk of cross infection and used personal protective clothing to reduce the risk.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional and dietary needs were not consistently managed effectively.

Staff were supported through regular supervision and team meetings.

Staff had the skills and experience necessary to meet people's individual needs and support their independence.

The registered manager and staff worked in line with the principles of the Mental Capacity Act 2005.

People were supported to access a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

We observed the staff were caring, kind and patient.

People made choices about how they were supported where they had the capacity and ability to do so.

Staff assisted people as individuals and staff respected people's privacy and maintained their dignity.

People had developed meaningful relationships with their care workers.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not engaged in meaningful activities.

The Service did not demonstrate it was responsive to people's changing needs.

People's preferences were taken into account and care provided was kept under review.

Complaints were investigated and addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were not consistently maintained to ensure maximum effectiveness.

Quality assurance systems were not consistently effective in identifying and addressing issues in a timely way.

People were unable to give feedback but a relative told us they were happy with the service their relative received.

The registered manager demonstrated an open, inclusive and transparent culture within the service.

The registered manager knew people and staff well.

Livability Greenwood Lodge

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.

This inspection took place on the 20 March 2018 and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This 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. We received the completed document prior to our visit and reviewed the content to help with planning the inspection and to help focus on the areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us.

We carried out observations in the lounge and dining room and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

We were unable to speak with people during the inspection due to their complex health conditions. We spoke with one relative and requested feedback from other relatives, but had not received any feedback at the time of drafting the report. We spoke with three staff members and the registered manager. We received feedback from two healthcare professionals. We looked at documents relating to the quality and safety of the service, two care plans, staff recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. We observed that one person demonstrated behaviour, which challenged others. We observed the person had reduced mobility. Despite this, they did not use a walking aid due to their confusion. The person lacked capacity to understand the risks associated with mobilising without the use of a walking support. This placed the person at risk of harm.

The person had recently sustained a number of falls. Staff provided one to one support to the person throughout the inspection. This impacted on their ability to support other people when required. However if staff were away from the person even for a short time they tended to get up and be walking around. Staffing levels were not appropriate to meet people's changing needs.

Potential risks to people's health and safety were assessed but for one person risks were not always mitigated or managed effectively. For example, staff told us that the environment was no longer suited to one person who got up and left the lounge. The provider had assessed their needs when they first came to live at the service and they had regularly reviewed people's needs. However, the person's needs had changed which meant that they could no longer be managed safely at the service. The registered manager was working closely with other professionals including the person's social worker to try to get the situation resolved.

We saw that the doorframes were not wide enough to enable staff and the person to pass through safely and on at least three occasions during our observations, the person came close to banging their head. Staff told us that if they did not constantly monitor the person they were at risk of injury. Records confirmed an increase in the number of recent incidents.

People were not always assisted in a timely way due to the needs of other people. We observed staff were consistently assisting and reassuring a person who was shouting and appeared agitated throughout the course of the inspection. This impacted on the staff being available to support other people. For example, one person spent large amounts of time in their bedroom. Staff told us the person's condition had deteriorated following a family bereavement and they were reluctant to leave their bedroom. We observed that staff did not spend time with this person and they did not receive the level of staff interaction they required. This was due to staff being tied up with other duties.

Stock balances of medicines were not recorded consistently. We checked the process for the safe storage recording and administration of medicines. We found that in the case of two different medicines the stock balance had not been recorded when the medicines had been delivered to the service. Staff told us that the omission had occurred due to being distracted by a person who required support. These interruptions had led to them forgetting that they had failed to complete the record correctly.

The registered manager told us that they did learn from events, although we were not provided with any examples of relevant or current learning.

People were kept safe by staff who had been trained and were knowledgeable about the potential signs of abuse. Staff demonstrated they had a good knowledge of how to keep people safe. Records confirmed staff had received safeguarding training and had regular updates to make sure their knowledge was current. One staff member told us, "I would report anything I was worried about to the most senior member of staff on duty".

Recruitment processes were robust and ensured that staff were of good character and suitable for the roles they performed. Pre-employment checks were completed before staff commenced work at the service. These included a disclosure and barring check and the taking up of references.

Staff were aware of the risk of cross infection and used personal protective clothing to reduce the risk. The environment looked unkempt in some areas with chipped paintwork and stains on the walls. The floors and general environment would benefit from a deep clean. Staff told us that this was due to the changed needs of one person who used the service and they therefore hey did not always have enough time to support people keep the environment as clean as they would have liked.

Requires Improvement

Is the service effective?

Our findings

People who required assistance to manage their nutritional needs did not always have their needs met appropriately. We did not see evidence that people had a nutritionally balanced diet. We saw one person was given a plate of Madeira cake, which had been cut into small bite size pieces. They were also provided with a hot drink. This was their mid- morning snack. The person proceeded to eat the cake very quickly and we noted their mouth was so full they were unable to chew the cake to enable them to swallow it. Staff told us the person always ate extremely quickly, which was why they cut it up small to help reduce the risk of them choking.

Later staff were observed to ask the person "Would you like a nice honey sandwich"? The person said "yes". The person was given a plate with two rounds of bread and jam with the crusts removed and cut into bite sized pieces along with another two slices of Madeira cake and a hot drink. We observed the person again put several pieces of the bread and jam in their mouth along with the cake. They were unable to swallow the large amount of food without washing it down with their drink.

We reviewed the persons care plan and risk assessment, and noted that the person had been referred to the speech and language therapy team for an assessment (SALT) due to dysphagia and weight loss. The SALT assessment recorded that the person should be supported to eat whilst sat upright to reduce the risk of aspiration or choking and 'prompted to slow down their pace of eating' to prevent them from putting too much food in their mouth. The person required a 'soft moist diet'. The person was at risk of losing weight, despite this they had not been weighed for 7 months. This meant that the person's weight had not been effectively monitored.

We looked at the soft diet eating plan for this person and observed it included one portion of energy rich foods at each meal along with two to three portions of protein and five portions of vegetables per day. To increase the calorie intake they ([staff]) were advised to use food products, which were high in calories such as full fat milk and double cream. We reviewed the person's food intake records for the previous 14 days and noted that the person had not had a soft or moist diet on many occasions.

For example the person had croissants and jam for breakfast on six occasions followed by sandwiches or cheese or pate on toast for lunch. These meals were not of a soft and moist consistency and put the person at risk of choking. We saw that the weekly shopping list did not contain any fish or meat products. We discussed this with the registered manager who agreed that the person's dietary needs had not been met and they agreed to take immediate action to ensure that they would provide a nutritionally balanced soft and moist diet going forward.

Staff we spoke with told us people were given a choice of foods and that a weekly menu was developed on a Sunday for the following week. We found that the actual record of food provided to people was not the same as the menu. People were given sandwiches or toast with pate or cheese most days for lunch. Staff told us that people changed their minds and liked sandwiches however these did not provide a nutritionally balance diet.

This was a breach of regulation 14 of the health and social care act 2008. The provider failed to provide people with suitable nutritious food, which was required to maintain their health and wellbeing.

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 were 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.

We checked whether the service was working within the principles of the MCA. Appropriate MCA assessments had been completed to maintain people's safety and to help ensure that any restrictions placed on their freedom were lawful and were the least restrictive in order to ensure their safety. People's consent was obtained and this had been recorded in their support plans.

People had an assessment of their needs before moved to live at the service. This enabled staff to support people to achieve their optimum goals and objectives. However, when people's needs changed and they required more specialist care this challenged staff. For example staff had to consistently try to prevent a person from wandering and thus falling over. Staff were unable to support people's holistic needs and support provided became more reactive.

Staff received other training relevant to their roles and responsibilities. Staff told us their induction included meeting people who lived at the service, reading and familiarising themselves with policies and procedures as well shadowing more experienced members of staff before working on their own. Staff we spoke with and records confirmed, they received regular training relevant to the needs of the people they supported. One staff member told us, "The training is relevant and helps us support people effectively". They told us that specialist training was available to staff who had a particular interest such as managing behaviours that challenge, epilepsy, and dysphagia.

Staff we spoke with told us, "My manager is very supportive and we can approach them to discuss any concerns we might have". Staff told us they felt supported. We saw records of supervision with staff were regular and offered staff support and development in their roles. The registered manager had introduced an appraisal system, with the aim of engaging staff more in the process.

Staff helped to support people to maintain good health and had access to healthcare professionals as required. For example, we saw that people had been supported to see their GP, opticians and chiropodists. Care plans showed a range of other health professionals were involved in people's care. For example, speech and language therapists, and occupational therapist referrals had been completed where appropriate. However, the provider did not always ensure staff followed professional guidance and advice. People received relevant support with their healthcare needs.

Good

Is the service caring?

Our findings

Staff who cared for people were kind and caring and put people first. Staff were sometimes challenged by time constraints but worked hard to help make sure they could support people in a way that was compassionate.

One relative we spoke with told us, "The staff who cares for [name] are really lovely, I know things are sometimes difficult but the staff are so patient and kind". We observed staff support people and reassure them when they appeared to be upset or agitated. For example, one person kept saying they wanted to go home. The staff member linked arms with the person and assisted them to go for a walk. The staff member provided constant reassurance and placed a hand on their shoulder. The person immediately became less agitated and settled when they returned from their walk around the home.

A relative told us that it was a very friendly home and the staff had worked there for many years. They went on to say their relative had lived there for a large part of their life and had thrived very well despite having multiple health problems.

The service supported people to express their views and be actively involved in making decisions about how their care was provided as much as they were able. However, the people who lived at the service were not able to fully articulate their needs and wishes. We saw that staff did try to engage and involve them but people were not always receptive to staff. People were supported to remain as independent as possible to reduce them becoming over reliant on staff support and enable them to retain as much choice and control over their lives, as they were able.

Staff had developed positive and meaningful relationships with the people they supported. We observed that people were comfortable being supported by staff and the staff demonstrated they knew them well.

People's dignity was respected and promoted. For example, staff knocked on people's doors and waited for people to respond and invite them in before entering. Staff told us, "We ensure people's dignity is respected by keeping them covered during personal care. We ensure we offer choices and support people in the way people prefer and by offering choices and checking that they are happy with us supporting them.

We saw that people's care plans were personalised and provided staff with detailed guidance about people's preferred support routines. We saw that information was recorded about people's life histories along with who was important to people and involved in their lives. Care records also included assessments relating to their health history, interests, preferences, cultural, and communication needs. The assessments included information about other key professionals providing services or support to the person.

Staff demonstrated they knew people well. A small consistent team supported people and this helped people to develop good working relationships. We observed that staff were caring towards people and worked tirelessly to provide a good service.

Requires Improvement

Is the service responsive?

Our findings

There were no regular or formal activities schedules in place. Staff told us three of the people went to day care services and people attended a lunch club once a week. We observed one person was extremely withdrawn and was not interested in doing anything. People were unable to tell us whether they were happy with the arrangements in relation to being supported to access activities or participate in community events. We did not observe any activities, engagement or stimulation for people.

People received care and support which was not consistently responsive to their changing needs and was subject to the availability of staff. The registered manager told us that the needs of a person had changed significantly so much so that the service could no longer meet their needs effectively. They demonstrated they were working in partnership with other stakeholders to manage the person needs as best they could during this period of change. However, it was clear that the service was not managing the person's needs effectively.

Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. Care plans were reviewed on a regular basis and updated when people's needs changed so that they remained reflective of people's current needs. people`s likes and dislikes and also their preferences were captured in the care plans to ensure all the staff had the information they needed to provide people with personalised care and support. However, we did not see any evidence of any activities or records of what people enjoyed or hobbies.

People`s rooms were personalised to reflect their individual personalities and preferences. We observed staff respected their preferences and wishes as much as they were able.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. People were unable to tell us if they knew how to make a complaint. We looked at the complaints record and noted that there had been several complaints recorded since our last inspection. We saw that these had been fully investigated and resolved in a timely manner to people's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well-led. The registered manager was responsible for the day-to-day management of two services. We found that there was a lack of management overview at the service. There was a reliance on staff to work on their own initiative and while they were busy, caring for people's day-to-day needs. It was clear that records, cleaning and other tasks were not always completed regularly or in a timely way.
We spoke to the area manager about 'registering the right support'. They agreed to ensure this was an area where further development was required to help ensure the registered manager had the knowledge and experience to manage this effectively.

Records were not consistently maintained to ensure maximum effectiveness. We found that people's records were not consistently completed. For example, people's weights were not consistently recorded.

Nutritional requirements were not updated to reflect changes in people's eating habits. Changes in people's interests or levels of engagement had not been recorded. In two care plans we reviewed there was no record of the person being offered any stimulation or engagement. Neither did the records say what had been done in response to the changes that had occurred. We reviewed the weekly shopping list in relation to the menus and found the shopping list contained Christmas pudding and mince pies which suggested that this was a historic shopping list and that it did not been updated to reflect current requirements.

The registered manager told us they had been actively trying to recruit additional staff. We noted that staff were regularly working very long shifts. There were only three permanent staff members and the rest of the staff were bank staff. We saw that permanent staff worked from 7am – 21.45pm, a 14.5 hour shift. We observed on the day of our inspection that staff had little time to take breaks due to the needs of the people at the service.

A break was no longer than 10 minutes. We observed one staff member had not had time to eat their breakfast until mid- afternoon. The registered manager and staff told us the deterioration in the needs of a person had impacted on both staff and other people who used the service. The registered manager had taken action to try and get the situation resolved. However, they told us, "It has been going on for months and has not got any better".

They agreed to chase this up following our observations and the impact this was having on the service. Commissioners had made arrangements for additional staff to be made available to support the person. However, the registered manager had not managed this effectively. For example, the additional staff were not always put of the staff rota to work the additional shifts, which meant staff had to manage as best they could.

Quality assurance systems were not consistently effective in identifying and addressing issues in a timely way. For example infection control audits although completed had not identified that a deep clean was required. There was a redecoration plan in place but this did not have clearly identified timescales about

how and when this was to be completed. Medicine audits had not always picked up where information was missing.

This was a breach of regulation 17 of the health and social care act 2008. The provider did have effective quality assurance processes in place to monitor the overall quality and safety of the service.

People were unable to give feedback but a relative told us they were happy with the service their relative received. They spoke very positively about the care their family member received. The person told us, "I think they do a marvellous job in what can be very difficult circumstances. I am very grateful for everything they do".

The registered manager demonstrated an open, inclusive and transparent culture within the service. The registered manager was both receptive and responsive to our feedback and undertook to put measures in place to address the areas we identified as requiring improvements. However, they had not identified or done anything about the issues they had already identified.

The registered manager knew people and staff well. They were able to talk confidently about people's needs and circumstances and had a good knowledge of the permanent staff who worked at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider failed to provide people with suitable nutritious food, which was required to maintain their health and wellbeing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did have effective quality assurance processes in place to monitor the overall quality and safety of the service.