

Livability

Livability Horizons

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Livability Horizons is a purpose-built residential care home providing personal care, and support to 11 people at the time of the inspection. Livability Horizons is situated in Poole, Dorset. The home can accommodate and support up to 13 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Livability Horizons was a safe place to be, feedback we received confirmed this and people were supported by staff who knew them well. Recruitment processes were in place but had not always been followed, the registered manager sought to rectify this during inspection. We have made a recommendation about governance processes to ensure they are robust, as they had not identified this shortfall. Risks people faced in their lives were identified, assessed and steps put in place to mitigate them. This meant people were supported to lead the fullest lives possible in a safe way. 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.

Right Care

People received their medicines as prescribed and there were robust, safe processes in place. Detailed assessments and instructions meant people were protected from avoidable harm. Staff knew how to recognise and raise concerns, confident they would be dealt with promptly. Staff had received training in keeping people safe. Fire safety and equipment checks were in place to ensure the environment was safe. Infection control procedures were in place.

Right Culture

We observed many kind interactions between people and staff, they were both natural and encouraging. The home actively sought feedback on the service it provided and used the information to drive improvement and learn lessons. The registered manager understood their regulatory responsibilities and had made all necessary notifications and referrals as required by law. Staff felt appreciated and were extremely proud to work at the home. We received positive feedback about the management of the home. The home worked well with external professionals.

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

Rating at last inspection

The last rating for this service was good (published 15 June 2018).

Why we inspected

We had not inspected and visited this service since 2018. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

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?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

Livability Horizons

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Livability Horizons is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Livability Horizons is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 48 hours' notice of the inspection. This was because the service is small and we asked staff to speak to people to let them know we would be visiting them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority service improvement and safeguarding teams. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 our inspection.

During the inspection

We spoke with 2 people and 3 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from 10 staff including the registered manager, service delivery lead, registered nurse, team leaders and enabling support workers. We requested feedback from health and social care professionals but did not receive a response.

We reviewed a range of records. This included 4 people's care and medication records. We looked at recruitment documents for 3 staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was a recruitment process in place. However, this had not always been followed and employment gaps were not explored in line with the providers policy. The registered manager sought to rectify this following the inspection.
- There were enough staff on duty. Recruitment records demonstrated they had the correct skills and values to compliment the service. Recruitment was ongoing. The service had faced the same challenges as other providers due to the national shortage of care workers.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People had risk assessments in place for all their care and support needs. Risk assessments were reviewed monthly or in response to a change. A relative told us, "They [staff] have put in instructions to manage my loved one's [name] risks well."
- Risk assessments were detailed; staff understood the risks and knew people well. Risk assessments were included in people's care plans to ensure staff were working safely.
- Risks to people's health and wellbeing were discussed within handovers, throughout the day and meetings. This meant staff were involved and knew people's risks.
- Some people had complex health conditions, where this was the case, risk assessments and care plans were detailed. This included step by step guidance of support needed in the event of an emergency. These contributed to keeping people safe.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces and fires safety.
- Accidents and incidents were recorded, and the necessary referrals made. There was a review of the outcomes and records of lessons learnt. These were shared within the service and throughout the provider's locations.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Livability Horizons was a safe place to be. Some comments we received were: "All aspects of the care provision for my loved one [name] is safe, appropriate and effective at all levels during their day-to-day care within the service and importantly when they are out and about", "It's safe, I cannot fault them. There is immediate response and transparency, it's reassuring", "I do feel they are safe; their needs are quite complex. Staff are there and are really lovely and supportive."

- Staff told us they knew how to recognise the signs someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. The staff had access to a 'safeguarding app' where they could report concerns immediately. One member of staff told us, "We use an app where all staff can report concerns. Staff can report concerns to the registered manager and regional manager. Concerns can also be raised with CQC and the local authority."
- There was a process for raising concerns within the service, the organisation and outside of the service. Posters displayed around the service reminded staff of the contact details available to them and who to report to.
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken. Safeguarding procedures had the oversight of the provider. A member of staff said, "I feel confident any concerns I have would be addressed by them."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People received their medicines as prescribed. The service had arrangements for the ordering, storage, and disposal of medicines. Daily checks ensured safe storage of medicines and safe temperatures were maintained.
- Staff responsible for giving medicines had been trained and had their competency assessed by a senior member of staff.
- Medicine Administration Records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, audited and actions taken when discrepancies were found.
- Where people were prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. These were detailed for each medicine and specific to the person. This was important, for example, where a person could not verbally communicate, they were in pain. The guidance gave visual prompts a person may be experiencing pain.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting visits in line with good practice and government guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems in place did not always operate effectively. We found shortfalls in the recruitment process which had not been recognised by the service. The registered manager sought to rectify this during the inspection.

We recommend the provider strengthen their governance systems to ensure they are always operating effectively to identify any shortfalls in processes.

- Governance systems were multi-layered, the provider had oversight of the checks carried out by the registered manager which enabled the quality team to continually monitor safety.
- A range of audits were undertaken to enable the registered manager and provider to ensure all areas of the home operated safely. Each audit had a clear action plan which had been followed up and completed. This meant the service was continually learning. Outcomes, where appropriate, were shared with staff and across the organisation.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the service.
- The registered manager told us they were supported in their role by the service delivery lead and senior staff team at Livability Horizons.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they actively engaged staff in decisions about the service. There was a positive culture, staff told us they felt included. A member of staff said, "Working at Horizons I feel is very rewarding and I have loved every minute of working there."
- Livability Horizons supported younger people to live active and full lives. Staff were proud to work at the service, their comments included: "I am proud to tell others what I do as I believe we make a difference in people's lives", "I know the hard work and support we put in behind the scenes makes a difference to the lives of people we support", "The opportunities it gives me to support the people I do and also work within a vibrant, exciting and cool team", "We are enabling the people we support to live an independent life as much as possible and supporting them along the way."
- The feedback we received was complimentary about the leadership of Livability Horizons. Some of their comments included: "I think the transition with the registered manager [name] coming has been good and I

feel they have made some positive changes which will benefit the people we support", "I feel the management is great. The service delivery lead [name] is excellent. They are approachable and will help with any problems", "The service delivery lead [name] has made the world of difference to staff morale", "The registered manager [name] has got the service' best interest at heart and under their leadership, I feel Horizons can only grow and progress in the right direction with the service delivery lead [name]", "The registered manager [name] is always available via email if we ever need their support."

- Staff felt appreciated and the provider had schemes in place, such as, recognition awards, letters, and gift vouchers. In addition to this, there were appreciation gifts, emails, and treats. A member of staff said, "I absolutely feel appreciated."

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were offered the opportunity to be involved in the home by attending a monthly meeting. We saw minutes were produced in an easy read format. A variety of topics were covered such as activities and meal choices.
- The home undertook satisfaction surveys for staff, people, and their relatives. The most recent staff survey showed positive results. The registered manager told us due to the nature of the service they receive feedback and guidance from relatives during care plan creation and reviews. People who live at Livability Horizons have complex needs and therefore reviews and collaborative working with relatives is vital.
- The service worked and communicated well with health and social care professionals to support people. Records showed input from external specialists and clear instructions and communications.