Livability

Livability Ashley Place

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Livability Ashley Place is a residential care home providing personal care and accommodation for people with physical disabilities, learning disabilities and/or autism spectrum disorder. The service is also registered to provide personal care to people who live in the community in their own homes; at the time of the inspection there were four people in receipt of personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people. Eighteen people were using the service. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People told us they felt safe with staff. A person said, "The staff make me feel safe, the front door is secure, I can leave when I like but people can't just walk in." Relatives continued to have no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were carried out to make sure people received their care safely and had opportunities to take part in activities which interested them and promoted their independence.

Medicines were managed safely, and staff had a good knowledge of the medicine systems and procedures. There were adequate numbers of staff to meet people's needs in both the residential and community setting.

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. A person said, "They (staff) encourage residents to be involved in their own care plan. I am involved in my one. I have been involved with it right from the start, I was asked right from the beginning how I wanted to be involved and I fully direct my own care."

People were supported to maintain their health and wellbeing. People enjoyed the meals provided and were offered foods to encourage a varied diet. A person said, "The food and drink is really good. I choose what I eat each day. We can eat as and when we want and what we want and when we want."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We observed people and staff had developed positive relationships, and staff treated people with compassion, kindness and respect. A person said, "The staff are friendly, they are great. Very caring. I know I probably shouldn't say this, but I don't really see them as staff. They have become my friends. We have a banter."

People were encouraged to engage in activities and some people accessed day services, occupational volunteer roles and clubs to promote their social networks. People's communication needs were fully considered, and people had access to information that was accessible and meaningful to them. People's care plans were person-centred and captured their likes, dislikes and preferences.

The registered manager monitored the quality of the service and used feedback from people and staff to identify improvements and act on them. The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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 17 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

Livability Ashley Place

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Livability Ashley Place 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. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11 February 2020 and ended on 14 February 2020. This included phone calls to people and relatives who were provided with personal care, living in the community in their own homes. We visited the office location on 11 February 2020.

What we did before the inspection
We reviewed information we had received about the service since the service registered. We sought feedback from Healthwatch and the local authority who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior

to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, two senior care workers, two care workers and a domestic staff member. We reviewed a range of records. This included four people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse. They could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

● Staff who worked with people in their own homes had identification badges to identify themselves, so people could be assured they worked for Livability Ashley Place.

● The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

● The service continued to provide safe care. Some people were unable to communicate verbally. We observed people's body language and interactions, and these indicated people felt safe and comfortable with the staff supporting them. A person said, "Knowing you have staff here when you need them makes me feel safe. You never get told they are too busy. They always try and do what they can." A relative said, "[Person] is completely safe. What makes me feel it's safe, is people just can't wonder in." Another relative said, "The service is safe. They are aware of [persons] needs and what she can do, what she can't do."

● Risks to people were managed to improve their health and well-being and to keep them safe. The service conducted assessments to identify risks to people's physical and mental health, including behaviours and activities that may cause harm to people. The provider worked closely with learning disability health professionals who were involved in assessing and drawing up risk management plans for people. We reviewed management plans for people who had epilepsy, behaviour needs and in relation to activities in the community.

● Moving and handling assessments contained clear guidance on how to support people when moving them. Suitable equipment such as hoists and wheelchairs were available for staff to use and each sling was for one person's use only. This ensured appropriate infection control measures where followed for the use of slings.

● A person was living with dysphagia. This is the medical term used for people who have difficulty swallowing. People with dysphagia need support to reduce the risk of choking. Their care records instructed their food must be cut up or softened with a fork. They advised the person needed to eat sitting upright in a specialised chair and staff should ensure extra time was given during mealtimes. We observed this in practice. Advice had been obtained from the SALT team and was included in their assessment with clear feeding guidelines. Staff were able to explain the support the person needed to eat safely which

corresponded with the contents of the care records. Staff were able to explain signs of choking such as coughing, change of facial colour and general discomfort. They were aware of what to do if choking occurred. This included giving emergency first aid.

● People who could not manage to eat and drink orally had feeding tubes (percutaneous endoscopic gastrostomy - PEG) in place and received safe care. These involve the placement of a tube through the abdominal wall into the stomach or direct to the intestine through which nutritional liquids and medicines can be infused, when taking in food, drink and medication orally was limited or no longer possible. The care plans, monitoring charts and information in people's rooms was accurate and reflected the care we observed them receiving. Staff were knowledgeable about the management of these; staff had been trained in this area.

● People who demonstrated behaviour which could place themselves, or others, at risk had clear support plans to minimise these risks. These provided guidance to staff, so they managed situations in a consistent and positive way, which protected people's dignity and ensured that human rights were protected. The staff told us they did not use direct restraint and used various supervision and communication techniques and their knowledge of the person to keep people safe. These plans were reviewed regularly and where people's behaviour changed in any significant way referrals were made for professional assessment in a timely way. We observed sensitive interventions by staff who recognised triggers for behaviours.

● People's finances were kept safe. People had appointees to manage their money where needed, including the Court of Protection. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited regularly.

● Each person living at the home had a personal emergency evacuation plan (PEEP) that described the level of support and intervention they required to evacuate the building in the event of an emergency. These were regularly reviewed and updated.

● To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.

● Before a person received a service in their own home, in the community, an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.

Staffing and recruitment

● People continued to be supported by enough staff to meet their needs. Rotas two weeks before the inspection showed staffing levels had been consistently maintained. People told us they felt there were enough staff in the home to respond to their needs in a timely manner, which we observed. During the inspection bells were answered promptly.

● Staff told us they felt there were enough staff as they could take time to talk with people and not be task orientated, which our observations supported.

● For people being supported in their own homes, the scheduling of calls meant staff had sufficient travelling time and this ensured people received their calls on time. A relative said, "The service is excellent. They keep to the same carers, which means she gets to know them, and they get to know her. They get on very well. The carers are punctual, if they are going to be late, they call. They keep us informed if they are going to be 5 or 10 minutes late which isn't frequent."

● People continued to be protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. A relative said, "They introduce the carers before any new ones work here, they shadow for a day, so we also get to know their faces." All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

Using medicines safely

● People's medicines were managed safely. Medicines were stored securely in a locked cabinet in each person's room. All staff had received training to enable them to administer medicines. Some people had prescribed medicines to use 'as required' to help them when in pain or when they were anxious or distressed. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised, clear and completed accurately.

● Records showed, and staff confirmed, they received training to administer medicines safely. Staff had been assessed as competent to safely administer medicines. This is an observation of how staff safely handle and administer medicines, which is recommended in the Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care.'

Preventing and controlling infection

● The premises were clean, without odour and well maintained. Cleaning equipment was available, and any potentially hazardous products were securely stored.

● People were encouraged to take part in cleaning tasks. There were housekeeping staff who completed cleaning tasks for people assessed as unable to do this themselves. Personal protective equipment (PPE) was available to all staff that worked at the home. Staff had completed infection control and food hygiene training.

Learning lessons when things go wrong

● The service maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed these and considered ways to prevent them from happening again.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider used best practice guidance and care was delivered in line with current legislation. Before people came to live at the service a full assessment was completed with them of their needs, which included the protected characteristics under the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant equipment to maintain their safety and allow them to receive effective care was in place and used according to meet their needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition, skin integrity, oral health and standards relating to communication needs. Care plans and assessment tools were in line with guidance from the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as essential in areas such as safeguarding, health and safety and infection control. In addition, specialist training was provided to ensure staff were skilled to meet people's individual complex needs, such as supporting people's safety at mealtimes, gastronomy awareness and nutrition care and epilepsy.
- Staff new to the health and social care sector competed the Care Certificate and this covered equality and diversity and human rights training. Staff completed an induction which introduced them to the provider's ethos, policies and procedures.
- Staff told us they felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. Records showed the discussions had taken place, together with a review of actions agreed from previous meetings. This provided an opportunity for the team to work together to deliver effective care.

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

- People were supported to eat a healthy and nutritious diet and encouraged to drink enough to keep them hydrated. People were encouraged to help in the preparation, cooking and serving of meals. A person said, "The food is good, good portions, hot. I choose what I want to eat."
- People were monitored and assessed to determine if they were at risk of malnutrition. Staff recorded people's weight on a monthly basis and made referrals for professional advice when concerns were identified. Where necessary, food and fluid charts were used to monitor people's intake.

● Eating and drinking guidelines were in place for some people, written by a Speech and Language Therapist. Staff were able to explain the support they provided, including on positioning and the use of aids such as plate guards, adapted cutlery or beakers.

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

● Staff supported people to access healthcare professionals. Where people had specific health needs, we saw evidence of staff supporting them to attend appointments. A person said, "I arrange my own chiropody appointments. I have a district nurse visit to dress a wound I have on the back of my leg. If I feel I need it looked at before an appointment, the staff are on it. They help me arrange the appointments."

● Disability Distress Assessment Tool (DisDAT) had been completed for people to help staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication.

● People had health appointment trackers in their files which showed regular check-ups with their dentist, optician and GP. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital.

● Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to provide continuity of care.

Adapting service, design, decoration to meet people's needs

● The home environment was suitable for people. A person said, "It's a nice modern building, independence enhancing. Its homely to me. There is the right number of residents here, it's not too big and not too small." People living at the home were all able to move freely around the home environment. In people's bedrooms, large buttons were positioned at the assessed height of people's wheelchairs, and in places chosen by the person to be able to move freely from room to room.

● We observed people moving around the home safely and being able to make use of facilities to prepare food and drinks independently. Records showed people's needs had been assessed and this had taken place to ensure people would be suited to the home environment.

● The dining area had tables that could be height adjusted to suit individual people and there was an additional resident's kitchen area with a height adjustable work top and sink, with cooking equipment at a suitable height for people in wheelchairs. This was to support people one to one by staff to become more independent.

● Where it was assessed as required, people's bedrooms were equipped with an overhead tracking hoist. There were assisted, height adjustable baths which was also a sensory room, which included a water feature and light projector for people to engage with while in the bath.

● People had personalised their bedrooms according to their taste. A person said, "I like my room, it's how I want it." The home was brightly decorated and well-lit with pictures on display.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff understood the MCA and knew how to support people who lacked the capacity to make specific decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded.
- The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. People were able to give their consent to the care they received. Staff were heard to ask people for their consent prior to supporting them, for example with personal care. Staff waited until people had responded before proceeding.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● We observed interactions between people and staff that demonstrated warmth and kindness. A person said, "I know the staff really well. I do see this as my home. I can come and go as I please. I like how you (the CQC) view relationships. Staff have an important role in our life and it's good they can be seen as friends." Another person said, "The people here are nice, I get on with everyone. The staff are caring and take a general interest in me." Another person said, "The care is really good, they (staff) are there when I need them, and they leave me to my own devices when I don't need them. It means that although I am in a wheelchair, I can lead my own life in a residential setting which is perfect. I suffer with anxiety and they are really good at dealing with that, helping me physically but they help me mentally when having attacks, double checking how I am in myself, they have a general interest in me."

● Throughout the day, people interacted with staff in a way that showed they were comfortable in their presence with smiles and laughter. People benefited from consistent staff who had worked with them for a long time and with who they had built a rapport. A relative said, "This is wonderful (the home). They (staff) are the kindest people. [Person] wanted a male carer and this has been provided to them for over the last year." Another relative said, "Staff are very caring and respectful."

● Staff had a good understanding of people's needs and what was important to them. A staff member said, "Everyone has the right to be treated equally. Shop assistants can talk to you rather than the person in the chair, I always direct them to the person. To raise awareness that because they are in a chair they shouldn't be discriminated against."

● The service had received a number of compliments and comments including; a relative wrote: '[Persons] first holiday for many years was made exceptionally special with the kindness and unwavering attention, care and overall energy supplied by [staff]. Nothing was too much trouble and was carried out all hours of the day and well into the evenings with a big smile and infectious laughter. Everything from personal care, encouraging [person] to join in with other visitors to the hotel, joining in the swimming pool was undertaken as if he was a member of her own family.' Another relative wrote: 'Very grateful that you have been very helpful in supporting [person].'

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

● People were encouraged to express their views as much as they were able. People were provided with opportunities to talk with staff including their keyworkers. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. To ensure all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Care plans detailed people's

cultural and religious preferences. People were supported to practice their faith should they choose to do so.

● People were relaxed in the presence of staff and the management team. Staff were skilful in communicating with people and understanding their wishes. Peoples care plans included detailed assessments of their verbal and nonverbal communication. These were used to identify physical and verbal cues to understand when a person was happy or was becoming distressed.

● Pictorial images were displayed, for example on daily activities boards, including photos of what staff were working and when to help ensure it was in a suitable format for everyone. This contributed to the positive atmosphere in the service and wellbeing of people.

Respecting and promoting people's privacy, dignity and independence

● People's independence was encouraged and respected. A person said, "I have a fridge and kettle in my room, which keeps me independent." Another person said, "I never used to be in a wheelchair. Only since [year]. I was a [occupation] for 20 years before that. Very active. So the staff know why it's so important to me to do things myself. They encourage this." Another person said, "The staff help me push my boundaries with what is possible. Offered me encouragement and always being there for me and listening to my ideas. It means a lot to me."

● Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks they could manage themselves and helping only when it was required. A staff member said, "It is including them in their choices. Don't do things for them, which could be an easy thing to do. It's being mindful that they own their own achievements." Another staff member said, "We encourage people, share ideas with them, we encourage people to push themselves and come out their comfort zones. For example, we do bake on a Wednesday afternoon every week, even if we get people to do hand over hand to beat eggs, they really feel they have contributed towards that. Something small can be so big, like also weighing out the flour. I have collected loads of cookery books, we share ideas on what to cook and we do this together on a weekly basis. People enjoy this."

● Staff were seen supporting people to make hot drinks, eating, getting ready to go out, consistently supporting people to do as much as possible for themselves whilst ensuring people were safe throughout. People's records provided guidance to staff on the areas of care they could attend to independently and how this should be promoted and respected.

● People were cared for in a way that upheld their dignity and maintained their privacy. We saw staff knocked on people's doors and waited for a response before entering. Where a person was unable to verbally respond, staff knocked on the door, and stated there name loud and clear before entering so the person was aware of who was at the door. Staff described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed.

● Confidential information relating to people was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office were locked in cabinets. The staff induction programme included handling information, and staff had a good understanding of how they maintained confidentiality.

● There were no restrictions about when people could have their relatives or friends visit.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan specifically designed around their needs, goals and aspirations. A staff member said, "It is down to their choices. They don't have to fit in with what we want. We need to fit in with how they want their life to be like." These were reviewed regularly by people and staff.
- Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they wished. A relative said, "[Person] likes a routine and they stick to this routine. They provide excellent care."
- A person said, "I have booked my holiday for New Year, going to [Country] to celebrate, a staff member will be coming with me. The staff also support my interests. I like Harry Potter, and I am going to the Studios in April with staff." Another person said, "They (staff) always treat us as individuals. They know my hobbies and interests. In May of last year, I become district and town councillor for Bognor Regis, I have to attend a lot of meetings. It's being a voice to people who wouldn't have the confidence to speak up about issues in the area they live in. My main focus is on making areas for accessible for everyone like the shops and ramp access. This is an issue that could improve in the area. Here the staff support me in any way they can. Ashley place is in my constituency."
- Care plans focused on improving people's physical and mental health well-being; reducing isolation and maximising people's independence. These were reviewed annually to ensure they were current and reflective of the person's wishes.
- The review documents produced were in a pictorial and easy to read format to help people understand. If people wanted assistance, they were supported to fill them in. People were asked about their accommodation, support, decision making and activities. Feedback was positive and demonstrated people were being empowered to lead independent lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the initial assessment stage, people were asked if they needed information presented in a particular format. The registered manager said no person to date had needed different formats.
- The registered manager said if people needed information in any other format, they would accommodate this. Care plans instructed staff when people wore glasses and advised pf the importance of keeping these clean. This meant people were supported effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had their own activity schedules which showed what they were doing, when and with who. This ensured people were made aware of who would be supporting them during the day to reduce their anxieties. Staff gave people time to communicate their wishes and did not rush them.

● Although people were encouraged to take part in scheduled activities, they could exercise their right of choice and to decide when they wanted the activity to finish. A person said, "There is plenty to do, I like that it's our choice. There isn't an expectation that we have to join in activities. My passion is Art. It relaxes me. I know this lot for years, I like that its open to the public as well, it brings us together." Another person said, "I like having my own wheelchair that I can use myself. I don't have to rely on staff, that would drive me crazy. I choose where I am going. This afternoon I am going to the pub, have a couple of beers. I like the fact I can come and go."

● People's family and friends were encouraged to visit and speak by telephone. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when required.

Improving care quality in response to complaints or concerns

● People were happy with the service they received and told us they knew how to make a complaint should they need to. A person said, "If I had a complaint I would talk to the senior and if I wasn't happy the manager. They are all very approachable." Another person said, "I can always go to management if I have got a problem, all very approachable." The complaints process was on display within the service. There was an easy read version available for those who needed it.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question 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.

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

● People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. A staff member said, "We want people to be part of the community. To live their lives to the full. To achieve their highest potential which I think we do. It's always a progression."

● People and relative's spoke highly of the registered manager. A person said, "Not only are the staff in general really approachable, management here are amazing, no matter how busy they are, their door is always open. They always have time for us. Our manager mixes with us and spend social time with us."

● Overall team spirit throughout the work force was good and staff were committed to their work with their colleagues. Some staff commented morale was alittle low due to the provider initiating changes, regarding staff contracts and pay. A staff member said, "At the moment morale is a little bit low. It's not impacting peoples care, the staff we have here are very proud of the work they do." Another staff member said, "Morale, it's a bit iffy at the moment because of contract changes." Following the inspection, the registered manager shared, 'We are currently entering a consultation phase that is unsettling for all staff. I will be informing the senior team today of the proposed changes to their roles and we will begin the consultation process along with the support staff.' The registered manager shared a comprehensive plan of how staff were being supported through the consultation period which provided assurances, staff were being well supported through an unsettling time by the provider and management team.

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 provider promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the duty of candour. The registered manager said, "It's when if we made an error that we are open and transparent, write to the person and say where we messed up and what we have learnt from." The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There were visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. The registered manager was available during the day to give support and direction to staff.

● An on-call system was available, so all staff could contact a manager at any time of the day or night for

advice and support.
● The management team was aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries. The rating awarded at the last inspection was on display at the service entrance and on the provider's website. The display of the rating is a requirement, to inform people, those seeking information about the service and visitors of our judgements.
● The management team carried out spot check visits to people's homes and in the residential service to observe the care practice delivered by staff. These were carried out to ensure staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, medicine, communication and health and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, relatives and staff were consulted and involved in day-to-day decisions about the running of the home through resident meetings and monthly newsletters. Areas included activities people would like to do, menu planning, updates about the décor of the home/garden and recruitment.
● The results of a recent satisfaction survey indicated a high level of satisfaction. Comments included, 'I feel that Livability offers a brilliant service to the residents. It appears caring and definitely in touch with what the residents need' and 'Very friendly and welcoming open to new ideas.'

Continuous learning and improving care
● The provider's governance framework helped monitor the management and leadership as well as the ongoing quality and safety of the care people were receiving. For example, systems and processes provided checks on accidents and incidents, the environment, care planning and nutrition audits. These helped to promptly highlight when improvements were required.
● The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This included admissions, safeguarding, maintenance of the building, incidents and accidents and care reviews. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.
● West Sussex learning disabilities contracts team who fund some people residing at Livability Ashley Place visited the service in October 2019. They fed back service quality was measured regularly, and areas for improvement was highlighted and addressed using action plans.
● West Sussex learning disabilities contract team (for residential placements) in October 2019, recommended the service needed to evidence staff had read and signed peoples care plans and risk assessments. The registered manager said, "We do a 'key care plan of the week'. Printing of a care package with a staff sheet stating, 'please read about me so you know how to support me'. What was great, was seeing what input staff were able to have. The staff wrote all over it, notes of what works and what doesn't. We then adapted the care plans and risk assessment following staff feedback. We are on care plan four. This was in response to feedback from the local authority." We reviewed these records, the registered manager had listened to staff suggestions and changed a medication care plan, a person's night positioning care plan and showering care plan to include additional guidance staff had found which further enhanced people's life. This was a way for staff to read through the care plans and risk assessments and to evidence this through a signing sheet.

Working in partnership with others
● The registered manager and staff worked in partnership with other professionals and agencies to ensure people received a positive and consistent service. These included commissioners, safeguarding and other professionals involved in people's care. West Sussex learning disabilities contact team (for DCA placements)

feedback, 'We have no concerns relating to quality.'

● We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed. Where changes were made, we saw staff had good communication systems in place to share information about people's needs.

● Staff recognised the importance of enabling people to maintain their local links and sign posted them to groups and activities that may be of interest to them.