

## Livability

# Livability Lifestyle Choices East Anglia

### 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

This inspection took place on 28 July 2016 and was announced. The service is registered to provide personal care to people in their own homes when they are unable to manage their own care. At the time of the inspection there were 25 people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had support plans that were personalised to their individual needs and wishes. Records contained detailed information to assist support workers to provide care and support in an individualised manner that respected people's individuality and promoted treating people with dignity.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People were safe with the staff that supported them in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care and support from staff that were passionate about promoting people's independence, friendly and kind. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team which was receptive to ideas and committed to providing a high standard of care.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager led a management team which was approachable and supportive. There were systems in place to monitor the quality of the service provided. Staff and people were confident

that issues would be addressed and that any concerns they had would be listened to.

## 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.

People said they felt safe in their homes and appeared relaxed and calm with the staff around them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

There were positive interactions between the people receiving care and support and the staff. People's privacy and dignity was respected.

Staff knew people well and had a good understanding of

people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their support. Their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

The registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live independently and have a fulfilled life.

# Livability Lifestyle Choices East Anglia

## **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 was planned to check 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 announced inspection took place on 28 July 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During the inspection we spoke with seven people using the service, four support staff, a team leader, the deputy manager and the registered manager. We also spoke to two relatives who had agreed to be contacted.

We reviewed the care records of five people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People who we were able to speak to said they felt safe with the staff that supported them; one person told us "Yes I feel safe, if I have any worries or concerns I will just ring the office and there is always someone to help me." Another person told us "I always ask for people's identification cards (ID) when they call, the staff are all meant to have ID cards. Those people who were unable to tell us themselves if they felt safe looked happy and relaxed around staff. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the registered manager and outside agencies if they had any concerns people were at risk of harm. There was information available as to who to contact and an up to date safeguarding policy to support them. We found that all the staff had undertaken safeguarding training and this was regularly updated. We saw from records that appropriate referrals to the local safeguarding team had been raised by the registered manager and action taken when necessary.

People had individual support plans which included risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their behaviour which may put themselves or others at risk. Staff were given detailed instructions as to what techniques to use to support the individual. Risk assessments were also in place to manage other risks within the environment such as supporting people with food preparation and the safe storage of food. The risk assessments were reviewed regularly or when changes had occurred. Training records confirmed that all staff had received health and safety and First Aid training.

Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks. For example we saw that following a recent incident where someone had fallen, risk assessments had been reviewed and revised and advice sought from an occupational therapist.

There was enough staff to provide the care and support needed. We saw that the staff rota's reflected people's needs and when people had asked for particular support workers, for example, female only, this was recorded and the request respected. People said they knew the staff that supported them and they met any new staff before they came to support them. One person told us "I have regular staff; they come in early if I need to go out early." Another person said "I ring up each week to see who is coming and I have a board in the kitchen with everyone's name and picture so I know who is coming." People told us if staff were late they received a call from the office to let them know or they would ring to check and there was always someone there to help them. Staff told us that they had a regular schedule which meant they generally supported the same people. The management team provided cover for absences which ensured that people always knew the people who supported them.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that people were responsible for their own administration of medicines and they ensured people had taken their medicines as prescribed. Medication Administration Record sheets had been correctly completed and staff had received regular training in the

administration of medicines. One person told us "The staff are very good; they come in every morning to help me with my eye drops."



## Is the service effective?

### Our findings

People received support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. One person told us "The staff are very supportive; they know my sense of humour." A relative commented "The staff are professional and care about the people and the job they are doing."

The staff spoke positively of the support and training they had been given. One member of staff said "We had training in autism which was fascinating and very useful." Another spoke of the training they had in relation to professional boundaries which they felt was very helpful in managing professional relationships with people. All new staff undertook a thorough induction programme which included classroom based training and ELearning. The provider's mandatory training which included manual handling, health and safety, First Aid and safeguarding was refreshed annually. Once new staff had completed the first part of their induction they worked alongside more experienced staff before they worked alone which ensured they understood their role and responsibilities. This gave both the staff and the people they were supporting an opportunity to get to know each other. The registered manager also told us that they were incorporating the 15 standards in the Care Certificate as part of the induction training and on-going training with staff.

People's needs were met by staff that received regular supervision and received an annual appraisal. Staff told us that they felt very well supported and that if they had any concerns they only had to contact the registered manager or any of the management team who would always help and support them. One staff member told us "[Registered manager] has an 'open door' you can always go with any concerns and they are fair and compassionate." Staff felt encouraged to undertake further training. One member of staff said "Livability are good to its staff, they help you identify opportunities to develop your skills."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks. One relative commented "[Registered manager] was very helpful when we needed to sort out the Lasting Power of Attorney for [relative]."

People were encouraged to follow a healthy diet. One person told us "I choose my own food, I love salads and vegetables." We observed one member of staff supporting someone to put their food shopping away and discussing with them what they were going to have and ensure food was in date. We heard another say to a person "Do you think you should have brown bread, it's better for you?" Where it was necessary records were kept as to the amount of fluid a person took in each day to ensure that they took sufficient fluids not to become dehydrated.

People's healthcare needs were carefully monitored. Care records showed that people had access to

community nurses and GP's and were referred to specialist services when required such as an Occupational Therapist and Ophthalmologist. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

## Is the service caring?

### Our findings

People were supported by a team of staff that they described as nice, friendly and kind. One person said "They are lovely, best staff in the world." Another said "They are all very good." Relatives spoke very positively about the staff, some of whom had supported many of the people for a number of years. One relative said "We are more than happy with the support [Name of relative] gets, it's fabulous."

During visits to people's homes we saw positive interactions between the people using the service and the staff that supported them. People engaged in conversations with the staff about what they had been doing that day and decisions about their activities of daily living. There was a relaxed atmosphere and people appeared happy and content around the staff.

Staff respected people's privacy and dignity. We saw staff asking people if it was okay to come in and checked with people what they needed help with. We heard one staff member say "Would you like to get the things out for lunch?" Staff described to us about how they ensured they protected people's dignity when they supported people with their personal care needs. They spoke about ensuring bathroom doors were closed, curtains closed and speaking with people to ensure they were happy with what they were doing. Staff were aware of the need to respect people's confidentiality and did not speak about other people using the service with the person they were supporting.

Care plans included people's preferences and choices about how they wanted their support to be given. People told us they felt that their wishes were respected and staff were always happy and encouraged them to do things. We heard one member of staff say "Do you want me to help you make the sandwiches?" People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing.

There was information on an advocacy service which was available to people and their relatives. The provider had sought out an Independent Mental Capacity Advocate to support with making decisions for someone with health needs.

## Is the service responsive?

### Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. We saw detailed assessment information; this was used to build a person centred support plan detailing what care and support people needed to enable them to reach their individual goals and live a fulfilled life. Support plans were put together in a way which ensured that the person and their families had been as involved as possible. The plans contained life histories of people and detailed significant people and friends in their lives. They included detailed instructions to staff as to what support people needed with their personal care, for example we read in one plan that the person had asked to be supported to get the right temperature of water in their bath and for assistance with washing their hair and shaving.

There were 'Focus' meetings held every six months with people, their keyworker i.e. a member of staff who had been identified to take the lead responsibility to ensure that a person's needs and support were being met, and a team leader and family member, if appropriate. These gave the person using the service the opportunity to discuss their care plan and ensure that their wishes and goals were being met and the plan continued to reflect their needs. We saw that the care plans had been regularly updated and details of any meetings with the people being supported were recorded.

All the staff, including the registered manager, knew people well and demonstrated a good knowledge and understanding of the people they supported. One person told us "The staff know me and how I like things; It's a home from home here [persons flat]." A relative commented that the staff knew how to work with their relative and had helped them sometimes to approach things with their relative in a more effective way. The care plans gave detailed guidance and instructions to staff on each individual's care needs; for example in one care plan we noted that the person had no verbal communication and the person liked routine, there were details as to what the staff should follow as part of the persons daily routine.

People were supported to pursue their interests. One person told us about being supported to attend a belly dancing class. They explained how it was important to them to help them maintain a healthy lifestyle. People were supported and encouraged to use public transport which enabled them to pursue their interests.

There was information available to people and their families about what to do if they were unhappy with the service. One person told us "I would ring the office, the number is on the file, if I was not happy with anything; [Registered manager] or [team leader] will always help." The registered manager kept a record of any complaints and actions taken. If complaints had been received the outcome was often discussed at staff meetings to ensure lessons were learnt. We saw that where complaints had been made these had been responded to within the timescales set within the providers complaints procedure.

## Is the service well-led?

### Our findings

People could be confident that the service was well-led by a registered manager who was organised and took pride in the service they were leading. They took time to work alongside staff which gave them a good picture of some of the difficulties staff may encounter and the opportunity to know the people using the service well. Staff spoke positively about the registered manager and the management team as a whole and felt they were able to approach the management team at any time for support and guidance. One member of staff told us "[Name of registered manager] has an 'open door' policy, you can talk to them at any time and they listen to your ideas." The people we spoke to all knew who the registered manager was and were quite happy to speak to them if they needed to. One person said "If I have a problem I would just ring [name of registered manager]."

The culture within the service focused upon supporting people's health and well-being; for people to participate in activities that they chose to enhance people's overall quality of life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were focussed on the outcomes for the people who used the service.

The registered manager had set up 'World café' events which involved the people using the service, their families, the staff and other invited guests such as the local community police officer and fire safety officer. These events gave everyone the opportunity to discuss how the service was working for them, raise any concerns and make suggestions as to how the service could be improved.

People and their families completed regular surveys about the service. There was overall satisfaction with the service. We read several comments from a recent survey undertaken which included 'Livability provide excellent support in a friendly and caring capacity. They provide valuable support that takes off some of the pressures. If there were issues we believe the staff would intervene for the best outcome. We are very happy with the support.'

Staff worked well together and as a team. Staff meetings were held on a regular basis which gave everyone the opportunity to share ideas and make suggestions as to how the service could be improved. We saw that from one suggestion a member of staff had made, daily record sheets had been revised to give more room for staff to record the daily activities and tasks a person had undertaken. The staff took it in turns to chair staff meetings which helped to reinforce the provider's aim of ensuring everyone took responsibility for how the service ran and could be developed and improved. Minutes were circulated to everyone which included those staff who were unable to attend to ensure they were kept up to date.

The service had policies and procedures in place which covered all aspects relevant to operating a community based service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The registered manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, whistleblowing, mental capacity and administration of medicines.

These were discussed during supervisions and staff meetings.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

People could be assured that they were receiving a service which had regular checks in place to test out its quality. The registered manager undertook regular quality audits which included checking that records were completed correctly and information collated to drive forward improvements. The provider undertook regular checks to ensure the service was complying with agreed organisational aims and objectives and the service was working within the regulations. This included visits from the Trustees of Livability.