

## Livability

# Livability Marion House

### Inspection report

40 The Avenue  
Bournemouth  
Dorset  
BH9 2UW

Tel: 01202521985

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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

Livability Marion House is a domiciliary care agency attached to the provider's care home. The staff work for both services. It provides personal care to people living in their own houses and flats and specialist housing. Not everyone using Livability Marion House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. When we visited the service there was one adult receiving 'personal care'.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The person was supported by staff who understood the risks they faced and how to support them to reduce these whilst respecting their rights. Staff understood how to identify and report abuse and were confident in their role as advocates when this was appropriate. Staff supported the person to take medicines safely.

The person was supported by caring staff who had the skills to ensure the person lived their life the way they chose. Communication was considered and staff supported people to understand the choices available to them. This meant the person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The person and a relative told us they could raise any concerns and these were addressed appropriately.

Quality assurance systems involved the person and this led to a safer and better quality service.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

the service remains Good.

# Livability Marion House

## **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 the 31 July 2018 and we continued to make calls with people until 3 August 2018. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with one person and a relative of this person. We spoke with four members of staff, the registered manager, and a social care commissioner. We also looked at the person's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits and accident and incident records.

## Is the service safe?

### Our findings

The person was supported by staff who understood the risks they faced and were motivated to support them to live full lives. The person told us they felt safe and they were relaxed in the company of staff. Staff worked with the person and others who knew them well to monitor, assess risks and develop plans together. This meant the person was able to carry out activities that mattered to them. For example, they told us about work they did and how staff helped them when they went out.

Staff also understood their role and responsibilities to protect people from abuse. Staff advocated strongly for people to promote their safety and human rights.

The person had help from, safely recruited, staff when they needed it. The rota reflected their needs and staff went to their home at times when they needed and wanted support.

The person received their medicines as prescribed. There were systems in place to ensure that this was done safely and effectively in ways that suited individuals. A relative commented on how efficient the oversight of complex medicines was.

People were supported by staff who understood the importance of infection control and helped them to maintain their home.

There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals and family. Advice was sought and shared amongst the staff team.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff understood the role of the Court of Protection in ensuring that people were not deprived of their liberty inappropriately.

Staff understood the importance of seeking the least restrictive option when providing care and the person was supported to make decisions. The views of the person, and knowledge of their preferences, were respected by staff.

The person was supported by staff who understood their care and support needs and could describe these with confidence. Their care plans reflected current good practice to promote positive outcomes for people and reflected a detailed assessment drawing on the person's views and with their agreement the input of those who knew them well.

Staff had received training to ensure they could provide this support safely. They told us they felt supported to carry out their roles competently.

The person was supported to maintain their health. They had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. Information was shared with professionals to ensure people received coordinated support. This included annual health checks and information was provided in a way that was accessible to the person. A relative commented on their confidence in the health support decisions made by staff and told us they felt appropriately informed and involved.

The person showed us their care plan about how they were helped to eat and drink safely. They told us they got this help and were happy with the staff providing this support.

## Is the service caring?

### Our findings

The person was supported by staff who knew them well and cared about them. Staff spoke with respect and kindness and their discussions were full of references to shared experiences and shared humour. The person and their relative commented on how kind and caring all the staff were.

The care and support plan in place focussed on skills and abilities and independence. The importance of choice and how this was promoted and supported was clear throughout. Staff used communication systems that people understood to ensure they were able to make as many decisions as they could about their own day to day lives.

We saw that the person decided who visited their home and heard how much they valued this independence.

## Is the service responsive?

### Our findings

The person received care that reflected their needs and their preferences. They were supported to live their life in ways that reflected their own wishes and staff were able to provide examples of the importance of this personalised approach. The person and their relative reflected that the care the person received was responsive and had led to a life the person was happy with and was flourishing in. This included carrying out activities they loved and beginning to develop networks in the local area. When their needs fluctuated the support they received was adapted to ensure they retained the things that were important in their lives.

Communication styles were recorded and checks were made to ensure the person received information in ways that suited them. This information was recorded to ensure the Accessible Communication standard was met.

Concerns had been listened to and the person and their relative were confident this would always be the case. We also heard examples of staff advocating for people both within the service and with appropriate professionals.



## Is the service well-led?

### Our findings

Staff were clear that people using the care at home service should be supported to live their life in ways that suited them. They described how they worked to achieve this. The person and their relative spoke highly of the service telling us: "It has been great."

The service had been bought by a new provider, Livability. Provider representatives visited regularly to undertake monitoring and support visits. The registered manager explained that this had been a positive move and they felt the values of the provider organisation were a good fit and would support them to develop.

Staff were proud of their work and made comments such as: "I love it here" and "I love my job." They said they felt part of a supportive team and were listened to and supported by the registered manager, senior staff and their colleagues. The registered manager spoke highly of the whole staff team and commented on their dedication and kindness.

Staff understood their responsibilities and knew who they could seek guidance from. The registered manager was focussed on supporting the whole team as they took stock after an emotionally challenging time. 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. All the senior staff knew the people using the service well. They provided care alongside staff and were familiar with people, relatives and other visitors to the home.

The person and their relative commented on the approachability and availability of the registered manager and other senior staff. The relative told us: "It is very well run." Their views were gathered regularly and this contributed to improvement plans. The registered manager explained they were working to ensure this was more independent and had recently appointed a volunteer who they hoped would support people to have their say with independent support.

The provider and staff understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with.

Quality assurance processes were in place and reflected the needs of the home. Staff understood their roles within this process and we saw that areas for development were identified and acted on.