

Livability

Livability New Court 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 New Court Place is a care home providing personal and nursing care for up to 24 people with a physical disability. Some people had additional health needs and/or learning disability. On the day of our inspection, 21 people were using the service.

The service had been developed in line with most of 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 to live meaningful lives that include control, choice, and independence.

The service was larger than current best practice guidance and had the appearance of a care home. However, the service had been designed to meet the needs of people with physical disabilities. This included wide corridors, large open spaces and adapted environments (such as adjustable height surfaces). The size of the service having a negative impact on people was mitigated by the personalised care provided. Both the people and relatives we spoke to were positive about the quality of care at the service. People had opportunities to feed back about the service and take part in activities they enjoyed. People were encouraged to personalise their rooms.

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

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. People told us that they were well supported and that their independence was encouraged. We saw a range of activities on offer and people had the opportunity to feedback on the service provided.

People were safe at the service and there were enough staff to meet their support needs. Staff had received all necessary training and had a good understanding of people's needs.

People's needs were fully assessed. Detailed support plans were in place and reviewed regularly. Risks were managed appropriately. People were supported to manage their medicines safely.

The environment was clean and fully adapted to meet people's needs.

People were supported to eat and drink, in line with their individual needs. The service worked well with other professionals to ensure people received the right support.

People and their relatives told us staff were kind and caring. People were supported to communicate their wishes and make decisions. Staff were knowledgeable about the most effective methods to support people to communicate.

The provider had quality assurance systems in place. The management team had effective oversight of the service and staff felt well supported in their role.

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

Rating at last inspection

At our last inspection, the service was rated Good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. We will 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 New Court 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

One inspector completed this inspection.

Service and service type

Livability New Court 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We sought feedback from three people who used the service and two relatives. We spoke with the registered

manager, deputy manager, chef, administrator and three support workers. We also carried out observations of people's care and interactions with staff.

We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records. We also received feedback from two professionals.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they knew how to recognise abuse and protect people from the risk of harm.
- Staff received safeguarding training and knew how to report concerns both internally and externally.
- People told us they felt safe at the service. One family member told us, "It would have to be safe and the care would have to be good, I wouldn't have [relative] here otherwise."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were appropriately assessed. Where potential risks to people's health, well-being or safety were identified, appropriate management plans were put in place. These were regularly reviewed to consider people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- Risk management processes supported positive risk taking and enabled people to be more independent. For example, several people had been supported to develop the skills and confidence to go out to the local shops, independently.
- People had personal emergency evacuation plans (PEEPs) in place and the staff we spoke with were aware of how to respond, in the event of a fire.
- Staff carried out regular health and safety checks to ensure premises and equipment were safe.

Staffing and recruitment

- Staff told us that there were enough staff to meet people's needs safely. People and their relatives were also positive about the numbers of staff available to meet people's needs. One person told us, "Staff normally come quickly; if they can't because they are busy with someone else, they let me know."
- Agency staff were sometimes used to cover staffing vacancies. The manager explained that the service sought to use "regular" agency staff, who were familiar with the service.
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file.

Using medicines safely

- Medicines were managed safely and stored in line with good practice guidelines. People received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people were prescribed "as required" medicines for pain relief. Protocols were in place for their

administration.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene. The provider ensured personal protective equipment (PPE) was available for all staff. This included gloves and aprons.
- The environment was visibly clean and presentable.

Learning lessons when things go wrong

- Accident and incident records were completed and demonstrated appropriate action by staff.
- Patterns and trends were monitored by the registered manager and where necessary, steps taken to prevent reoccurrence.
- The management team ensured that lessons were learned and shared across the team. Staff meeting minutes evidenced open and honest discussions with staff, where incidents had occurred, or things had gone wrong.

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

- Before care delivery commenced, people's needs were fully assessed to ensure the home could meet their needs and that they would be compatible with the other people living there.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet these needs. Care and support plans were regularly reviewed. This helped ensure that if people's needs changed, this was accurately reflected in the care records, as well as in the care they received.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. This included specialist training for specific health conditions. We identified some gaps on the training records. However, the registered manager was aware of this and had developed a plan to ensure staff were booked on any outstanding training, as soon as practically possible.
- Staff completed a robust induction programme at the start of their employment. Staff told us they shadowed experienced staff until they were competent to work alone.
- Staff confirmed that they received regular supervision. They also felt comfortable to approach the management team if they required additional support. One staff member told us, "I know I can go to management or the senior support worker for advice, at any time."
- Staff told us that they had opportunities to reflect on their practice via informal discussions, team meetings and handover meetings.

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

- Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet, wherever possible.
- People's preferences were documented in their support plans. Eating and drinking guidelines, from the speech and language therapy team were present, where required. Some people were required to follow specific diets due to their health needs. Staff were aware of people's individual needs and prepared food appropriately, for example, some people required a pureed or soft and moist diet.
- People gave us positive feedback about the food provided. One relative told us, "The food here is so good, the two chefs do a good job."

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

- Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice. Staff worked in partnership with health and social care

organisations. Information was shared appropriately to ensure care and support provided was effective and in people's best interests.

- People were supported to attend appointments with healthcare professionals where necessary, with a visiting GP attending the service every week.
- One professional told us, "The service is safe, they call me appropriately and raise any concerns in a professional manner. They act swiftly on my instructions. Their documentation is always an accurate reflection of the patients care."

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other specialist equipment people needed for their safety and wellbeing.
- The service was undergoing some refurbishment on the day of the inspection. We noted that some of the communal areas and corridors were worn and damaged. The registered manager explained that most of this was caused by wheelchairs. They explained that the service sought to promote the independence of the people living at New Court Place, even if this meant the environment suffered a greater level of damage. We were informed that there was a rolling maintenance and redecoration programme.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made, where required.
- Mental capacity assessments and best interest decisions were formally recorded in people's care plans.
- Staff we spoke to were aware of the need to operate within the principles of the Mental Capacity Act. One staff member told us, "We support people to make decisions and just because someone makes an unwise decision, it doesn't mean they lack capacity."

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 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

- Staff had developed positive relationships with people and knew how to support them effectively. They spoke warmly about the people living at New Court Place.
- Relatives made positive comments about the care provided by staff. One relative told us, "Staff are so caring, not one person here isn't loved, even those that don't have family, the staff make up for it."
- One person told us, "Staff always try to make you feel at home, it is a residential home, but it is a residential home with a difference. Staff don't tell us what to do, they ask if we are ok and support us to make things happen."
- One professional told us, "Overall the care at New Court Place is exceptional and everyone cares."

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

- Staff supported people to make as many decisions and choices about their care as possible. Whilst some people could verbally communicate, other people used different communication methods, including pictures, gestures, and communication aids. Staff observed people's likes and dislikes and their behaviours to understand what people wanted
- People using the service were encouraged to be involved in making decisions about their care Staff told us they always encouraged choice. One staff member told us, "We help people to make decisions, even if it's just what they would like to wear. With one person I hold up a choice of two clothes items, any more would be too much for them. They are able to nod to show what they would like to wear."
- Staff involved family members and health and social care professionals in people's care so where people lacked capacity, decisions could be made in their best interest.

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provide dignified care, which respects people's privacy, such as closing doors and curtains. One staff member told us, "I always knock before I enter people's rooms."
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms were homely spaces that reflected people's individual personalities.
- Staff supported people to be as independent as possible and do what they could for themselves. This was supported by the environment, which was purpose built for wheelchair users and included features such as adjustable height worktops. For example, whilst most meals were prepared in the central kitchen by the

chefs, there was also a domestic-style kitchen available. This meant that people had the opportunity to prepare their own meals and develop skills and independence in this area, if they wished.

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; Support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's care records were personalised and there was clear information about people's likes, dislikes and preferences. People received care that was individualised because staff knew and understood people well. People's care plans were kept under regular review to ensure they reflected up to date guidance, to support staff in providing personalised support.
- Relatives told us that they were happy with the care provided to their loved ones. One family member told us, "The staff are brilliant, every single one of them. I'd recommend this place to anyone."
- Visiting professionals also told us about the personalised service provided. One professional told us, "The staff (nurses and carers) have always been excellent, they are fully aware of each resident's needs, and limitations and they provide a caring supportive individualised living environment that places the needs of the resident first."
- People were encouraged to follow their interests. Each person had a one-page profile outlining their interests and favourite activities. People were supported to take part in a range of activities both in-house and away from the service. One person told us, "There are lots of parties here, we do like to party. The Christmas parties are amazing." Another person told us, "We do lots of activities- wheelchair dancing, in house activities, karaoke, watching films. It all depends on what we want to do." One person also told us that staff had supported them to go on holiday abroad.
- The activities coordinators ensured that people were asked what activities they would like to do. This was a standing agenda item at resident's meetings.

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.

- Each person had information in their care plan describing the way in which they communicated. Where verbal communication was limited, staff told us people were supported to use alternative methods. This included non-verbal cues, such as facial expressions or gestures, objects of reference and other communication aids.

Improving care quality in response to complaints or concerns

- Family members told us they would be comfortable raising any concerns with the service. One family member told us, "I would feel comfortable raising any concerns." One person told us, "The staff always say

to let them know if we have any issues."

- Where complaints had been raised, they had been investigated appropriately, in line with the providers policy.
- The registered manager had implemented a "moans and groans" book to document where people were not happy with any aspect of their care but did not wish to make a formal complaint. This was reviewed by the registered manager on a regular basis and appropriate investigation and action taken, where required.

End of life care and support

- No end of life care was being delivered at the time of this inspection. However, the service had recently supported someone at the end of life. The registered manager explained how the person and their family were supported, to ensure dignified and appropriate care was provided.
- People's end of life preferences and choices were recorded. The registered manager explained that they worked with people's families to put plans in place, where this was appropriate.

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; 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

- People were at the heart of the service and the staff and management team continually strived to provide the best care and support they could. The management team were knowledgeable about the service, the needs of the people living there and where improvements were required. Both positive and negative feedback from audits and inspections were shared at staff and resident meetings. This promoted an open and collaborative approach to service improvement.
- Staff felt supported and there was a good team ethos. One staff member told us, "We are a good team, we can always ask each other for support."
- Relatives reported a positive, person-centred culture at the service. One family member told us, "[Deputy manager] is so person centred, so good at his job."
- One person told us, "I think the staff and management do a good job, they're brilliant."
- Professionals also provided positive feedback about the management of the service. One professional told us, "The management are proactive and fully involved in the care decisions of the residents. They are approachable and responsive."

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

- Staff were clear about their roles and responsibilities and knew they could go to the management team for advice at any time. One staff member told us, "If I need anything I will approach the manager or deputy manager."
- Audits were completed to help ensure the quality of the service was maintained. Action plans for any identified shortfalls were developed by the registered manager. Audits covered areas such as: accidents, incidents, bed rails, medicines, safe environment, infection control and care plans. Quality checks had also been completed by the local authority and the providers in-house quality team. Where actions were identified these were clearly recorded and followed up.
- The management team completed regular walkabout checks of the service and night spot checks. These ensured that any issues were promptly identified, and appropriate action taken.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles. Staff meetings were held to support communication and cascade information. Staff understood what was expected of them to ensure good standards of care were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and other stakeholders had opportunities to regularly give feedback about the care and support provided at New Court Place. This included an annual impartial feedback survey, resident meetings and staff meetings. Relative meetings had previously been offered but low attendance meant these had ceased. However, staff kept in close contact with people's relatives to ensure they had the opportunity to communicate their thoughts about the service and contribute to their family member's care/

Working in partnership with others

- The service worked in partnership with organisations including the local authorities that commissioned the service and other health and social care professionals.
- A professional told us, "The staff do work very well in conjunction with other agencies."
- One person told us, "The management here are very nice. If they can't help you, they will point you in the right direction of organisations who can."