

## Livability

# Livability Somerset

### 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 well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

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

### About the service

Livability Somerset is a supported living service. It provides care and support to 20 people who have a learning disability across three locations in Bridgwater, Burnham on Sea and Bath.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People were supported to have maximum possible choice and control of their lives and staff sought to support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There was ongoing work to keep restrictive practices under review.

People were supported by staff to be involved in decisions about their care and support. Staff used individual communication methods to enable people to express themselves. There was work ongoing to ensure ongoing improvement to support with communication. People's families felt involved.

People received personalised care and support which was built around their needs and preferences. Care and support was provided by staff who knew people well.

Staff supported people with their medicines in a way that promoted their independence.

People's needs were assessed and they were supported by staff who were trained and supported. This supported people to achieve their aspirations. Staff advocated strongly for people to ensure all appropriate agencies played their part in achieving good lives for people.

Staff enabled people to access health and social care support in their community.

### Right Care

People received kind and compassionate care. Staff respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service faced staffing challenges but had sufficient appropriately skilled staff to meet people's needs and keep them safe.

People's care and support plans reflected their needs and preferences, and this enhanced their wellbeing and enjoyment of life. Staff understood people's needs.

People could pursue interests of their choice. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right culture

The culture and practice of the organisation achieved positive outcomes for people. This had resulted in people being more content and a reduction in the times they experienced distress. The governance and oversight systems needed to be further embedded to ensure emerging issues were identified and outcomes continued to be good.

People had increased control over their lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by a management team who worked hard to promote a culture where people were valued and respected as individuals. This culture was reflected in the staff team's commitment to the values of the organisation.

People and those important to them were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 23 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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 safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Livability Somerset

## 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.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also checked other actions the provider told us they had taken.

#### Inspection team

Three inspectors carried out the inspection.

#### Service and service type

This service provides care and support to people living in three 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager, or a provider representative, would be available to support the inspection. Also, people are often out and we wanted to be sure there would be people at home to speak

with us. We also checked that people were happy for us to visit them in their homes.

Inspection activity started on 14 July 2022 and ended on 5 August 2022. We visited the office location on 27 July 2022 and visited the people who use the service at their homes on 14 and 23 July 2022.

#### What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had received about the service since our last inspection. We used all of this information to plan our inspection.

#### During the inspection

We met 12 people who used the service at their homes. Eight people chose to speak with us about their service. One person did not use words as their main means of communication, we were able to spend time with them and the staff who supported them. We received feedback from the relatives of three people about their views of the care and support provided. We also received feedback from three professionals who worked with the service.

We spoke with seven members of staff. We also spoke with the registered manager, an intensive support manager who had been supporting the service, a regional manager, and a senior representative from the provider.

We reviewed a range of records. This included seven people's care records and a sample of medication records. We also looked at variety of records relating to the management of the service, including quality audits, staff training records and staff meeting minutes were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the systems in place to identify, investigate and protect people from safeguarding concerns were not operated effectively. There was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to reduce risks to people.
- Relatives told us staff kept their family member safe. One relative said, "I have no doubts about safety." Another relative commented, "I feel much more relaxed about the service."
- Staff had regular training and this supported team discussions about how to recognise and report abuse.
- Systems had been put in place and staff had an app (a type of software that can be installed and run on a computer, tablet, smartphone or other electronic devices) that they could use to report safeguarding concerns. Staff were not all skilled in using this system and there was work ongoing to provide informal coaching and reinforcement of this tool. We identified one potential safeguarding issue that had not been raised using the internal system and as a result was at risk of being missed. We discussed this with the regional manager and a comprehensive and robust response was put in place.
- Safeguarding incidents had been raised appropriately with the local authority and CQC had been notified.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and plans put in place to reduce risks where possible. Staff understood the strategies in place to reduce risk and were able to speak about these with confidence. There had been a decrease in the amount of times a person experienced distress because staff were able to provide consistent

support.

- The service helped keep people safe through formal and informal sharing of information about risks.
- Systems were being implemented to ensure accidents and incidents were recorded and analysed to reduce the chance of reoccurrence. Staff were becoming more confident in the use of these systems. Managers continued to provide support and coaching to staff.

At our last inspection some risks people faced were managed in ways that were not recorded or monitored appropriately. This had led to unnecessary control over people's lives and choices. There was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were involved in managing the risks they faced and in taking decisions about how to keep safe.
- Restrictive practices were monitored, and most restrictions had been removed. We noted that a fruit bowl had been locked away in one house and this was not covered by the oversight of restrictions. We discussed this with the registered manager, and it was addressed immediately.

#### Staffing and recruitment

At our last inspection there were not sufficient staff deployed to meet people's assessed needs. There was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff recruitment processes had not changed since our last inspection. These processes promoted safety, including those for agency staff.
- The service continued to face recruitment challenges. However, they were ensuring there were enough staff to keep people safe. They had also reinstated the support people needed to start to re-establish their place within their community after the restrictions of the pandemic. The provider had a team that met regularly to consider ways of improving the staffing at this service.
- People told us they were involved in recruitment. One person said, "I choose which staff work here at the interviews." They also told us that they discussed the performance of new staff with their housemates.
- Relatives, and staff, observed an improvement but we heard there was still an impact on people due to high agency use. These staff, whilst largely regular faces who people had got to know, did not take on all the roles of permanent staff. We were told this had an impact in terms of planning and in some instances going out. We discussed this with managers who explained their plans to offer additional training and responsibility to regular agency staff alongside the ongoing recruitment efforts.

#### Using medicines safely

- People received their medicines safely from staff who had received training and had their competency assessed. This helped to ensure staff followed safe medicines administration.
- There was guidance for staff to follow to make sure people given medicines in ways that reflected their wishes and the way they lived their life. This included protocols for medicines being given on an as required basis.
- People were encouraged to take control of their own medicines in accordance with their understanding and ability. One person showed us the system they had in place to take their medicine safely. There was



work underway to further detail the exact nature of support people needed and to reinforce people's role in managing their medicines.

- Audits had been used to pick up errors. We saw this had been effective in highlighting when staff had not signed for medicines.

#### Preventing and controlling infection

- The homes people lived in were clean. Maintenance issues that impacted on hygiene had been raised with people's landlords.
- The service prevented visitors from catching and spreading infections.
- We became assured about staff use of personal protective equipment (PPE). When we first visited one home staff were not wearing masks when in close proximity to the people they supported. This was addressed immediately.
- The service was following guidance in relation to testing for Covid-19.
- The service made sure that infection outbreaks could be effectively prevented or managed. There were plans in place to ensure appropriate communication in the case of an outbreak of a communicable disease.

# 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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

At our last inspection the MCA was not used as a framework to ensure people's best interests were always reflected or that they had consented to their care. There was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff supported people to make their own decisions about their care and support.
- Staff understood people's capacity to make decisions using speech and their own communication systems. There was a commitment from the provider to ensure ongoing improvement in access to communication tools and systems.
- People were supported to make decisions about their day to day life and longer term plans and aspirations. When a person had been assessed as lacking mental capacity to make a certain decision, staff clearly recorded any best interest decisions.
- The service was liaising with appropriate agencies to ensure people were protected by legal structures if they were deprived of their liberty to receive care and support.

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

At the last inspection people's support was not provided within a framework that ensured consistency in person centred support. There was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Managers, staff, people and where appropriate were working together to ensure care plans set out people's current needs alongside plans to enhance independence, and consideration of the longer-term aspirations.
- People reflected positively on the support they received. One person told us "The staff help me live my day to day life."
- Care plans were written in respectful language and focussed on people's strengths and skills.
- We saw photographs and heard stories about the things people were doing that gave meaning and enjoyment to their lives. One person was able to go out more because staff better understood their needs and felt more able to support them safely. Another person was proud of their work which reflected a lifelong dream and passion.

Staff support: induction, training, skills and experience

At our last inspection people's support was not provided by staff who had received appropriate training and support. There was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had received relevant training. This included training and competency checks in the wide range of strengths and impairments people with a learning disability and/or autistic people may have, MCA and positive behaviour support.
- Staff understood how their training and personal development related to the people they supported.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Most staff felt very supported and we heard powerful examples from individual staff of the impact this support had on them. Staff at one location felt less supported. They attributed this to the vacancy in the leadership of this location and gave examples of the impact. Relatives also reflected on this, identifying an impact on staff morale. The senior team were aware of this. They had an interim plan in place and were seeking to recruit.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to prepare and cook their own meals.
- Some people who lived in accommodation with a communal kitchen took it in turns to plan their meals.
- People had risk assessments and support plans in place related to eating and drinking safely.

Supporting people to live healthier lives, access healthcare services and support

- People, and those close to them, played an active role in maintaining their own health and wellbeing.
- People were supported to access health checks, screening and primary care services. Annual checks that

had been impacted by the pandemic were starting to take place. People were referred to health care professionals to support their wellbeing and help them to live healthy lives as required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the leadership and the culture it created was not yet fully embedded in the service.

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

At our last inspection, the systems to monitor the quality and safety of people's support were not effective. There was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had followed their action plan developed after the last inspection and were no longer in breach of regulation. There was, however, further work to be done to embed governance and oversight. Whilst the provider was immediately responsive to issues identified during the inspection such as the locked fruit bowl and potential safeguarding, the internal systems had not identified these.
- Staff knew and understood the provider's values and how to apply them in the work of their team. Staff were strong advocates for the people they supported.
- Governance processes had been implemented and were becoming effective. These processes helped to keep people safe, protect people's rights and provide good quality care and support.
- The provider organisation and senior team had a clear vision for the direction of the service which demonstrated a commitment to people achieving the best outcomes possible and living lives the way they wanted to live them. Staff were observed to also share this vision.
- The representatives of the provider and registered manager acknowledged the challenges the service still face in embedding changes and ensuring the day to day oversight and support of all three locations. There was ongoing reflection regarding the support staff needed and the management structure that would best achieve this.

At our last inspection statutory notifications had not always been made. There was a breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Notifications had been submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The senior team were working hard to instil a culture of care in which staff felt supported and empowered to protect people's rights and enable them to flourish. The senior team reinforced their commitment to keep restrictive practices under review.
- Management were visible in the service during our visits. They were approachable and responsive to what people, staff, family and other professionals had to say. We observed actions were taken in response to issues raised.
- Staff felt able to raise concerns with managers. One staff member said, "If we get in touch they call us back." Another member of staff reflected on the direction they had received to improve their working practice and build their confidence.
- Relatives fed back that there had been improved communication with regular updates from the service and a regular meeting for relatives to attend where they could ask questions and make suggestions.

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

- If mistakes were made, the managers were transparent and acknowledged errors. The provider sought to make continual improvements and reduce the risk of repeated mistakes.
- The provider had a policy in place to support the duty of candour.

Working in partnership with others

- The service worked well in partnership with other health, social care and housing organisations, which helped to give people using the service a voice.
- Feedback from professionals was positive and reflected good communication and reliable action.