

Livability

# Livability North East

## Inspection report

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22 June 2018

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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 North East provides care and support to 14 people living in five 'supported living' settings, so that they can live in their own home as independently as possible. The service also provides an enabling service for nine people. We do not regulate this service as it is out of scope of the regulations. 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.

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 ongoing 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.

People told us they received good care from staff employed at the service. Throughout our inspection we observed very positive interactions between people and staff.

The provider had up to date safeguarding procedures and staff followed these appropriately. Disciplinary procedures had been instigated where required and used as an opportunity to learn and improve the service provided.

People received their care from a consistent and reliable staff team. Recruitment processes were effective in ensuring new staff were suitable to work at the service.

Medicines were managed safely with accurate records kept confirming which medicines people had been given. Medicines audits had effectively identified issues and ensured action was taken to keep people safe.

People's needs had been assessed to identify their care needs and preferences. This was used as a baseline for developing care plans. Care plans were personalised and reflected people's current needs.

Staff received good support, with regular supervisions and appraisals taking place. Records confirmed training was up to date.

People were 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.

People received good support with their nutritional needs and to access healthcare services.

People were supported to take part in activities which were of particular interest to them.

The provider had a complaints process in place and this was operated effectively.

There was a structured approach in place to quality assurance. The registered manager had been pro-active in submitting statutory notifications to the Care Quality Commission as required.

There were regular opportunities for people and staff to give feedback about the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Livability North East

## **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 inspection took place between 15 and 22 June 2018 and was announced. Two inspectors carried out the inspection.

Before the inspection, the provider completed 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. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with three people who used the service. We spoke with a range of staff including the regional manager, deputy manager, a manager from another service (who was providing support for the deputy manager, as the registered manager was unavailable on the days of our inspection) and two care staff. We reviewed a range of records including three people's care records, medicine records, training records and other records relating to the quality and safety of the service.

# Is the service safe?

## Our findings

When we last inspected Livability North East we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good.

People said they felt safe receiving a service from Livability North East. One person commented, "They are keeping an eye on me."

Staff showed a good understanding of safeguarding and the provider's whistle blowing procedure. They knew about potential signs of abuse and the appropriate steps to take to raise concerns. One staff member said they "would always speak out" and had done so in the past. Previous safeguarding concerns had been referred to the local authority safeguarding team and fully investigated. Appropriate action had been taken to keep people safe, such as commencing disciplinary procedures where required. Safeguarding investigations were used as an opportunity to look for lessons learnt and to improve people's care.

Where potential risks to people's safety had been identified, risk assessments were in place identifying the measures needed to minimise the risk of harm. These covered areas including staff working alone and other health and safety related matters.

Staffing levels continued to be appropriate to meet people's needs. The local authority determined the individual staffing levels for each person and this was provided. The provider had been proactive in identifying when people's needs had changed and arranging to have their needs reviewed. For example, when one person's day service had ceased to operate.

The provider carried out pre-employment checks to ensure new staff were suitable to work at the service. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider continued to manage medicines safely. Staff completed medicines management training and had their competency checked. Medicines records accurately accounted for the medicines people had been given. Effective medicines audits were in place so that any issues were identified and dealt with swiftly. The provider had signed up to STOMP. This is a national NHS campaign aimed at stopping the over medication of people with learning disabilities, autism or both. When we inspected the service, the provider was in the process of completing an initial audit prior to developing an action plan based on their findings. A timescale of August 2018 had been set to complete this work.

Some people using the service displayed behaviours which challenged others. We noted detailed plans were in place which gave guidance for staff about the most effective strategies to use if people became anxious. We observed staff followed these guidelines when supporting people at these times.

The registered manager maintained accurate records of incidents and accidents. These were analysed to

check appropriate action been taken and to identify any lessons learnt.

# Is the service effective?

## Our findings

When we last inspected Livability North East we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed both before and after admission to the service. This information was used to identify the care they needed and as a baseline for developing personalised care plans. The assessment was used as an opportunity to consider any specific needs people had relating to their culture, religion or lifestyle.

Staff received good support. They told us they felt supported by management and had access to the training they needed for their role. Staff used supervision as an opportunity to share their views about the service they were working in and how this could be improved. For example, one member of staff had provided ideas on how to improve one person's access to the local community. The provider had identified essential training for staff as including fire safety, first aid and moving and handling. Records confirmed training, supervision and appraisals were up to date.

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. The provider was following the requirements of the MCA. We found examples within people's care records of MCA assessments and best interest decisions. Staff had a good understanding of the MCA and described how they would support people to make their own choices and decisions. For example, using pictures where people did not use verbal communication.

People were supported with their nutritional needs. For example, one person wanted to lose some weight. Staff supported them to attend a club, gather healthy recipes and prepare meals. Staff said the person had been successful in losing weight and now felt better about themselves. Staff had a good knowledge of people's dietary needs.

Staff supported people to access health care services when needed. Records showed people had input from a range of health professionals, such as community nurses, dentists and audiology. People were supported to have annual review appointments with their GP to discuss their health needs.



# Is the service caring?

## Our findings

When we last inspected Livability North East we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People told us they were happy with the service and the staff providing their care. One person said, "I am quite happy, I have nice staff." Another person told us they received "marvellous care."

We noted there was a strong and caring bond between people and staff. We observed people were extremely relaxed and comfortable around the staff team. We saw staff were especially kind towards one person who was upset about changes to their routine. They gave the person lots of reassurance and discussed with them the positive aspects of the change and the opportunities available for new interests. This had a positive impact in the person allowing the conversation to become light-hearted. The person calmed and their mood lifted following this intervention.

Staff supported people to be as independent as possible. For example, staff supported one person to complete health and safety checks in their home to promote their safety. Staff supported another person to have their home updated and decorated. The actual work was carried out whilst the person was on holiday to minimise disruption and to prevent the person feeling anxious. Whilst we were visiting a person at their home, the landlord of the property came out to complete health and safety checks. Staff supported the person to greet the landlord. They encouraged them to be independent and to take the lead on this visit, which the person greatly enjoyed.

The provider was aware of the importance of ensuring information provided to people was appropriate to their needs. Each person had an assessment based around the accessible information standard which identified the most effective methods of communicating with them. The accessible information standard aims to make sure people who have a disability, impairment or sensory loss get information they can access and understand. This included strategies such as British Sign Language, verbal and pictorial. There was also guidance for staff about how they could promote communication for each person, such as how to approach and adapt their speech for different people. Information about complaints, accessing advocacy services and the service user guide had all been made available in various formats.

Care records were extremely personalised which enabled staff to gain a better insight into people's interests, preferences and aspirations. This meant they had a clear understanding of how people wanted their care to be provided. Each person had a document called 'This is me' which contained information about what was important to each person. For example, one person required set routines to follow and encouragement to go out into the local community.

## Is the service responsive?

### Our findings

When we last inspected Livability North East we concluded the service was responsive and rated it Good. Following this inspection, we found the service was still responsive and our rating remains Good.

People had detailed and personalised care plans which described the care they needed from staff. They clearly described people's needs, an expected outcome and how the person needed to be supported. Care plans covered a range of needs including mobility, nutrition and communication. Where risks had been identified, risk assessments were in place to help keep people safe. People had discussed their plans for the future with staff and goals had been set to help achieve these. For instance, one person wanted to go to the cinema, to go on outings with relatives and to continue to live as independently as possible. We noted goal plans were reviewed periodically and signed off when they had been completed.

Care plans were evaluated regularly to help ensure they reflected people's current needs. People met regularly with key workers to discuss their care, progress with goals and whether they wanted to make any changes.

Staff sensitively supported people with considering their future care planning needs, where appropriate. However, this was only done with the appropriate consent having been given first.

People had opportunities to participate in activities that were meaningful to their individual needs. For example, staff supported one person to visit the Metro Centre and to play pool. Other people had been supported to go on a holiday of their choice. The provider had previously arranged for people to have a private tour of a local football team's ground. People could look around the club and sit in the seats, which staff told us they really enjoyed.

The provider had developed links with the local community so that people had opportunities to attend college and to undertake volunteering. For example, one person volunteered at a local café and another person attended college to do pottery and cookery. Other people were involved in training for a 'special Olympics' competition.

There had been no complaints made about the service since our last inspection. The provider had a formal complaint process for people to access should they choose to complain. Information about the complaint process was also available in various formats dependant on people's needs, such as pictorial and easy read versions.

## Is the service well-led?

### Our findings

When we last inspected Livability North East we concluded the service was well-led and rated it Good. Following this inspection, we found the service was still well-led and our rating remains Good.

The service had a registered manager. 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. Staff told us the registered manager was approachable and supportive. The registered manager had been proactive in submitting notifications to the Commission when needed.

There were opportunities for people, relatives and professionals to provide feedback about the service. Questionnaires had been sent to people using the service to gather their views. These had only just been sent when we inspected and had not yet been returned. The questionnaires had been written in a pictorial format to make them easier for people to fill in. Positive feedback had been received from the most recent consultation with relatives and professionals. The provider had received praise for promoting people's independence, good relationships with relatives and people, considering and meeting people's needs and aspiring to make people's lives interesting and varied.

Regular staff meetings took place. Minutes identified staff had the opportunity to discuss each person's needs in detail, looking at progress and identifying any lessons learnt. For example, some people had developed the confidence to try new things that they weren't able to do previously. Meetings were also used to discuss care practice and looking at ways of improving care delivery.

The provider continued to operate a structured approach to quality assurance. This included regular 'service checks' covering areas such as health and safety, cleanliness, fire safety and finances. The frequency of the service checks was tailored to each individual service. For example, some services were having more regular visits due to issues having been identified with medicines administration. We noted service visits had been effective in identifying and resolving issues. Action plans had been developed and monitored to ensure the expected improvements were delivered.