Livability

Livability Devon

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

The inspection of Livability Devon took place between the 27 June and 4 July 2018. The inspection was announced 48 hours in advance. This was to ensure someone was available at the office on the 27 June and to enable staff to support people to understand why we were going to visit them. The registered manager also needed time to contact families and staff to seek their consent to talk to us.

This is the first comprehensive inspection of the service since the new provider was registered with us on the 9 June 2017.

This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home 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. There were eight people receiving support; five people living in a setting in Exeter and three people living in one in Torquay.

People being supported had a range of needs. They were younger adults that could have a learning disability and/or autism. People could have other needs such as a physical disability and epilepsy.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharge if needed, people's independence and links with their community.

A registered manager was employed to oversee the running of the service. 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 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 were assessed in line with the Mental Capacity Act 2005. There was some confusion about how the Deprivation of Liberty Standards applied to supported living settings. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In supported living settings this takes the authorisation of the Court of Protection. We have recommended the provider addresses this to ensure staff were clear.

People and families felt safe in their homes and with the staff who supported them. Staff knew how to keep people safe from harm and ensure they received a personalised approach to identifying if they were unhappy depending on their communication and comprehensive abilities. People's care plans were

detailed and written with people of those relatives who knew them well. People' medicines were administered safely. We have however, recommended the provider review their medicine policy and practice of recording medicines at one home to ensure they were operating in line with latest guidance.

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. Staff were available to meet people's needs in a timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. Staff ensured people had choices about how to meet their needs while balancing the need for people to eat well, keep hydrated and stay healthy. Detailed 'hospital passports' were in place so important information about people's needs and communication methods was able to be shared easily with other health care professionals if needed.

People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. Every effort was made to enable people to express themselves; this include knowing people and well and using assisted technology as relevant.

The service was responsive to people's needs and they could make choices about their day to day routines. People followed their hobbies and maintained links with the community, which provided them with mental and social stimulation. People were also supported to try new things, volunteer or take up paid work as they desired. Making sure they could follow their faith was important to many people being looked after by Livability Devon and staff made sure this happened for them. People could also choose not to be involved if they wanted.

People and family could make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve. Staff knew people well and identified if people were unhappy; every effort was then made to find out why this was and put things right for the person.

The home was well led by an experienced registered manager. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information can be found in the full report which can be located on our website at www.cqc.org.uk.

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 were protected from the possibility or abuse by trained, informed staff and systems to keep them safe.

People had the risks associated with their life and health assessed. They were involved in identifying being supported in how they could live safer lives.

People were looked after by enough staff who were recruited safely.

People's medicines were administered safely by trained, competent staff.

People were protected by and informed about good infection control practices.

The service learnt from events and incidents through audits and on feedback.

Is the service effective?

Good

The service was effective.

People's care reflected current guidance in supporting people to live full lives that they had control of.

People's health, food and hydration needs were met.

People were supported by staff trained to meet their specific needs. Staff were supervised, supported and checked to ensure their ongoing competency.

People were assessed and supported to be competent in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported to be in control of their lives.

People were supported by staff who were kind, caring and respected them and their right to be independent.

People's dignity was promoted.

Is the service responsive?

Good

The service was responsive.

People's care was planned with them and centred on them.

People had access to an easy read complaints policy and were listened to when they had a concern. Staff ensured any issues were picked up quickly.

People's end of life care was under review as the population of the service was getting older.

Is the service well-led?

Good

The service well-led.

A positive culture was evident in how the service was managed.

The provider and registered manager regularly checked the quality of the service was good.

People and staff were supported to play an active, decision making role in the running of the service.

Clear management frameworks were established to ensure good governance was in place.

The service worked closely with a range of agencies and aimed to continuously learn and develop.

Livability Devon

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.

The inspection of Livability Devon took place between the 27 June and 4 July 2018. The inspection was announced 48 hours in advance. This was to ensure someone was available at the office on the 27 May and to enable staff to support people to understand why we were going to visit them. The registered manager also needed time to contact families and staff to seek their consent to talk to us.

Livability Devon had an office in Exeter and two settings were people they support lived in their own homes. This included one in Exeter and one in Torquay.

The inspection was completed by one adult social care inspector.

Prior to the inspection, we reviewed our records and contacted a range of health and social care professionals. This included three GP surgeries and five other professionals with a specialist role relating to the needs of people living at the two settings.

On the 27 June we visited the office of the service to review records held there. On the 29 June we spoke with three staff and one family. On the 4 July we visited people living at the Exeter and Torquay settings. We sent questionnaires to all staff and families and received nine staff and four family responses.

We reviewed the care records of four people in detail to ensure they were receiving the support as planned. We reviewed the administration of all people's medicines. We checked staff training records and the recruitment of four staff personnel records. We also reviewed the records held by the provider and registered manager to ensure the quality and safety of the service. This included audits of aspects of the service, complaints and feedback about the service.

People had varied ability to communicate; we spoke with people where we could and observed how staff

interacted with them. Staff supported us to communicate with people who had certain communication methods or with people who felt more comfortable having a familiar person with them.

We spent time with five people in their homes; two people in Exeter and three people in Torquay. We spoke with one family and three staff. We also spoke with one person individually.

We received feedback from two professionals linked to the service. This included one GP and one health and social care professional.

Good

Is the service safe?

Our findings

People were cared for by staff who knew how to identify abuse and what action to take should this be required. Staff had training that was up dated often. Staff felt any concerns would be taken seriously and were aware of how to whistle blow if required. Staff had knowledge of the vulnerability of those they were caring for; they understood potential issues of exploitation and were aware of what signs to look for. People's records clearly identified the people who would be at risk from strangers for example, and supported staff to reinforce safety messages with people who could be vulnerable of being harmed. A family member said, "I have no hesitation in saying my [relative] is safe; ten out of ten. Livability know who they are and I have much more confidence in them."

Where medicines were given by staff, practice and the provider's policy did not always ensure current guidance provided by NICE, March 2017 was followed. For example, four people currently had whole of parts of their medicines given by staff and, one person's medicine administration record (MARs) was not completed fully. Their medicine was 'as required'. And staff only signed when this medicine was given or used. The code to say whether this medicine was offered had not been recorded. This meant there were gaps in their record but it was not clear they had not required the medication. All other medicines were recorded fully and accurately. People who self-administered had risks assessments which were reviewed often. However, a mental capacity assessment had not been completed to ensure they continued to be able to understand how to do this safely. The registered manager said they would ensure this was done. Medicines were audited to check practice was in line with the provider's current policy so it was important to ensure the policy was up to date.

We recommend that the provider ensures their medicine policy and practice is compliant with the up to date NICE guidance of March 2017.

People's medicines were ordered in a monthly cycle. Staff were trained in how to administer these and were checked they remained competent. Systems were in place to manage life sustaining medicines such as oral rescue remedy for people living with epilepsy. Staff were trained in giving this medicine but staff trained in this were not present on all shifts; however clear protocols were in place to dial 999 should this be the case and the paramedics knew to give the medicine from the stock held by the service. This also included when the person was out of the building on a social or leisure visit.

People had detailed risk assessments in place to manage a range of issues. Risks were identified that reflected that person's needs at the time and advised staff how to reduce the likelihood of the risk affecting people. People who had higher levels of independence were supported to keep themselves safe in the community with staff supporting them to maintain this. For example, by supporting one person to gradually to go to their GP by themselves and for another, to take an independent bus journey safely.

People's finances were managed carefully to ensure where they could they were able to manage money safely with staff support. Clear accounts were kept by the staff in line with the provider's policy.

The service was staffed in line with people's identified needs. Where people required a higher staff ratio to keep themselves safe, this was provided. Staffing was reviewed as necessary depending on people's needs.

Staff were recruited safely to work with vulnerable people. One person was involved in interviewing staff but feedback on all staff was asked from everyone. This meant they could be assured of recruiting staff that were able to relate well to the people living there. Family members and staff told us there had been a high turnover of staff but recent changes to the interviewing process had improved this and had ensured stability of staffing. All new staff underwent a six-month probationary period where the ongoing suitability of each staff member was assured. Time each month was set aside to meet with management to measure and support each new staff member's progress.

Infection control policies and practices kept people safe from the possibility of cross infection. Staff were trained, people were supported to keep themselves safe and the systems were reviewed often to ensure people were still safe. Where people took part in housework and food preparation, they were supported to do this safely. Equipment essential to people's life was maintained in a clean, hygienic state and kept ready so people's welfare was guaranteed.

The service learnt from events to keep people safe. This included reflecting on audits and feedback about the service. Staff, people, family and professionals were involved in this process. All were then listened to for new ideas and ways to ensure for example, risk assessments and guidance to staff was up to date and accurate and reflected people's risk status.

Good

Is the service effective?

Our findings

The service was effective. We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes and hospitals this is called the Deprivation of Liberty Safeguards (DoLS). DoLS do not apply to Supported Living services. However, people can have their freedoms limited if authorised by the Court of Protection. The registered manager was not fully clear on DoLS not applying to supported living services as they had made applications to local authorities but had received feedback recently on how to approach this correctly. However, people's freedoms were not restricted.

We would recommend the provider ensures they and they staff are fully informed in respect of restrictions in people's liberty and how they apply in supported living settings.

People's ability to consent to their care and support was carefully assessed in line with the MCA. People were given the opportunity to consent to their care at every opportunity with their chosen communication method used if they were unable to give verbal consent. Decisions about people's health were made in their best interests in discussion with key professionals, staff who knew them well and their family. For emergencies, hospital passports were in place and staff attended hospital with people to ensure continuity of care and to enable health professionals to continue to relate well to people. The registered manager and staff were clear on how the MCA applied to their work and understood how to ensure consent was gained in their day to day relating to people.

Family told us that Livability and the registered manager had communicated about the MCA well with them. One family member said this had been really helpful and helped them to understand their child was now an adult adding, "Full marks to Livability and explaining the MCA; they made it very clear. [The registered manager] has gone the extra mile to ensure what people's rights are."

Staff were trained in a range of topics identified as essential training by the provider. There was a rolling programme of training that was updated as needed. Staff were also trained in areas that reflected people's needs. This included training in epilepsy (including essential rescue remedies), autism and key equipment essential to sustaining life. Training was up dated often.

The service was not currently using the Care Certificate for new staff, but were considering its introduction. The care certificate is a national induction for staff new to care that was brought into to standardise the knowledge of staff that were new to care. The service did however have a detailed induction in place that

included new staff being trained in essential areas, reading people's care plans and risk assessments, undertaking shadowing shifts and having feedback on their progress before they started to support people in the service. Families commented on how this had improved since the new provider had taken over and they felt people's care was maintained by the new staff. Immediately following the inspection, we were advised the Care Certificate has been introduced for all staff new to care.

Staff were supported to reflect on how they were doing through regular supervision and checks of their competency.

People being cared for by the service had lived there for some time. Staff knew people well and people had their needs and choices respected. People could set realistic goals to achieve and were supported to reach these. Their choices and goals had been regularly reviewed to ensure they were on target and current. New ways to keep supporting people to reach their potential were sought by staff.

People were supported to make healthy food choices and drink enough fluid to maintain their health and welfare. People were active in choosing what they wanted to eat and drink and developing and maintaining skills in shopping and cooking with staff support as required. A family member said, "Meals are planned and prepared to be homecooked and nutritious as possible which is excellent. [My relative] is involved in meal choices, shopping and preparation on occasions."

People had their health needs met. People were supported to identify health needs and attend their GP with staff or on their own. People's health needs were reviewed as required. The GPs had no concerns about how people's health needs were being met. The service had links with specialised nurses, dentist and opticians as needed.

The premises of the two settings were adapted to meet people's individual mobility and care needs. For example, one person had a specialised bath provided in their home to meet their needs. People were being supported to have a new kitchen installed into the Exeter setting that could be adapted to meet the desire for a person in a wheelchair to be involved in cooking their meals.

Good

Is the service caring?

Our findings

People had ultimate control of their care and deciding how they wanted their life being supported by Livability Devon to be like. People were supported to express their views in line with their ability to understand information and then communicate what they wanted. People had key workers assigned to them to ensure their views were known. Staff used a range of approaches and/or media to enable people to relate what they wanted to do.

One staff member said they ensured this, "By asking [people] what they would like support with and recognising their right to be as independent as possible".

People received care which was kind and respected them as individuals. People were encouraged to be as independent as they could be. Strong links with the community were encouraged and facilitated by the staff. The provider's ethos was "We strive to connect people with their community and reduce social isolation for all. Because of this ethos, we choose to be open, enabling, inclusive and courageous". This was evident in how people's lives were being enhanced by the staff. The registered manager and provider constantly observed and monitored standards of care to make sure people were treated with kindness and respect. A staff member said, "The values [of the provider] are really good. Everyone is an individual and join in. We think outside the box on how to support people and have a lot of respect for them as people; their opinion counts." A relative said, "[My relative] is treated very well. He is respected and cared for very well. This good care results in them maintaining good general health and him happy in their home".

People were accepted for who they were and by staff and a provider that valued people's individual contribution to the service. A staff member said, "I respect their right to be who they want to be and acknowledge that a person's identity is central to how they view themselves in their life course. A positive identity helps promote self-worth and is therefore all part of a person's feelings of well-being. I respect people's equality, sexuality and diversity by being non-judgemental and encouraging them to express what is important to them as an individual".

People were looked after by staff who were kind and caring. Staff spoke about the people they looked after with energy and compassion; all staff expressed how much they liked the people they went to work to support. All spoke about how much they enjoyed their work.

People could spend time in communal areas or in the privacy of their own room. People's privacy and dignity was promoted. Where people were unable to promote their own dignity staff discreetly helped people. People were requested to not go into other people's rooms unless they were invited and this was respected by everyone living at the two settings.

People were treated with kindness and compassion. We observed staff interacting positively with people and being responsive to any need they had. Everyone we spoke with told us staff were kind and polite. One person described their home as "Cosy" adding, "All the staff are very good and do their job well; I can talk to them. I love this house."

People were offered comfort and support when they found it hard to express themselves. A relative said, "Our daughter is looked after very well and the staff from Livability have supported her with different problems and, have always kept us informed as best as possible without compromising her personal and private things".

People were supported to make choices about how and where they received support.

Staff in one of the settings received an award from the Princess Royal in respect of their caring role with people. People living at the service were part of the nomination and assessment process with one describing themselves as "like a family [at Livablity]."

Good

Is the service responsive?

Our findings

People living in Exeter and Torquay had a range of needs, complexity and ability to communicate. People being cared for by Livability Devon had lived together for some time and knew each other well; there was a close partnership working with families and a great amount of information about people's needs had been gathered over this time. What people liked, disliked and wanted to achieve were recorded and central to their care planning. Staff demonstrated they knew people well and understood the principles of personalised care. People's care plans were detailed and personalised. The rights of people to be in control of their lives was integral to how the service ran. People, families, staff and relevant professionals were involved in planning their lives and ensuring information gained was accurate and up to date.

Staff told us they regularly read the care plans and contributed to their content. A staff member said, "The care plans and talking to parents is a really good source of knowledge about people. We are always learning about people, ensuring the plans are up to date." People had a key worker who they were encouraged to build a strong bond with. One person told us they were very positive about their key worker who they said was someone they could talk to and looked forward to seeing them when they were on shift. They told us that any concerns, ideas or requests to do something could be expressed and their key worker and staff would do all they could to make it happen.

One family member said, "Yes we are involved – helping in the preparation with information and advice to ensure the plan is appropriate and all aspects covered". A staff member said, "The care plans are read at the start of a shift. People can talk to staff anytime they want to about ideas, concerns or anything to do with their care. Time is also set aside for resident house meetings where [people] can raise collective ideas or voice opinions on how they want staff to care for them".

Staff could identify people's change of demeanour that could signal something was wrong. The care plans added the extra detail of how staff had learnt to read when people could be in pain or anxious, for example. Clear steps were then taken to identify what was wrong and why. Family and the person we spoke with all felt staff were very good at identifying and responding to changing needs. One staff member said, "We take the time; slow down and listen. One person can do sign language that we do. Another uses their electronic tablet when they choose not to talk."

People were supported to follow their hobbies and try new things. If people wanted to work either paid or as a volunteer, this was facilitated. People could also have down time and spend time being quiet, watching TV or a film on their own, together or with staff.

People at the service were younger adults and the service was looking at promoting end of life choices as people became older. Discussions with family and people had started but was in the early stages. In the meantime, the care plans held a lot of information about people that explained what was important to them. For example, one person had a special doll that was important to them. Staff knew this was important for them if they were ill or upset and would be a key item for this person at any time in their life.

The provider had a complaints policy in place. This was made available in an easy read version to people. Checking people were happy and had no concerns was explored with their key worker and at residents' meetings. Any concerns or complaints were investigated and checked to ensure the person or family member were happy with the outcome. All family members told us they felt they could raise issues with the registered manager and these would be welcomed as an opportunity to learn from events. One family member explained, "All processes were followed [when we made a complaint]; it was well resolved." A staff member said, "I would support [people] to raise a concern by making sure that they are given the time and opportunity to speak about their concern. If needed to I would support them to write a formal complaint ensuring that it is written as they have voiced it and in their language. I feel the service tries to turn concerns into positive improvements".

Good

Is the service well-led?

Our findings

Livability are a large Christian based organisation that run 39 care locations. They are a charity that is governed by a board of trustees. They became the provider of Livability Devon on the 9 June 2017. The buildings are owned by another voluntary organisation set up by the parents of those living in the service. There were clear working practices between Livability and the landlord to enable a co-ordinated service.

A registered manager was employed to oversee the running of the service. 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. The registered manager was supported by a deputy manager.

The service remained in transition from the previous provider in respect of policies, procedures and documentation such as care planning. The change of provider had been viewed as a merger rather than an abrupt change of ownership. People, family members and staff voiced that they were happy with how this had been handled and felt fully informed and that the transition had been handled with care. One person, who could become anxious if they did not understand, described how they had been kept up to date and had any questions answered. They told us, "I knew about it and knew the provider was changing. I did not have to worry; Livability are caring."

Relatives and staff told us that they felt the service had moved on to a much more professional footing under the guidance of the registered manager and Livability and were impressed with what they had experienced. One relative said, "The service has been very good since Livability took it over; the communications are better. Nationally, they know who they are. We have much more confidence. They challenge to get it right for the service user and the residents are involved." This was shown in residents' meetings, care plan reviews and any other opportunity to give their view.

Livability employed an area quality manager who ensured the quality of the service by regular reviews of the two settings; speaking to people and carrying out announced and unannounced visits to check all was good. Any concerns were reported back to the registered manager who was required to put the issues right. The provider made sure this was the case and repeated their checks for further reassurance. The trustees also had a subcommittee that looked at and scrutinised quality reports.

The registered manager had many quality checks they too had to complete and report on each month and over a period of a year. These ensured areas of the service such as medicines, infection control and care planning were reviewed at regular intervals. Staff were advised of the outcome of quality reviews to ensure everyone could learn from them. The emphasis was on continuous improvement. For example, the registered manager spoke about how they wanted to have feedback from the inspection as they saw this and the audits as being an opportunity to learn and improve the service for everyone. Staff and family members were positive about the management of Livability Devon. All staff felt the registered manager and deputy manager were approachable and open to new ideas. Family too felt comfortable in raising questions

and new ways of working together. Comments from family said, "We consider the current management is very good indeed. We have a very good working relationship with them" and, "The current manager shows strong compassionate leadership and is always available to discuss issues concerning our [relative]". Staff said, "There is a very good management team and a supportive team. Everyone is great; it is a lovely place to work"; "Support and guidance is always available; fantastic support from all staff and management. A real great team to work for" and, "Managers are responsive and open to feedback".

Family and staff praised the multi-disciplinary nature of the service and the willingness and openness of the registered manager and deputy manager to take on new ideas and ways of working. Professionals were requested to guide individual care planning but also to ensure the service was up to date and operating a quality service. A family member said, "We considered the [registered manager and deputy manager] have done really well in professionalising the service. Overall very good."

The registered manager and provider understood their responsibilities in respect of the Duty of Candour (DoC). The DoC is the requirement to act openly and honestly when things go wrong. This includes the need to apologise.

The registered manager and provider had systems in place to ensure the settings were safe and well maintained.