

Livability

Livability Hallgate

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Livability Hallgate is a supported living service providing personal care to up to 4 people. The service provides support to people living with a learning disability and/or physical disability. At the time of our inspection there were 4 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right support.

People were supported and encouraged to maintain their independence, as far as possible. Staff had a good understanding of people's likes and dislikes and encouraged people to participate in their care. People were encouraged to set simple goals and participate in planning activities and events.

Right care.

People were well cared for and were treated with dignity and respect. Staff spoke knowledgeably of the people they supported and spoke fondly about them as individuals. People had good relationships with staff and looked happy and relaxed when being supported. They indicated they enjoyed living at the service and that staff helped them when they needed support.

Right Culture.

People were supported to be as active and independent as possible. They were encouraged to participate in activities both within the service and outside in the local community. Two people had recently returned from a holiday in Scotland. People were supported to maintain contact with family and friends. Staff supported people to be effective members of the community.

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. We found some minor issues, where a best interests decision had not been fully completed for safety equipment installed to prevent 1 person from falling. We have made a recommendation about this.

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

Rating at last inspection

The last rating for this service was Good (Published 11 July 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Livability Hallgate on our website at www.cqc.org.uk.

Recommendations

We have recommended the provider review their best interests processes to ensure they comply fully with the Mental Capacity Act (MCA).

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Livability Hallgate

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service provides care and support to people living in a '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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager oversaw this service and was the registered manager for a number of similar services. A service delivery lead provided further overview of the service and also supported another service close by. Day to day management of the Livability Hallgate service was undertaken by the team leader.

Notice of inspection

The inspection was announced. 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 provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority commissioners and safeguarding adults team for any information they held about the service. We used all this information to plan our inspection.

During the inspection

People using the service were not able to speak in detail about the care they received. People we did speak with indicated they were happy at the service. We observed people were well cared for and were happy and relaxed in the presence of staff. We spoke with 5 members of staff including the registered manager, service delivery lead, team leader and 2 support workers. Following the inspection, we emailed a care manager involved with people living at the service and spoke on the telephone with 2 relatives.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Is consent to care and treatment always sought in line with legislation 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 MCA 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.

- The service delivery lead was aware of applications to the Court of Protection to deprive some people of their liberty. No final decisions had been made, but the situation was monitored by the service.
- Staff were aware of the need to seek consent at all times from people. They spoke about how they encouraged people to make decisions on a day-to-day basis. We witnessed staff seeking agreement with people during aspects of care.
- One person had been supplied with equipment to ensure they were safe at night and prevent falls. This is categorised as a restriction under the Mental Capacity Act (MCA). Whilst the equipment was appropriately used to protect the individual, a full best interests processes had not been undertaken.

We recommend the provider review best interests decision processes to ensure they comply fully with the requirements of the MCA.

- Best interests decisions were made, in conjunction with the local authority for any major purchases or financial decisions.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider had in place a safeguarding process that staff were aware of. Staff were able to describe the action they would take if they had concerns. Action had been taken when there had been minor errors with administering people's medicines.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care plans contained information relating to risks associated with care delivery.
- Staff were aware of potential risks and worked to ensure people were safe when mobilising around the property or out in the community. Relatives told us people were well looked after and kept safe. One relative told us, "I don't think they could do anything better, and I really mean that."
- The service had in place emergency plans to deal with evacuation in the event of a fire or other untoward

incident.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staff told us there were enough staff to support people with their daily care needs and to support them out in the community, although additional staff would be helpful to support people in activities. A small number of agency staff were utilised, although the registered manager told us this was reducing. Staff told us additional staff were rostered for special events, such as trips to the theatre or holidays.
- Relatives told us people were well cared for, although they felt additional staff would be helpful to allow people more access to the community and engage in extra outside activities.
- The service delivery lead told us they were currently working with the local authority to review care hours to further promote people's independence and safety.

Using medicines safely

- People were supported to receive their medicines safely.
- People received their medicines on time and in an appropriate manner. Staff had received training and observation to ensure they dealt with medicines safely.
- There were some minor issues with medicines records. We spoke with the registered manager about these, and they were addressed immediately.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff supported people to keep their rooms and communal areas in a clean and tidy manner. Communal facilities were maintained to a high standard. Staff had access to personal protective equipment (PPE) when supporting people with personal care.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had in place a process to review incidents or accidents. There had been one minor injury to a person's finger in the recent past. Action had been taken prevent further such events.
- Medicines errors, although minor, had been reviewed and action taken to mitigate future risk. The providers' own quality support team had visited the service and made a number of recommendations, which were acted upon.

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 Good. At this inspection the rating has remained Good. 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People were well supported in their daily lives and encouraged to attain goals. The service had established a wishing tree to allow people to identify activities they wanted to achieve in the coming year. One staff member told us, "It's like we are working in their home. They are like part of our extended family, and it is a close-knit staff team."
- Staff had a good understanding of people's preferences and interests and how best to support them. Relatives said people were well supported. Relative's comments included, "I'm quite happy. They love living there and I'm sure they would be okay if anything ever happened to me" and "(Person) receives excellent care. I have nothing but praise for the staff at Hallgate."
- Daily care records identified activities people had undertaken and events they had enjoyed taking part in.

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

- The provider understood their responsibilities under the duty of candour.
- The registered manager showed us documents relating to an event which fell under the duty of candour regulations. Whilst no harm had come to the individual the service delivery lead had written an apology and set out what had been done to prevent future issues arising.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager and service delivery lead undertook a range of audits and checks on the service and care delivery. These included checks on medicines management.
- The provider's quality team also carried out a range of monitoring visits and oversight of the service and worked with the registered manager to address any issues.
- Staff told us they were well supported by the management within the service. They said the service delivery lead was supportive and approachable. Comments included, "(Service delivery lead) is brilliant; couldn't fault them. (Registered manager) is supportive too. It is a very supportive company."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People were supported to make day to day decisions including meal choices and activities they wished to be involved in. Staff supported people to raise issues about the maintenance of the property with their landlord.
- Relatives told us they were fully engaged in people's care and contacted if there were any issues or major decisions to be made. One relative told us, "They keep me up to date with anything that goes on. They don't ring that often, but they do if anything is happening."
- Staff told us there were regular staff meetings and they were encouraged to be part of the service improvement. Staff also had regular supervision sessions where they could discuss any concerns or issues, as well as get feedback on their work. The team leader told us, "This is an excellent team of staff, very supportive of each other and work to their individual strengths. "

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Staff told us they had undertaken a range of online training and were encouraged to develop their skills as part of their everyday work. The team leader said they ensured all staff understood the running the service to provide consistency and continuity. One staff member told us, "It's a good staff team. We all get on. We support each other really well."

Working in partnership with others

- The provider worked in partnership with others.
- Records showed the service worked with a range of other services to ensure people's care and health and wellbeing were fully supported.