

Livability

Livability Lifestyle Choices West

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

This inspection took place on 6 and 7 September 2016 and was announced. Livability Lifestyle Choices West is an agency which provides support to people in their own homes throughout Gloucestershire. A number of people live in properties owned by the provider and live with other people receiving support. People's needs varied, with some people living with complex health needs. At the time of our inspection 23 people were being supported by the service, however only 11 were receiving support with their personal care (an activity regulated by the Care Quality Commission).

Livability Lifestyle Choices West has 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 and associated Regulations about how the service is run.

We last inspected the service during March 2015. At the March 2015 inspection we found that the provider was not meeting all of the requirements of the regulations at that time. Support workers did not always keep a current and accurate record of people's care and support, and people's records were not always confidentially stored. At this inspection (September 2016) we found the provider and registered manager had taken appropriate action.

People's care and support needs had been assessed. The service was implementing a new care planning system to record people's care and support needs. People's care and support plans and risk assessments were detailed and were stored securely. Support workers were responsive to people's needs and ensured people were safe and comfortable. Where people's needs changed, support workers ensured their support changed to reflect their needs.

People felt safe when receiving support from support workers employed to meet their needs. Support workers knew their responsibilities to protect people from the risk of abuse. People's legal rights were protected and support workers ensured people's right to make decisions were respected.

People, their relatives and advocates spoke positively about support workers. Support workers knew people, their needs, likes and dislikes and used this information to ensure people were kept comfortable and safe. There were enough support workers deployed to safely meet people's needs. People enjoyed the time they spend with support workers, which included accessing the community and attending activities.

Support workers had access to supervisions and appraisals. Support workers were supported and had access to training and professional development. They felt involved in the day to day running of the service and were encouraged to make suggestions on how the service could improve.

The registered manager and provider had systems in place to assess, monitor and improve the quality of the

service. People, their representatives and stakeholder views were listened to and acted upon.

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 felt safe using the service. Staff had a good understanding of safeguarding and ensured people were protected from the risks associated with their care.

There were enough staff to safely meet people's needs. Appropriate checks were completed before staff started to work for the organisation.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. People's consent to their care had been documented. The service documented where people did not have the capacity to make decisions related to their care.

Support workers received regular supervision or appraisals. Support workers felt supported by the registered manager and their line managers and had access to the training they needed.

People were supported with their on-going healthcare needs.

People were supported with their dietary and nutritional needs. People's specific needs were met because staff ensured they received appropriate support.

Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they choose. Support workers respected people and their homes.

Support workers spent time with people and enjoyed positive relationships.

Support workers knew what people liked and disliked and spoke about people in a kind and a caring manner.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and reflected their current needs.

People were supported to access the community independently and with support from support workers. People benefitted from positive engagement with support workers.

People's comments and concerns were listened to and acted upon by the registered manager.

Is the service well-led?

Good ●

The service was well-led. The registered manager and provider had audits and systems in place which enabled them to identify concerns and take action to improve the service.

The views of people and their relatives were sought and there was a record people's views were acted upon.

Support workers felt their ideas were listened to and respected.

Livability Lifestyle Choices West

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 was 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 on the 6 and 7 September 2016 and it was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We looked at the Provider Information Return for the service. 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. We also sought and received the feedback of four healthcare professionals and commissioners.

We spoke with two people who were being supported by Livability Lifestyle Choices West. We also spoke with three people's relatives and one person's advocate. We spoke with four support workers, two team leaders, two office support staff and the registered manager. We reviewed six people's care files. We looked at recruitment and training records for support workers and records relating to the general management of the service.

Is the service safe?

Our findings

People and their representatives told us they or their loved ones were safe and comfortable when with support workers from Livability. Comments included: They are definitely safe, we have peace of mind. They're very happy with staff"; "I'm safe here" and "I think the staff keep them safe". One person when asked if they felt safe living at their home with staff responded positively and confirmed they felt safe.

People were protected from the risk of abuse. Support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Support workers told us they would document concerns and report them to the registered manager, or the provider. One support worker had detailed knowledge of local authority safeguarding procedures and said, "I've had to use safeguarding processes elsewhere. I would immediately inform my line manager. I would take immediate action if someone was at immediate danger." Another support worker added, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "I'd go to (local authority) safeguarding or helpdesk if I felt my concerns hadn't been acted upon." Support workers told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted on.

People had been assessed and where the registered manager or team leaders had identified risks in relation to their health and wellbeing, risk assessments were implemented. These included specific risk assessments for each person such as using bed side rails and moving and handling. For example one person had a range of risk assessments relating to their individual needs, which included their nutritional risks, risks of accessing public transport and accessing the community. Support workers clearly understood the support the person needed to protect them from these risks. One support worker told us how they supported this person to access the community, they said, "We support them to go out safely. They can be unsteady and are not aware of the risks of wandering on the road."

People were supported to take positive risks to promote their independence. For example, one person had a risk assessment in relation to driving their own car. The person was involved in writing the risk assessment which covered particular risks such as driving in adverse weather conditions. Another person liked to light candles in their accommodation. The person and support workers carried out a risk assessment documenting the possible risks and agreeing on some clear protective measures to reduce the risk of fire protect the person, other people and support workers.

People's medicines were managed safely. Systems were in place to order, check in and sign for people's prescriptions. All unused medicines were disposed of appropriately. People's medicines were stored safely. People's medicines records showed people had received their medicines correctly and did not contain any gaps. Codes indicated when people had refused their medicines. Protocols were in place for people using

'as and when required' medicines to guide staff when the person might need them.

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by support workers. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses, including keeping an accurate record of their expenses and income. Support workers ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

People and their representatives told us there were enough staff to meet their needs. One person said, "If I need someone, there is always someone around to help, or I can call them." One person's advocate said, "They (staff) are very accommodating, which is great. We can meet people with support workers at different times of day. It's great to see what's going on."

Support workers told us there was always enough staff deployed to meet people's needs. Support workers told us they had time to spend with people. Comments included: "Generally there are enough staff around"; "Never had any problems, we've got time to spend with people"; "We are not rushed off our feet, we make sure people get great care" and "There are enough staff around."

Some support workers raised concerns about the staffing levels in the months prior to our inspection. They stated there had been shortages which meant there was a reliance on agency staff on occasions to ensure people's needs were met. Support workers told us they were aware recruitment was on-going and that the management had listened to their concerns. The registered manager informed us that recruitment had taken place and new staff were in the process of undergoing recruitment checks and being inducted into the service. On the second day of our inspection a new support worker was shadowing experienced support workers in the service.

People were supported by support workers who were deemed to be suitable to carry out their roles and of good character. New applicants were required to apply for employment via the provider's new on-line recruitment system. The registered manager reviewed all applications and associated recruitment documents on line. Background and criminal checks were completed via the Disclose and Barring Service before new staff worked with people.

Is the service effective?

Our findings

People and their representatives were positive about support workers and felt they were skilled to meet their needs. Comments included: "I like them"; "They welcome input and support. They have a really good understanding of people's needs and provide appropriate support" and "On the whole the carers are very good. They seem to know what to do".

People's needs were met by support workers who had access to the training they needed. Support workers told us about the training they received. Comments included: "I get my skills from training. It's all professional training"; "There is so much training, its unreal"; "I have all the mandatory training. I'm very happy with the training we get" and "I have all the training I need. I feel very well trained and can meet people's needs."

Support workers told us they had been supported by the registered manager and provider to develop professionally and could request training from the registered manager. One support worker told us how they had been supported to complete a Qualifications Credit Framework (QCF) diploma in health and social care. They said, "I did my level 2 (in health and social care) through Livability. I got lots of support." Support workers told us they could request additional training if required. One support worker said, "We can request training. They do their best to accommodate it; they've never turned me down." Another support worker told us, "Always open to discuss and request training."

People were supported by support workers who had access to supervision (one to one meeting) with their line manager. Support workers told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One Support worker told us, "We have one to one meetings, however we can discuss our needs and concerns at any time, there is always someone to get hold of".

The registered manager and office staff kept a record of the training that support workers had completed. They had a system which identified when support workers required additional or refresher training. Training records showed positive behaviour support training had been booked for support workers and showed when people required refresher training in accordance with the provider's procedures.

The support workers who we spoke with had undertaken training on the Mental Capacity Act (MCA) 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. The support workers showed a good understanding of this legislation and were able to cite specific points about it. One support worker told us, "For example, one person may not be able to make a decision about where they live, however they can have capacity to make specific decisions, like what they want to have for lunch, or where they want to go for a day out." Another support worker told us how they supported one person to make day to day decisions, such as what they would like to wear, eat or drink. They said, "They have a mind of their own, we can advise them on clothes to wear and give them a couple of choices."

The registered manager and team leaders carried out mental capacity assessments where they felt people did not have capacity to make a specific decision. For example, one person had been assessed not to have the capacity to manage their prescribed medicines and their finances. Mental capacity assessments clearly showed that the person had limited capacity to make a decision and would be placed at risk as they were unable to self-medicate. It also documented the support the person required and how their needs should be met.

The registered manager and provider ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the benefits and risks of a medical operation. A decision was made in the person's best interest with their social worker and family present and this decision was documented.

People were supported in a way which reduced their anxieties and protected them from harm. For example, one person had been diagnosed with dementia which had led to changes in their wellbeing. Support workers had sought support and advice from healthcare professionals to continue to support this person and enable them to stay within their own home. Support workers had clear guidance to follow and had started to take the person to places they were familiar with when they were younger. One support worker told us how they had taken the person to a local free house and the person was able to remember how the free house used to be.

People's dietary needs and preferences were documented and known by support workers. Support workers knew what food people liked and which foods people needed to meet their nutritional needs. Support workers provided people with support to eat a healthy nutritional diet. For example, one person was at risk of ill health due to the amount of food they were eating. Support workers supported the person to understand what foods were healthy and enabled and supported them to have a balanced diet. There were clear support plans in place for support workers to follow to assist this person with their nutritional needs.

People were supported to maintain good health through access to a range of health professionals. The health care professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, dentists, opticians and podiatrists. There was a clear record of the appointments people had attended and the treatment and support they received. One person was living with complex health needs which meant they required frequent support from support workers to help them with repositioning. Support workers were given clear guidance from health care professionals. We observed support workers following this guidance.

Is the service caring?

Our findings

People and their representatives had positive views on the caring nature of the service. Comments included: "I like the staff, they're caring"; "I think the staff are very caring, we have no doubts about them whatsoever"; "They are caring, they know a lot about the clients. They know their behaviours and social needs" and "I think the staff are genuinely caring and good willed".

People enjoyed positive relationships with support workers. We visited people's homes and observed people and support workers enjoying their time together. Support workers introduced us to people and asked for their permission to go into their bedrooms and to see their care and support records. Support workers treated people as equals and we observed many warm and friendly interactions. Support workers spoke positively about how they worked in people's homes and clearly respected their private spaces.

People were encouraged by support workers to spend their days as they wished, promoting choices and prompting people to respect the feelings and well being of other people who they shared their home with. For example, one person was feeling tired when we visited their home. Support workers were aware of why the person was tired and communicated this to another person living in their shared house. Some people enjoyed time outside of their homes, and had jobs or volunteered at local centres. People were supported to attend activities and events which were important to them.

People were cared for by support workers who were attentive to their needs and wishes. For example, support workers knew people well and what was important to them. They used this information to clearly support people in a personalised and individual way. For example, one support worker identified how one person enjoyed listening to music and that other noise, such as loud talking could agitate them. They arranged for the person to listen to music and reassured the person when they became anxious with people talking.

Another support worker told us how they had supported a person to take positive risks and planned trips with them to local places using public transport. They told us how they the registered manager had supported them and had allowed them the time to work with the person to build their confidence using public transport and reduce their anxieties. They explained that the person had enjoyed the to enjoy day trips. They said, "We always support them with choices and the things they liked to do."

Support workers talked positively about people and the support they required. One support worker told us how they supported a person with cleaning their accommodation. They explained how they worked well doing things together. They said, "They help me with cleaning. If you work with them and encourage them. We do things together, it's important that they're always involved." The person when asked told us they were happy with the support they received.

People were treated with dignity and respect. We observed support workers assisting people in their own homes. For example, one person's accommodation had a door to a communal lounge. The person liked the door open and support workers respected the person's choice.

Is the service responsive?

Our findings

At our last inspection in March 2015, we found that people's needs and the support they required were not always accurately recorded. Where people's needs had changed, their care records had not reflected this. This concern was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action regarding this concern. The provider gave us an action plan which stated they would meet the relevant regulation. At this inspection we found the service was now meeting the relevant regulations.

Following the last inspection the registered manager and provider had decided to implement electronic records which were being completed at the time of our inspection. Team leaders spoke positively about these changes.

People's care and support plans contained detailed information relating to their social and health care needs. They were written with clear instructions for support workers to follow regarding how the person's care and support should be delivered. People's care plans and risk assessments were reviewed in accordance with the provider's procedures and changed to reflect people's needs where changes had been identified by support workers or team leaders. For example, one person had undergone an important operation; this meant their day to day needs had changed. Their support plan reflected this change and the day to day support they required.

Support workers kept detailed records of people's medical appointments and the outcome of any appointment. This enabled support workers to ensure they had the correct information to meet people's needs. Where people's support needs had changed this was clearly reflected in their care and support plans. For example, one person's healthcare needs had changed and they required support and encouragement to rest their legs. We observed a team leader reassure this person. All support workers were aware of this person's needs and the support they needed to protect them from any further harm.

People were supported to follow their hobbies and interests. For example, one person was a keen gardener and was involved with their local town's garden in bloom (a group of volunteers who are involved in the presentation of gardens in towns and villages). Due to a recent change in their health they were unable to assist in this as they previously would. Support workers arranged with garden in bloom volunteers for the person to continue to be involved in the event. The person and a support worker told us how a volunteer had come in with some flowers, which the person enjoyed.

People, where appropriate, were supported to develop and maintain social and lifestyle skills. For example, one support worker told us how they supported people to promote and respect their independence. They told us how they supported them with life skills such as cooking and prompting them with maintaining their tenancy. They told us, "We promote people to develop skills on a day to day basis. I try and promote people's independence."

People were supported to attend activities. For example, one person who required full support to attend

activities was supported by a support worker to enjoy an event on the day of our inspection. The person's relative told us, "They are always kept busy. They really seem to enjoy living there." Support workers told us how they involved the person and provided them with person centred care and support. They said, "We spend one to one time with them at the weekends, take them out in the community. They live a busy life."

People and their relatives knew how to complain or raise any concerns about the support they received. Two relatives we spoke with told us about their experiences of raising concerns with the service. One relative felt their complaint had been dealt with and were confident in speaking to the team leaders or registered manager.

The registered manager kept a record of complaints and concerns they had received. When a concern was received, this was treated as a formal complaint with the concerned party getting an acknowledgement of the complaints process. All complaints had been dealt with and responded to in accordance with the provider's policies.

People's views were listened to and respected. Tenant meetings were carried out in each individual home. These meetings were focused on people's needs and concerns. At one tenant meeting, people discussed their shared allotments, paying for a gardener and a carpet cleaner.

Is the service well-led?

Our findings

At our last inspection in March 2015, we found that people's care records were not always stored securely, which did not respect or protect people's privacy.. This concern was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action regarding this concern. The provider gave us an action plan which stated they would meet the relevant regulation. At this inspection we found that while some improvements had been made, people's records were not always current and reflective of their needs.

The registered manager and provider were implementing an electronic care records system. Support workers would have secure access to this system. People's paper based records were stored securely to promote and respect their privacy.

Support workers spoke positively about the support they received from the registered manager and team leaders within the service. Comments included: "We get a lot of support, the company is really good"; "They are such as good company. There is always someone to get hold of. If I wasn't happy I wouldn't still work here" and "Can't fault the manager. I love it here, it's really turned around."

Support workers were involved in the day to day running of the service and encouraged to suggest changes and improvements. For example, support workers told us they were able to raise suggestions around how the service ran. One support worker told us, "They are very open to staff bringing new skills to the table." Another support worker said, "We can suggest ideas, they listen to us and respect our views. If we need to know things, they help us find out. "

The registered manager, team leaders and the provider had effective systems in place to monitor and improve the quality of care and support people received. They operated a range of audits such as medicine audits and scheduled checks around the care people received. Where audits or observations identified concerns, clear actions were implemented. For example, audits on people's care plans and risk assessments identified one person's risk assessment was not current. This had been updated following the audit.

The registered manager and team leaders acted on the guidance of local authority commissioners. One commissioner spoke positively about the actions the service had taken at one of their shared lives schemes. A team leader told us how proud they were to have their performance improvement plan signed off by a local authority commissioner. They spoke positive about the changes which had been made at the service. One action that had been implemented was for staff to discuss any safeguarding concerns at the team meetings. This had assisted in the awareness and knowledge of safeguarding within the staffing team.

People were protected from risk as the registered manager ensured lessons were learnt from any incident and accidents. Support workers ensured any incidents and accidents were discussed in staff meetings and handovers to discuss the incident and any improvements which could be made.

Support workers used handovers and team meetings to ensure all staff knew about people's current needs.

Handovers were detailed and clearly documented the support people had received and the support they needed. Support workers discussed how to support people and took responsibility for actions. For example, they had contacted health care professionals involved in people's care when necessary.