Livability

Livability Southend

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 26 June 2018. Livability Southend is a domiciliary care agency which offers personal care and supported living. At the time of our inspection there was 5 people using the service. At our last inspection in September 2015 Livability Southend was known as Barnabas House. The service provided has remained the same but now being provided by a different provider this being Livability.

This service provides care and support to people living in a supported living setting, 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.

The service did not have a registered manager and was being overseen by the locality manager who is a registered manager in a sister service. Recruitment was underway for a new 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 delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs were met. Qualified staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The locality manager and staff ensured access to healthcare services were readily available to people and worked with a range of healthcare professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person-centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare

professionals. A complaints procedure was in place and had been implemented appropriately by the management team.

The service was assisted to run effectively using quality monitoring audits the locality manager carried out, which identified any improvements needed.

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 at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by enough staff to meet their needs and ensure their safety and wellbeing.

Risks to people living in the service were well managed.

Medication was managed well and stored safely.

Is the service effective?

Good

The service was effective.

Management and staff had a good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights .

Staff received a suitable induction. People were cared for by staff that were appropriately trained to meet their needs. Staff felt supported in their role.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good

This service was caring.

Staff were kind and treated people with dignity and respect.

People's views about their care was taken into account when planning their care and support.

Staff communicated well with people in a variety of ways.

Is the service responsive?

Good

The service was responsive.

Care was person centred and met people's individual needs, records reflected this.

Varied activities were offered, to support people's social needs. Complaints and concerns were responded to in a prompt manner.

Is the service well-led?

Requires Improvement

This service was not consistently well-led.

The condition of registered manager had not been met.

The service had an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service.

The manager had developed good links with the local community and local services.

The manager provided staff with appropriate leadership and support.

The service had several quality monitoring processes in place to ensure the service maintained its standards.

Livability Southend

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 on 26 June 2018 and was announced. This inspection was carried out by one inspector.

Before the inspection the manager had completed a Provider Information Return (PIR). This is a form that asks the manager to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed other information that we hold about the service such as notifications, these are the events happening in the service that the manager is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with two people who used the service, one support worker and the locality manager.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

As part of this inspection we reviewed three people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

Good

Is the service safe?

Our findings

People living in the service told us they felt safe. One person told us, "I have been here a while and I feel safe here, if me or my mates had a problem we can speak to the manager."

All staff had been trained in safeguarding and whistleblowing. This was as learning outcome following a recent investigation by the local authority. Staff knew how to recognise the signs of abuse and how and who to report it to. One member of staff informed us, "Should I be concerned about a person's wellbeing I would speak to the manager and my work colleagues if the manager is not around." Staff had confidence that the management team would act appropriately in the event of any future concerns. Looking through the safeguarding folder we found where issues or concerns had been reported in the past they had been addressed appropriately and in a prompt manner by the management team. All staff had attended safeguarding training. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services.

Staff had the information they needed to ensure people's safely. Each person had support plans and risk assessments in place. These had been regularly reviewed and recorded each person's, current risks, and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for people accessing the community using public transport. It was documented how each person would be supported without affecting people's freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk was communicated to all the staff working in the service. We saw other risk assessments covering areas such as supporting people in the community safely, managing their medication and supporting their personal care.

There were enough staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. One person told us, "There is always someone in the home to look after us if it's not the carers then the manager will be around looking after us." The manager informed us that staffing levels at the service were based on the Local Authority's funding arrangements for each person. However, the manager and staff informed us that should people's need change they could deploy additional staff to meet the needs whilst waiting for a new assessment from the local authority.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 4 people's Medication administration records (MAR) we found them all correctly completed with no unexplained gaps of omission. The locality manager informed us, "Since the last medication error, we have introduced the following process, the senior support workers will carry out a daily audit of the (MARs) and then I will audit them again at the end of the week. The aim is to deal with any omission as and when they happen." If the MAR had not been recorded correctly, the manager had a conversation with the member of staff. Staff involved in the administration of medication had received appropriate training and competency checks had been completed for them to safely support people with their medications.

We found that people using the service were being cared for in a safe and clean environment and there were

no bad odours anywhere in the home. We saw the staff promptly cleaning areas after every use. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was needed or due. All the staff working in the service had attended training provided in house, by the Local Authority and other Healthcare training agencies.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed inexperienced staff to get to know their role and the people they were supporting. Upon completion of their training staff they then worked 'shadowing' another member of staff. Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

Staff told us that they received regular one-to-one supervision from the manager. The manager told us they received supervision from their senior manager. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we saw people being offered food and drink. Staff were encouraging and supporting people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community. When appropriate this was discussed the with person and their relatives, to ensure everyone was involved and kept up to date with any changes.

People's bedrooms were decorated to each individual's personal interest. For example, one person enjoyed football, in their room we found pictures of them visiting the local football stadium. The locality manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. For example, the service supported one person to attend college on a weekly basis. The service had a man cave in which people had regular access and staff could observe them from a distance to ensure they were safe.

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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The manager informed there was currently no one under a deprivation of liberty; however, should one become necessary they would make an application to the local authority. Staff could demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision, staff would then make a decision within the person's best interests.

Good

Is the service caring?

Our findings

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. People we spoke to informed us that the care provided by the service was very good, all the staff and the manager were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. The manager informed us that the service regularly reviewed people's support plans with everyone, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care. We did however note that one person's care file had been recorded on the previous providers paperwork. The locality manager informed that this would be rectified at once.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People told us people were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. People told us they could get up and go to bed as they wished and have a shower or bath when they wanted. People could choose where they spent their time and staff would support them. During the inspection people that could access the house as they chose. There were areas where people could spend time, such as the kitchen, man cave, lounge, dining room and their own room.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role. For example, staff informed that one person was supported to visit their parents who live locally, this involved getting either a bus or taxi and staff would contact the person's family to confirm they have arrived.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

Good

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy, and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The locality manager met with other health professionals to plan and discuss people's needs and how the service would be able to meet their needs. They used the information they gathered to make changes to people's support plans. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities were planned for people. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service was sensitive towards the needs of people in relation to end of life care and had policies in place. The manager explained that as the people living at the service were young and vibrant, that many families did not want to consider this aspect.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure. If anyone complained to them, they would try to either deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

The service complied with the Accessible Information Standard by recording, sharing and meeting the information and communication needs of people with a disability or sensory loss.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager at the time of our inspection. It was a requirement for service to be have a registered manager as part of their registration. At the inspection we meant the locality manager, who was also a registered manager for a sister service within the same area. The locality manager informed that recruitment had started for a registered manager but no interviews had been carried out yet.

The locality manager added that the service was looking at having one of the staff a Senior support worker and they would have responsibility of the day to day run of the service and report any concerns to the locality manager who would offer support. The manager had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team that felt supported by the manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The manager told us that their aim was to support both the people and their family to ensure they felt at home and happy using the service. The manager informed us that they held meetings with relatives and the person using the service as this gave the service an opportunity to identify spacing areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were various effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management, and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The manager informed that the service was continuously using past and present incidents as learning experiences for both staff and people using the service. For example, one person had been assessed as being able to self-medicate, however on one occasion they failed to take their medication on time and resulted in them becoming seriously unwell. Since the incident, the manager has retrained all staff and

educated the person on the importance of taking their medication on time. The manager confirmed there has been no further incident and records we reviewed confirmed this. The manager informed that the service regularly sought support and training from the local authority and visiting healthcare professionals.