

Livability

Livability Lifestyle Choices East Midlands

Inspection report

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20 December 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Livability Lifestyle Choices East Midlands provides personal care services to people with learning disabilities living in their own homes. At the time of our inspection, 3 people were receiving care.

This inspection took place on the 19 and 20 December 2017. We had previously inspected this service in January 2016, at that inspection the services was rated 'Good'. We found that at this inspection the service had remained Good.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to be treated with respect, kindness and empathy. The staff were friendly, caring and compassionate. Positive relationships had been developed between the people and staff. People had detailed personalised care plans in place, which enabled staff to provide consistent care and support in line with people's personal preferences.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition.

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 place supported this practice. People were supported to live fulfilling lives and be part of the local community attending local groups and taking part in events.

The service had a positive ethos and an open culture. The provider was committed to develop the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good..

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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.

One inspector undertook this announced inspection on 19 and 20 December 2017. The provider was given 2 hours' notice because we needed to ensure someone was available to facilitate the inspection.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In addition, we reviewed the information we held about the service including statutory notifications and any safeguarding referrals raised. A notification is information about important events, which the provider is required to send us by law.

We also contacted the social care commissioners who monitor the care and support the people receive. We used the information they provided us with to inform our planning of the inspection.

During the inspection, we spoke to one person who used the service. We also spoke to five staff, which included three support workers, a service co-ordinator and the registered manager. We also contacted a relative and a health professional that supported some of the people.

We reviewed the care records of one person and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People received care from a team of staff who strived to provide consistently safe care and support. Risk assessments had been undertaken and care plans were in place. Staff were able to describe how they provided the care and support people needed to keep them safe. There was information, which gave clear instructions to staff as to how many staff were needed to provide support to individuals, what equipment was needed and how best to support people's individual need.

People told us they felt safe in their homes with the people who supported them and we observed that people looked relaxed around the staff. One person said, "Everyone is very kind and understanding; they make me feel comfortable and happy."

The recruitment process ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. People told us they had regular staff that knew them well and helped to recruit new staff; this had ensured that people's interests and nature were matched with staff similar interests. We confirmed with the service coordinator that the same team of support workers supported individuals. One person told us who their support workers were and confirmed they had regular staff to support them.

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. The registered manager had taken appropriate steps to address any issues around safeguarding. The Local Authority and Care Quality Commission had received notifications; any safeguarding investigations were completed in a timely way and appropriate action taken. Any lessons learnt were shared with staff through regular staff meetings.

People could be assured that they received their prescribed medicines on time. The medicines management system in place was clear and consistently followed. Records confirmed that medicines were administered correctly and within the agreed timescales. One person told said, " [Name of carer] helps me get dressed and makes sure I take my tablets when I have my breakfast."

There were procedure in place in relation to the prevention and control of infection and staff had received regular training in this area.

The registered manager collated information around accidents and incidents and ensured that any lessons learnt was communicated with staff to ensure the continuous improvement of the service.

Is the service effective?

Our findings

People received care from staff that had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills and knowledge they needed to support people living in their own homes. We saw from records that all staff had received training in relation to epilepsy; the registered manager had recognised that this training was essential for all staff due to the number of people supported with epilepsy. One member of staff said, "The training is very good; it gives you a better understanding as to how to support people." A relative told us, "We are very thankful to [Name of worker] who was exceptional and responded quickly to our loved one when they collapsed; they knew what to do."

All staff had regular supervision and those who had been in post for over 12 months had had an appraisal. This gave the staff the opportunity to discuss any concerns and look at their own personal development. One member of staff said, "Livability are very good at supporting you to develop; this is the best job I have had."

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us "The staff listen to me and take their time with me, I do what I like." Staff had a good understanding of service users' rights regarding choice. One member of staff said "It's important to make sure people have all the information they need to make their own choices; even if at times you may not think they are making the right choice, it is their choice."

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 community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interests. People's capacity to consent to their care and support was assessed by the provider and their relatives and professionals were involved in coordinating their care.

People were supported to maintain a healthy balanced diet. Those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Staff recognised any changes in people's health quickly and prompt and appropriate referrals were made to healthcare professionals. One health professional told us "The staff are very supportive towards people's health, they monitor people's fluid intake if they have any concerns about people's hydration and seek advice when needed."

Is the service caring?

Our findings

People were happy with the staff and the care and support they received. One person said, "The staff are very kind and supportive. A relative said, "The staff are good, we are happy with the quality of care and feel very fortunate to have this service."

The staff spoke of people with fondness and knew people well. Staff told us they had time to get to know the people they supported. We saw from staff rotas that people had a small team of staff that regularly supported them which ensured that care was delivered consistently. One person said, "The staff are very kind, they know me and how much help I need; they help me to choose my clothes and what food I need and they listen to me." Staff confirmed they had a regular set of people who they supported and that they had the time to give the support that was needed.

We observed staff supporting one person. It was evident that the staff knew how to respond to the person and offered reassurance to them when they became anxious.

People continued to be encouraged to make choices for themselves and the staff ensured that people understood what choices they had and the consequences of the choices they made. For example, staff had spent time with one person describing and explaining the implications of a treatment the person may need to consider to address a medical condition. The person was unable to read information and relied on staff talking to them to explain things. One member of staff said, "We always make sure that people participate in the choices they need to make and support them in their choices."

There was a person centred approach to everything the service offered. People were treated with dignity and respect. Staff described to us how they protected people's dignity when providing personal care. They spoke about keeping curtains closed to ensure no one was overlooked, shutting doors and ensuring if any visitors were there that they left the area where personal care needed to be undertaken.

People had access to an advocate to support their choice, independence and control of their care. The registered manager had a good understanding of when people may need additional independent support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person. Detailed care plans had been developed with people and where appropriate their relatives. People's physical, emotional and cultural needs were taken into account when planning their care.

Plans about people's wishes in relation to end of life care was discussed with people and their families at the appropriate time for each individual.

Staff knew people well; they understood the person's background and knew what care and support they needed. One staff member described the support they gave to one person, they explained how it had been important to build on the person's confidence so that they became less anxious when they were being supported; they had helped them to plan meals which had ensured the person had fresh and in date food in their fridge.

People were supported to follow their interests and take part in social activities. A staff member said, "It's important that people have a life so we encourage them to be independent and guide and support them to have full and active lives in the local community." People told us about going out shopping and taking part in groups in the local community such as 'knit and natter' in the local library. One relative told us "The staff support [Name of relative] to do anything they want such as going to the local garden centre."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. There was information about how to complain in various formats to meet individual communication needs. People and their families knew the registered manager and would contact them or a member of staff if they had any concerns. One person said, "If I have any concerns I would just speak to [name of staff member], they will sort things for me."

We saw that there was a system in place to record, monitor any feedback the service received, and appropriate action taken when necessary. For example, when there had been a problem with the rosters, changes were made to the system to ensure correct information was recorded.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, for one person this meant staff sitting down with them and talking through information they needed to know.

Is the service well-led?

Our findings

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. We read comments from families about the service, one read 'You really are beyond kind.'

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 knew who the registered manager was, staff commented how approachable they were, and that they would not hesitate to speak to them if they needed to. One staff member said, "[Name of registered manager] supervises me regularly, we can discuss things and she listens and puts things in place."

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. We saw that where there had been an issue around staff expense claims being delayed the registered manager had taken steps to address this with the provider.

There were effective systems in place to monitor the quality of the service. The provider and Trustees, spent time at the service on a regular basis and undertook audits; this ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. The local authority commissioners also said that they had found the systems in place to be effective and that the provider was proactive in making any changes if identified.

The provider strived to look at ways to continuously improve the service. There were plans in place to develop more links within the local community to support the provider's vision of 'Livable Communities'. Livability Lifestyle Choices East Midlands was part of a wider strategy to promote livable communities where people are not isolated and can have an enriched life through being part of their local communities. We saw that people were encouraged to be part of their local community through attending local social and leisure groups. For example staff had identified that a number of people may be alone at Christmas so had suggested and organised a small group of people to have their Christmas dinner together in a local restaurant.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had displayed their rating at the service and on their website.