

Live & Learn Limited

Live & Learn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place over two days on 24 April and 2 May 2017 and was announced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in May 2016. At that inspection we gave the service an overall rating of 'requires improvement' because the provider was in breach of the regulations. We found the provider did not have effective arrangements to manage risks. Staff had not received all the appropriate and up to date training they needed. The provider had not carried out their own reviews of people and children's care and support needs. And, they did not have effective systems to assess and monitor the quality and safety of the service or ensured accurate, complete and up to date records were maintained. We asked the provider to take action to make improvements.

We carried out a focussed inspection in November 2016 to check the provider's progress in meeting legal requirements. Although we found some improvement had been made the provider had not made all the changes needed. The provider told us unforeseen circumstances had impacted on their capacity to prioritise the improvements that were required but said these would be made by the end of December 2016.

Live and Learn is a small domiciliary care service based in the London Borough of Sutton. The service specialises in providing personal care to children and young adults with a learning disability. At the time of this inspection there were two adults and one child using the service.

The service had a registered manager, who was also the provider, in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found the provider had taken action to make the improvements needed to meet legal requirements. Measures were now in place to reduce identified risks to people and children. The provider assessed and reviewed risks to people and children due to their specific health care needs and those posed by the environment. They also ensured detailed plans were in place for staff to follow to reduce and minimise these.

Staff had received training and felt well supported in their roles by the provider. They were aware of their responsibilities in relation to The Mental Capacity Act 2005 (MCA). However staff were still not up to date with moving and handling procedures and any recent developments in this area to enable them to support people effectively. This training was scheduled for completion in May 2017. The provider had also reviewed and improved training provision. But it was too early at this inspection to assess the effectiveness of these new arrangements to check these were leading to improved outcomes for people and children using the service.

The provider had reviewed and updated support plans for each person and child using the service. These were personalised and set out for staff the support people and children required to have their needs, wishes

and choices met. Relatives were actively encouraged to participate in planning and reviewing the care and support their family members needed. Where there were changes to people and children's needs, their support plans were updated and staff were immediately made aware so they knew how these should be met.

The provider had implemented a new computer based records management system. Information about people, children and staff was now stored in one place and was easily accessible when required. People and children's care records were now up to date and accurate. Staff files contained details about the training and supervision they received and evidence of employment and criminal records checks. As these changes had only recently been made it was too early to assess the effectiveness of these arrangements and whether these changes could be maintained and sustained by the provider.

At our focussed inspection in November 2016 the provider told us they were planning to implement new policies and procedures for the service as existing policies required updating. At this inspection we found this had not yet been done. In the interim, any changes to current working practices had been verbally communicated to staff to mitigate, in the short term, any risks that could arise from out of date information about working practices. However the provider was aware new policies and procedures needed to be implemented to minimise risks further.

The provider also needed to make further improvements in relation to recording quality spot checks they undertook on staff. In the absence of this information, the provider might lack the ability to effectively challenge poor staff performance. We saw evidence of other quality checks made by the provider including checks on care records, staff records and other records relating to the management of the service. People and relatives were able to give the provider feedback about the quality of support they received and how this could be improved. The provider maintained arrangements to deal with their complaints and issues appropriately.

People and children continued to be protected from abuse. Staff received refresher training in safeguarding adults and children and were aware of the reporting procedures to follow if they witnessed or suspected abuse had occurred.

People and children continued to participate in a variety of social and recreational activities that met their social and physical needs. They were encouraged to eat and drink sufficient amounts to meet their needs, supported to maintain good health and received the medicines prescribed to them. Any concerns about the health and welfare of a person or child were referred promptly to an appropriate healthcare professional promptly.

Relatives were satisfied with the care and support provided by staff. They said staff were kind and caring and respectful of the rights of people and children. There were enough staff to meet people and children's needs. The provider ensured the same staff provided support so that people and children experienced continuity in their care. Staff turnover at the service was low but the provider continued to maintain recruitment procedures to enable them to check the suitability and fitness of staff.

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 now safe. The provider had put in place plans to manage identified risks to people and children to ensure they were protected from the risk of injury and harm.

Staff knew how to recognise abuse and to report any concerns they had, to ensure people and children were appropriately protected.

There were enough staff to support people and children. The provider continued to carry out checks of their suitability.

Where the service was responsible for this, people received their medicines as prescribed to them.

Is the service effective?

Requires Improvement ●

Some aspects of the service still needed to improve. Training provision had only recently been reviewed and improved so it was too early to assess if these arrangements were effective. The provider and staff were still not up to date in moving and handling procedures.

Staff said they received training and felt well supported in their roles. They were aware of their responsibilities in relation to the MCA.

Staff took appropriate action to help people and children maintain their health and wellbeing and made sure they ate and drank sufficient amounts to meet their needs.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was now responsive. Support plans reflected people's and children's needs and how these should be met. These had been reviewed by the provider to ensure these were current.

People and children continued to participate in social and recreational activities that met their social and physical needs.

Relatives were satisfied with the support provided. The provider maintained arrangements to deal with any complaints and issues appropriately.

Is the service well-led?

Some aspects of the service still needed to improve. Although improvements had been made to the quality and accessibility of records, it was too early to assess whether these could be maintained and sustained.

The service's policies and procedures still needed to be updated. The provider had taken action in the interim to update staff on changes to working practices.

Information about people, children and staff was now accurate and up to date.

The provider sought the views of people and relatives. Staff said the provider was approachable and supportive.

Requires Improvement ●

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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 checked 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 was a comprehensive inspection which took place because we carry out comprehensive inspections of services rated requires improvement at least once every year. The inspection took place over two days on 24 April and 2 May 2017 and was announced. We gave the provider notice of the inspection because they were sometimes out of the office supporting people and children who use the service. We needed to be sure that the provider would be available to speak with us during the inspection. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we spoke with two relatives, the provider and two care support workers. We looked at three care records for people and children, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in May 2016 when answering the key question 'Is the service safe?' we rated the service 'requires improvement'. We found the provider in breach of the regulations. This was because the provider did not have effective arrangements to identify and manage risks to people, children and staff to ensure they were sufficiently protected from the risk of injury and harm. We asked the provider to take action to make improvements.

We carried out a focussed inspection in November 2016 to check the provider's progress in meeting legal requirements. Although we found some improvement had been made the provider had not made all the changes needed. The provider told us unforeseen circumstances had impacted on their capacity to prioritise the improvements that were required but said these would be made by the end of December 2016.

At this inspection we found the provider had taken the necessary action to make the improvements needed to meet legal requirements. Measures were now in place to reduce identified risks to people and children. The provider had assessed and reviewed risks to people and children due to their specific health care needs and those posed by the environment. Where risks had been identified there were detailed plans for how these should be minimised. For example, for one person who was at risk of choking, there was a detailed plan for staff to follow on how to support them to eat safely to minimise this risk. Staff were advised to stay vigilant to signs of choking and the action they should take if they observed this. It was clear from our discussions with staff they understood the risks people might face and took appropriate action to minimise these. For example, staff were familiar with the guidance that was in place to support one person to stand and move safely around their home. These improvements meant people and children were better protected from the risk of injury and harm that could be caused to them from identified risks

People and children continued to be protected from abuse. Since our last inspection all staff had received refresher training in safeguarding adults at risk and children. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people and children. Staff were aware of the reporting procedures to follow if they witnessed or suspected abuse had occurred. One member of staff told us, "I would tell [the provider] straight away if I thought anyone we looked after was being abused by their family or anyone else for that matter."

There were enough staff to meet people and children's' needs. The provider ensured the same staff provided support so that people and children experienced continuity in their care. In rare situations where regular staff were unable to work, the provider was able to use other staff familiar with people and children to provide cover. Staff told us they felt their scheduled visits were coordinated well by the provider who ensured they had enough time to complete all their designated tasks and fully meet the needs of the people and children they were supporting. One member of staff said, "I only do a few visits a week supporting the same person so not being able to get to a visit on time or having to rush off in the middle has never been an issue for me during all my time working for Live and Learn."

Staff turnover at the service was low but the provider continued to maintain recruitment procedures to

enable them to check the suitability and fitness of any new staff. They had also carried out criminal records checks at three yearly intervals on all existing staff to assess their on-going suitability.

Staff confirmed they regularly handled medicines prescribed to people they supported and that they had been suitably trained to manage these safely, which included appropriately maintaining medicines administration records (MARs) in people and children's' homes. One member of staff said, "We have to write down every time we help someone with their medicines and keep this record for [the provider] to look at when she visits the family at their home."

Is the service effective?

Our findings

At our last comprehensive inspection of the service in May 2016 when answering the key question 'Is the service effective?' we rated the service 'requires improvement'. We found the provider in breach of the regulations. This was because the provider had not ensured staff had received all the appropriate and up to date training needed to support people effectively. We asked the provider to take action to make improvements.

We carried out a focussed inspection in November 2016 to check the provider's progress in meeting legal requirements. Although we found some improvement had been made the provider had not made all the changes needed. The provider told us unforeseen circumstances had impacted on their capacity to prioritise the improvements that were required but said these would be made by the end of December 2016.

At this inspection we found the provider had taken the necessary action to meet legal requirements. Staff had received some training to support them in their roles. They spoke positively about the training they had received. One staff member said, "I did my safeguarding adults in October (2016) and I'm booked to have some more moving and handling training next month." Another told us, "We regularly update our training and next month I'm down to refresh my moving and handling."

The provider told us training provision had been reviewed and had identified online training from an independent provider that staff could access to stay up to date with their knowledge and skills in topics relevant to their roles. We saw that training had recently been discussed with all staff in individual supervision (one to one meeting) and team meetings and staff had been asked to identify areas relevant to their work that they wished to develop further. However it was too early at this inspection to assess the effectiveness of these new arrangements to check these were leading to improved outcomes for people and children using the service.

Although the provider had made the necessary changes to meet legal requirements we found some improvements still needed to be made. At our focussed inspection in November 2016 the provider and staff were due to attend training later that month in moving and handling to update their knowledge and skills in this area. At this inspection the provider told us this training had not taken place due to circumstances beyond the provider's control. We saw that the provider and staff were all rebooked to attend this training in May 2017 however until this training was provided, the provider was aware that they and staff were still not up to date with any recent developments in this area to enable them to support people effectively.

Staff were supported in their roles by the provider. Records showed each member of staff had attended an individual supervision meeting with the provider in the last three months. Staff were complimentary about the support they received from the provider. One member of staff said, "I met up with [the provider] last week which we tend to do at least every three months or so. It's a good chance to catch up with her and discuss any problems I might be having at work or in my home life. [The provider] also has team meetings at her house sometimes." Another member of staff told us, "I'm in regular telephone contact with [the provider] and I know I could go around and see her whenever I needed to."

We checked whether the service continued to work within the principles of the Mental Capacity Act 2005 (MCA). The 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 make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

Staff had received training in the MCA. The provider demonstrated understanding and awareness of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about their support was considered during assessments of their needs by the provider. There was involvement with people's relatives, representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

Relatives told us staff encouraged their family member to eat and drink sufficient amounts to meet their needs. They said staff encouraged their family member to eat by preparing food that people and children enjoyed eating. Staff had access to information about people and children's likes and dislikes for meals and their specific dietary requirements in their individual support plans, to ensure people and children were supported to eat the meals they wanted and which met their needs.

People and children were supported to maintain good health. One member of staff gave us a good example of appropriate action the provider had taken to review a person's package of care and make a referral to the relevant health care professionals in response to concerns they identified about the person's deteriorating health care needs. As a result additional support for the person had been identified to help meet the change in their needs.

Is the service caring?

Our findings

Relatives spoke positively about staff and said they were kind and caring. A relative told us, "From a caring point they are very good." Another relative said, "[Staff member] is very respectful and calm with [family member]."

People and children had been provided with support from the service for a number years starting from when they were children and then moving into adulthood. In the main people and children had received support from the same staff during this time, including the provider, which helped to maintain continuity and consistency in the support they received. Relatives said the continuity of service gave them assurance that their family member's needs would be met as staff had developed a good understanding about these.

People and children had complex communication needs and the provider and staff were able to explain how people and children would communicate and express their needs and wishes through speech, signs, gestures and behaviours, as set out in their support plans. It was clear the provider and staff knew people and children well and what was important to them. This was evidenced by the knowledge and understanding they displayed about their needs, preferences and wishes. For example, in one person's support plan it was identified that the person enjoyed going regularly to the cinema and they should be encouraged to do so. Staff told us they were aware that this was important to the individual and supported them to go to the cinema as often as possible.

Although people were highly dependent on the care and support they received from staff with day to day activities and tasks staff still encouraged them to be as independent as they could and wanted to be. The provider and staff gave us good examples of how they helped people to maintain their independence. For example, one person was encouraged to use adapted cutlery so that they could eat their meals with as little assistance as possible. Staff helped another person remain mobile by supporting them to use mobility aids to move around their home, as well as regularly attend hydrotherapy sessions at a local swimming pool.

To further support people's independence staff told us they actively encouraged people to make informed choices about how they lived their lives. One member of staff explained how they would always show one person a range of clothes from their wardrobe to enable them to choose what they wanted to wear that day.

Staff continued to ensure people's right to privacy and to be treated with dignity was respected. Relatives said when being supported with more personal aspects of their care, staff were discreet and respectful of their family member and maintained their dignity at all times.

Is the service responsive?

Our findings

At our last comprehensive inspection of the service in May 2016 when answering the key question 'Is the service responsive?' we rated the service 'requires improvement'. We found the provider in breach of the regulations. This was because the provider had not arranged regular reviews to ensure that the care and support provided to people continued to meet their needs. We asked the provider to take action to make improvements.

We carried out a focussed inspection in November 2016 to check the provider's progress in meeting legal requirements. Although we found some improvement had been made the provider had not made all the changes needed. The provider told us unforeseen circumstances had impacted on their capacity to prioritise the improvements that were required but said these would be made by the end of December 2016.

At this inspection we found the provider had taken the necessary action to make the improvements needed to meet legal requirements. Since our last inspection the provider had reviewed and updated support plans for each person and child using the service. These contained information about their preferences, likes and dislikes and set out for staff the support people and children required to have their needs, wishes and choices met. This helped to ensure people and children received support that was specifically tailored to meet their current needs. The provider told us people and their relatives were actively encouraged to participate in planning and reviewing the care and support they received, which relatives confirmed.

In addition to their own reviews of people and children's care and support needs, the provider attended formal reviews with others involved in their care, for example, the local authority social services team. We saw the provider had recently attended a formal review for one person and following this meeting they had updated the person's support plan and communicated to staff changes that were needed to the level of support the person required. This meant staff were up to date and well informed about how people and children's' needs should be met.

People and children continued to participate in a variety of social and recreational activities that met their social and physical needs. The provider and staff gave us good examples about how they were supported to pursue social interests and hobbies that were important to them at home and in the local community. This included drawing, baking, painting, pottery and going out to local parks, shopping malls and the cinema.

Relatives were satisfied with the care and support provided by staff. A relative said, "We're very happy with the support. We've been with [the service] for many years." Another told us, "[Staff member] is amazing. There's a good bond between them and [family member]." The provider continued to maintain arrangements for dealing with people's complaints or concerns if they were unhappy with any aspect of the support provided. The provider said no formal complaints had been received about the service since our last inspection.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service in May 2016 when answering the key question 'Is the service well led?' we rated the service 'requires improvement'. We found the provider in breach of the regulations. This was because records kept by the service had not been maintained in such a way as to ensure these were accurate, complete and up to date. We also found the provider did not have effective systems in place to assess and monitor the quality and safety of care that people experienced. We asked the provider to take action to make improvements.

We carried out a focussed inspection in November 2016 to check the provider's progress in meeting legal requirements. Although we found some improvement had been made the provider had not made all the changes needed. The provider told us unforeseen circumstances had impacted on their capacity to prioritise the improvements that were required but said these would be made by the end of December 2016.

At this inspection we found the provider had taken the necessary action to meet legal requirements. The provider had implemented a new computer based records management system at the service. Information about people, children and staff was now stored in one central place and was easily accessible when required. The provider was making further improvements in this area which would allow people and their relatives to remotely access information about themselves through a secure online connection.

We saw people and children's care records were now up to date and contained current information about their care and support needs and how identified risks to their safety should be reduced or managed. This reduced the risk of inappropriate support being provided due to poor quality information about people and children's needs. Staff files now contained details about the training and supervision they received and evidence of employment and criminal records checks. This meant the provider could now easily monitor and review the training and support needs of staff to ensure these were up to date and being met and that legal requirements were being adhered to in terms of staff recruitment. As these changes had only recently been made it was too early to assess the effectiveness of these arrangements and whether these changes could be maintained and sustained by the provider.

Although the provider had made the necessary changes to meet legal requirements we found some improvements still needed to be made. At our focussed inspection in November 2016 the provider told us they were working with an external company to implement new policies and procedures for the service as existing policies required updating. At this inspection we found these discussions were still on-going. The provider said, in the interim, any changes to current working practices had been verbally communicated to staff. For example, the provider had amended the frequency of supervision meetings and told all staff about these changes through a team meeting. In this way any risks that could arise from out of date information were mitigated in the short term. However the provider was aware new policies and procedures needed to be implemented to minimise risks further.

The provider also told us they needed to make further improvements in relation to recording quality spot checks they undertook to assess and review staff's performance. They told us these checks continued to be

made by them and they had made plans to ensure in future these were recorded on staff's individual records. In the absence of this information, the provider might lack the ability to effectively challenge staff providing poor care to people and children as they did not have documentary evidence to support any issues or concerns they may have identified. However we did see evidence of other quality checks made by the provider. In preparation for the new IT system the provider had carried out quality checks on care records and staff's records and other records relating to the management of the service, updating these as necessary.

People and relatives were able to give the provider feedback about the quality of support they received and how this could be improved. The provider told us, due to the size of the service, annual quality surveys were ineffective in seeking people and relative's views due to poor take up. They said people and relatives preferred to give continuous feedback about what could be improved to staff that supported them. Relatives said this was an effective way to give feedback to the service. One relative told us the provider had improved in terms of responding to any issues they raised.

Staff spoke positively about the provider and said they were approachable and supportive. One member of staff told us, "I've known [provider] a very long time and feel able to discuss anything with her." Another member of staff confirmed they had attended a team meeting with the provider and a fellow work colleague in 2017 where they had discussed one person's changing needs and the support and equipment they now required.