

Livability

# Livability St Ronans Road

## 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 29 May 2018 and it was unannounced.

Livability St Ronans Road is a care home without nursing that provides care and support for people with learning or physical disabilities, autistic spectrum disorder, younger adults, and older people. People who use the service have their own bedrooms and use of communal areas that include an enclosed private garden. The people living in the service needed care and support from staff at all times and had a range of care needs. At the time of the inspection five people were living at the service.

CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager in place. 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. The registered manager supported us during the inspection. This was the first inspection since the registration change in June 2017.

The registered manager had quality assurance systems in place to monitor the quality of care being delivered and the running of the service. However, they did not always follow up or act on the information the checks provided such as water temperatures, outside environment, medicine errors. We made a recommendation about utilising their quality assurance system more effectively.

People received their prescribed medicine safely and on time. Storage, handling and records of medicine were accurate. However, we made a recommendation about following the legal framework in regards to covert administration of medicine.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The service assessed personal and environmental risks to the safety of people, staff and visitors and took actions to minimise those risks most of the time. Where we identified some gaps or issues, we spoke about this to the registered manager so they could take appropriate action.

People received care and support that was personalised to meet their individual needs. People were able to continue their usual daily activities and access the local community to enhance social activities. Staff understood the needs of the people and we saw care was provided with kindness and consideration.

The recruitment and selection process helped to ensure people were supported by suitable staff of good character. There were sufficient numbers of staff on each shift. The service ensured there were enough qualified and knowledgeable staff to meet people's needs at all times.

People's rights to confidentiality, dignity and privacy were respected. Staff supported and encouraged people to develop and maintain their independence wherever possible. Relatives were complimentary of

the service and the way their family members were supported.

Staff were knowledgeable and caring, making sure people received appropriate care and support. People received support that was individualised to their personal preferences and needs. Their needs were monitored and their care plans were reviewed regularly or as changes occurred.

People were given a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. The registered manager and staff team knew how to access specialist professional help when needed. People were supported in the least restrictive way possible to have maximum choice and control of their lives. The policies and systems in the service supported this practice.

We observed a calm and relaxed atmosphere during our inspection. People were treated kindly and with respect. Staff were happy in their jobs and there was a good team spirit. The registered manager promoted a positive culture in the service and ensured people were at the centre of the staff team's attention.

Further information is in the detailed findings in the full report.

## 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 and their relatives felt they were safe and would report any concerns to staff. Staff knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of staff to keep people safe and meet their needs at the right time. The service followed their recruitment process to employ fit and appropriate staff.

Medicines management was in line with the provider's procedures.

### Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that had the knowledge and skills to support them. Staff could quickly identify any changes in a person's condition.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to.

People were supported to eat and drink appropriately to maintain their health. Staff and management acted within the requirements of the Mental Capacity Act 2005.

People were protected and supported appropriately when they needed help with making decisions.

### Is the service caring?

Good ●

The staff were caring. People were treated with kindness and respect.

Staff ensured people's diverse physical, emotional and spiritual needs were met in a caring way.

People's privacy and dignity was respected. People were encouraged and supported to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes.

Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

People and relatives knew how to make a complaint if they wanted to or share concerns with the registered manager.

**Is the service well-led?**

The service was not always well-led.

The registered manager had systems to monitor the quality of the service and make improvements. However, they did not always fully use them to identify and follow up on issues.

Staff were working to ensure people were comfortable and happy. Staff felt supported and happy working at the service.

**Requires Improvement** 

# Livability St Ronans Road

## 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 inspection took place on 29 May 2018 and it was unannounced. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection, due to communication difficulties people had, we only spoke with one person who uses the service. We received feedback from two relatives. We spoke with the registered manager. We observed interactions between people who use the service and staff during our inspection. We also received additional feedback from five staff. We contacted four community professionals for feedback. We received feedback from four professionals.

We looked at two people's care plans and related monitoring records, medicine administration sheets, staff training records and the staff supervision log. We looked at records relating to the management of the service including two recruitment records, the compliments/complaints log, health and safety checks, and accident/incident records. We checked quality assurance records and medicines administration, storage and handling.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Safeguarding systems and practices were in place to ensure people's safety. Relatives felt their family members were safe and supported well at the service. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. We saw people were comfortable and at ease with the staff. One person agreed they felt safe at the service.

The service assessed the risks to people's personal safety and put some plans in place to minimise these risks. They looked at people's strengths, needs and if any risks were present relating to specific areas of their support such as communication or mobility. However, there was some information as part of the risk management and mitigation such as to fill in an accident form and who to contact. But it was not always clear what action staff should take to mitigate those risks at all times. People's support plans had detailed guidelines to ensure staff supported them appropriately and reduced the risks of getting hurt. They included personal care, emotional and behavioural support and consent. It provided guidance for staff on how to minimise the risk without restricting people or their independence. Information about risks and needs in those support plans were kept under review and staff reported any changes promptly. We discussed the risks assessments and support plans with the registered manager who agreed with our feedback regarding people's files. They said they would review the paperwork to ensure relevant and important information was easy to find so that people received safe and effective support.

The registered manager and the staff team assessed personal and environmental risks to the safety of people, staff and visitors so they could take action to minimise those risks. People who use the service were also involved in carrying out health and safety checks. Staff carried out safety checks of the premises and equipment on a regular basis such as fire safety checks and fire equipment checks as part of their work. The service monitored other risks and we saw an up to date portable electrical equipment safety test log, gas safety check and fire risk assessment. We asked to see the legionella risk assessment review and we received an overall service risk assessment including some information about legionella. However, the information sent was not compliant with approved code of practice and guidance on regulations "Legionnaires' disease" that employers have to follow. The valves on the hot water system, designed to protect people from the risk of scalding, had been installed early in 2018. According to the service's risk assessment it was done to ensure the hot water taps did not run to a temperature higher than 43 C. We noted to the registered manager the temperatures were recorded higher than 43 C on weekly temperature checks in May and April 2018. This was not picked up by staff or the registered manager until we pointed this out. We asked them to address it urgently rather than waiting for the valves to be serviced next and to check they were functioning properly.

We saw the medicine cupboard was tidy and not overstocked. People's medicines were stored and administered safely. Only staff, trained in administering medicines and assessed as competent, were allowed to do so. We found two discrepancies in the medicine records. The registered manager addressed this with staff and rectified it immediately. Other medicines administration records were accurate and showed that people had received the correct amount of medicine at the right times.

We noted one person had needed to have their medicine administered covertly in the past. We saw the service had contacted professionals to discuss the matter and follow the right procedure. We noted to the registered manager if the medicine had to be administered covertly again, they should ensure the person had a specific care plan for a certain length of time for that particular medicine. This should be also regularly reviewed and in line with the MCA legal framework. We recommend the registered manager seeks the most current guidance regarding covert administration of medicine to ensure they are acting in the best interest of the person and following the law.

The registered manager recorded incidents and accidents as well as any action taken to reduce risks. They reviewed this information for trends to look for ways to reduce the risk of reoccurrence. Regular contact and communication within the staff team provided opportunities for the service to learn from past events and put measures in place to ensure everyone's safety. The service supported people who may become distressed and show behaviour that challenges. The staff responded well to incidents of this kind. There was information in people's files describing good and bad days, and how to help person have a good day. Staff understood how to support people by knowing the triggers and responding to them appropriately which avoided people getting anxious or distressed. Professionals agreed staff knew how to support people who may get distressed or anxious.

Emergency plans were in place with important contacts and were followed, including emergency procedures in case of a fire or severe weather. Staff carried out regular fire drills to help people and staff become familiar with procedures to follow in case of fire. Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection.

The registered manager determined the number of staff required by the needs of the people using the service. At the time of the inspection, recruitment was still ongoing and the service relied on agency staff. The registered manager tried to have the same agency staff to maintain continuity for people who use the service. There were sufficient numbers of staff on each shift. The staff mix during the shifts was based on people's needs and skills of the staff to ensure all the tasks were done.

There had been two new staff members employed since the changes of the registration. The service had recruitment procedures in place to ensure suitable staff were employed. They included a 'Disclosure and Barring Service' check to confirm that candidates did not have a criminal conviction that prevented them from working with people who use the service. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We identified some discrepancies with employment history in one file. The registered manager rectified it and provided sufficient information during the inspection.



# Is the service effective?

## Our findings

People were supported by a staff team that knew them well and understood their needs. Each care plan was based on a full assessment and the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or new information came to light. Professionals felt the service and the registered manager worked together well with others to improve people's wellbeing and health. There were no issues with the service.

People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory including safeguarding, fire safety, manual handling and medicines. The registered manager monitored the attendance of staff to ensure they were all up to date and booked staff onto the training. Staff had an opportunity and were encouraged to study for additional qualifications. Relatives thought the staff had the training and skills they needed when providing support to their family members. They said, "They look after [family member] fantastically. Staff work really hard to support people" and "[Family member's] care is looked after well". Community professionals agreed the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

People were supported by staff who had regular supervisions (one to one meetings) with the registered manager. Staff felt supported and enjoyed their work. Staff were confident they would receive support from the management when needed. Their supervisions were carried out regularly and whenever they needed. Staff thought the team worked together and communicated with each other well within the service to ensure people were looked after appropriately.

Every week the staff and people made a menu for the next week putting people's meal preferences together. One person told us they enjoyed the food at the service. They were able to make choices about what they had to eat which supported and followed their preferences. The staff were aware of people's dietary needs and how to monitor their food and fluid intake. During our inspection we saw snacks and drinks were available whenever people wanted them. We observed people could choose where they wanted to have their meals.

Staff involved people, their families and other professionals to ensure people received effective health care support. The service communicated with and involved social workers and care managers, the GP, occupational therapist, physiotherapist, and speech and language therapists to make sure people's health needs were met. Records confirmed people had access to health and social care professionals and attended appointments when required. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had regular health and medicine reviews with their GP. They also had separate health plans which described the support they needed to stay healthy and the professionals involved. We noted to the registered manager the health file had lots of information but it was not always consistently recorded in all the forms. They said they would review the forms and formats for all vital information to be captured to ensure correct support was

provided, particularly if they needed to go to hospital.

The design of the premises remained suitable for the needs of the people using the service and contributed to making it a homely environment. We noted how calm the atmosphere was and people were not rushed to do things. Relatives agreed it was a nice and homely place for their family members to live in.

People's rights to make their own decisions were protected. Throughout our inspection we saw staff asking for consent and permission from people before providing any assistance. People's decisions were respected. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how they should support people in making decisions. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager understood their responsibility and explained the steps they would take if the person lacked capacity and decisions had to be made on their behalf. This included making best interest decisions for the person and involving appropriate people such as family and professionals.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The registered manager ensured applications were made to the funding authorities for the required annual reviews of any DoLS assessments and authorisations. They had submitted appropriate applications for DoLS to the local authority. However, we had to remind the registered manager to submit two notifications for Deprivation of Liberty Safeguards to us. This was done promptly after inspection.

## Is the service caring?

### Our findings

Staff showed skill when working with people and knew them well. People were comfortable with staff and responded positively to them. Relatives agreed staff were caring when they supported their family members. One relative added, "The staff have understanding of [family member's] needs. They are very calm and patient, and exceptionally kind to [family member]." One person agreed the staff were good and they liked living in the service. The relatives also agreed staff knew how their family members liked things done and supported them well. Professionals agreed the staff were caring and kind, and successfully developed positive caring relationships with people using the service.

Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, respecting their wishes for time alone and preserving dignity during personal care. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in detail in people's care plans. Staff understood each person living in the service was an individual and they would "be treating them the same way you would wish to be treated".

People who use the service and staff had friendly relationships. People's families were welcomed to visit the service whenever they wanted to. Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. Each person had sessions to meet with their key worker and discuss any issues or matters they had. People were encouraged to be as independent as possible. Staff understood little things or tasks were important to people. They encouraged their independence by giving people choices and involving them in day to day tasks. Staff were there to help if someone needed assistance. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.

The registered manager and the staff team had drawn up support plans with people, using input from their relatives or representatives and from the staff members' knowledge from working with them in the service. Relatives felt involved and well informed about their family member's life. People's records included information about their personal circumstances and how they wished to be supported. Staff understood and provided care that was individual and centred on each person to ensure people felt they mattered. The registered manager praised the staff team for looking after the people so well and in a caring way. The service kept any private and confidential information relating to the care and treatment of people securely.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal preferences, needs and cultural identities. Care records contained detailed support plans and risk assessments personalised to each person's needs. Support plans clearly explained how people would like to receive their care, treatment and support. There were clear guidelines of how to support the person when they became distressed or anxious. There were also clear guidelines to explain people's expressions or behaviours and what it meant they wanted staff to understand. This information enabled the staff to monitor the well-being of the person and respond appropriately.

Staff used shift handovers to inform the staff team about any tasks to complete and what was going on in the service. Staff used a communication book to record important information and any actions to take that would help manage risks associated with people's care and support. The registered manager also shared any information relevant to the service with staff. This ensured important events and actions were not missed and there would not be a negative effect on people's care and support. Professionals agreed the service provided personalised care responsive to changing people's needs and reflected their personal and cultural preferences.

The registered manager was aware of and had a policy on the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The care files had some information already in different places. The registered manager said they would review it to ensure the information was highlighted and kept all in one place, in line with the standard. The staff were aware of different ways of communicating with people, for example, using pictures, objects of reference or reading body language and facial expressions. By recognising different people's communication skills, staff supported people to express their views and be actively involved in making decisions about their care and support.

People had a range of activities they could be involved in and staff ensured they got out of the house regularly, for example to day centres or church. People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people. This took into account their individual interests and links with different communities. During our inspection we observed people were going out throughout the day.

There had been no complaints since the change of the registration. The registered manager said they would take complaints and concerns seriously and would be used as an opportunity to improve the service. The registered manager knew how to address any concerns or issues raised. People and relatives felt they could go to the registered manager and staff with any questions or issues and they would be addressed in a timely manner. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We saw there were a number of compliments thanking the staff and the registered manager for the

care and support provided to the people.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There was a pleasant and calm environment at the service where people were respected and involved. We saw people and staff had good and kind relationships with good communication between each other. We observed staff were respectful towards people and had friendly interactions. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.

The provider carried out an annual survey of people who use the service, relatives, and professionals. The annual survey for 2017 had been completed to find out what was working well and not so well. We asked to see analysis of those responses and any action plans. The only action to take was to have key worker meetings and resident meetings. However, some responses were related to not being involved in discussion about care and support at all times and food preparation support. We did not receive evidence to show this was reviewed and addressed.

The staff carried out daily checks including those for cleaning, premises and people's care to make sure tasks were completed. They took actions so that the service was left in good order most of the time. For example, it was identified the gate was broken, grass overgrown, food testing equipment did not work at all times and water temperatures were higher than 43 C. However, it was not evident action was taken as the same issues were identified a few weeks in a row. We noted this to the registered manager to address and they agreed actions should have been taken sooner. We looked at medicine audits and when errors were identified, we noted to the registered manager it was not always clear what action had been taken. The registered manager agreed records needed more information to show what was done about the errors.

The registered manager said they had carried out checks and audits to monitor the quality of care and support. We asked to see some of the audits such as for quality of the service and care plans. However, we did not receive any further evidence. We could not be sure they analysed information recorded through these checks to identify any trends and patterns that could inform learning to improve the service and prevent future incidents from occurring.

We recommend the registered manager seeks advice from a reputable source to ensure they review and fully use their quality assurance system including having records to evidence the work carried out.

The registered manager worked alongside staff during some shifts so they could observe their practice to ensure people were supported appropriately. The registered manager also ensured staff members knew their work was appreciated and valued. Staff were positive about the management of the service and the support they received to do their jobs. Staff felt the management were good leaders and available if support was needed. Staff felt there were opportunities to discuss issues or ask for advice and support. The staff

team had meetings and day to day communications. The team discussed topics in the team meeting including the support and care of people who use the service, tasks and actions to complete. They said, "We work great as a team and [show] empathy and respect", "We treat people as individuals enjoy our work and support each other" and "We empathise and support each other well understanding the challenges in this work".

The registered manager promoted a positive culture at the service. People benefitted from a staff team that were happy in their work. They felt they could make suggestions for improvement and it was taken seriously. People, relatives and staff had confidence the management would listen to their concerns and they would be received openly and dealt with appropriately. We observed good practice taking place during our inspection that had a positive impact on people's lives. The management promoted open and transparent culture within the service. They communicated with staff on a daily basis and ensured staff were aware of the open door policy. The registered manager was very complementary of the staff team. They said, "[Staff team] are very good and they know the service. They impressed me hugely and got good relationships with service users. It's all very positive so far."