

Livability

# Livability Netteswell Rectory

## Inspection report

Manston Road  
Harlow  
Essex  
CM20 3PA

Tel: 01279444000  
Website: [www.livability.org.uk](http://www.livability.org.uk)

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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

### About the service

Livability Netteswell Rectory is a residential care home providing accommodation and support for up to nine people living with a learning disability. Eight people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

### People's experience of using this service and what we found

Staff had received training for safeguarding and this was updated regularly. The service was well-staffed, and people received their medicines when they needed them. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's independence and dignity was promoted. Their risk assessments and support plans were written in a positive, person-centred way. People took part in regular reviews. People were supported to have relationships with their friends and families and took part in local activities and volunteering opportunities.

Staff told us they enjoyed working at the home and felt supported by management.

Fire safety checks and drills were regularly completed. There were regular, documented safety checks and

external assessments of safety and equipment. Audits and quality checks had been completed and had identified where improvements were needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was good (published 27 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Livability Netteswell Rectory

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Livability Netteswell Rectory is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff including the deputy manager. We also spoke with a professional visiting the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety information were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in relation to safeguarding matters and understood and told us about their responsibilities in this area.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "I would always speak to [deputy] or [registered manager] and they would listen to us. If I was still concerned I would go to the local authority or CQC."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and action taken to minimise risks in the least restrictive way. People using the service were very independent and most went out alone with minimal staff support.
- Staff supported people to take part in activities which promoted their independence and were relevant to their interests, even when they involved an element of risk. For example, people had opportunities to travel to visit family, and people and staff went on holiday together regularly. One person told us, "I go out and see my friends, I go out on my own."
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced.

Staffing and recruitment

- People were supported by enough numbers of staff who had the right mix of experience and skills. Staffing levels were flexible around the needs and wishes of people who used the service. One person said, "There is always someone around."
- The provider understood their responsibilities to ensure suitable staff were employed in the service. This included obtaining a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the deputy manager. Two members of staff administered medicines to people to reduce the risks of any errors.
- People were encouraged where possible to administer medicines independently.

Preventing and controlling infection

- The service was clean and tidy, and people were encouraged to participate with day to day chores if they

were able.

- Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded, reviewed and seen by the registered manager. The service was small, and the registered manager knew people well which helped ensure any trends in relation to accidents and incidents were easily identified.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's strengths first and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed in line with best practice guidance. We saw one person's mobility had deteriorated and the service had sought the support of the occupational therapist.

Staff support: induction, training, skills and experience

- Staff received a variety of training including, medicines management, safeguarding, disability awareness & diversity, moving and handling and epilepsy awareness.
- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge all care staff should meet. Further training and vocational qualifications were available to staff.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss aspects relevant to their jobs. A staff member told us, "We have regular supervision and meetings. They do listen to what we have to say."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to choose a menu, shop and help prepare their own meals where possible. One person said, "I go shopping for food and I cook with the staff we cook spaghetti Bolognese and chicken burgers."
- On a Sunday people and staff ate together. A staff member told us, "We go shopping so people can choose their own food. On Sundays we all have a meal together and everyone helps."
- Staff understood people's specific dietary requirements and promoted healthy eating wherever possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy and had access to health care professionals. During our visit we spoke to one healthcare professional who said, "It is always very welcoming here and I am confident things will be done. The staff and residents will speak to me. We have done some work here about understanding the needs of older people with both the staff and the people that live here. The staff are good at alerting us to any concerns."

- The deputy manager told us rotas were organised flexibly to support people to attend their hobbies or interests.

#### Adapting service, design, decoration to meet people's needs

- Most people had lived in the service for several years, and one person had their own apartment. It was clearly people's home, furnished to a good standard and accessible for the people that lived there.
- The design and layout was larger than best practice and not in keeping with registering the right support, however every effort had been made to ensure people had their own personal space which was homely and personal to them.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People living at the service all had capacity to make their own decisions and most went out independently. People that required staff support to go out understood why this was necessary or chose this support.
- The staff had a good understanding of the MCA and what they needed to do if people required further support with decision making.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people and staff had developed positive relationships and people seemed comfortable in the company of staff. There was a calm and relaxed atmosphere in the service and staff and people chatted and laughed with each other.
- The deputy manager was able to speak to us in detail about everyone using the service including their needs, likes, dislikes and interests. This showed they knew people very well.
- People told us they liked living at the service. One person told us, "We all get on and staff are nice." Another person said, "It is fantastic, and I do not want to leave. Staff really help me, and the food is nice. I have a lovely room."

Supporting people to express their views and be involved in making decisions about their care

- People had regular meetings with their key workers (A keyworker is a named member of staff who takes an added interest in people's care) and discussed their goals, preferences and how their support is being provided. In one meeting we noted one person wanted to join a gym. During our visit a staff member had taken the person to see two possible gym's. The staff member told us, "We were looking for gym's today for [person] but need one without a contract. We have some more to look at."
- Staff understood the importance of giving people choices in all aspects of their lives. A staff member said, "People choose what they want to do for their food, clothing, shopping and what they want to do in the community and we will support them."
- People's cultural, religious and spiritual needs were recorded. One care plan recorded, "I am a Christian and I go to church every week."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and people's rooms were respected by staff as their private spaces. One person told us, "They knock on my door. I like it here, there is nowhere else I would go."
- People were encouraged and supported to live their lives as independently as possible. One person said, "I help to put the recycling out and I make my own breakfast."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support plans were person-centred and contained detailed background information and clear information about people's current care and support needs. People's likes and dislikes were recorded, and goals and achievements clearly presented. Independence was emphasised along with people's personal choices. One person's mobility had deteriorated, and the service purchased a wheelchair and ramp to ensure the person continued to be able to go out.
- People told us staff supported them to plan their care that met their personal needs, and this was regularly reviewed.
- People and staff told us they felt part of a family and they all got on well. One person told us, "We all help each other." A staff member said, "A lot of us have worked together previously and all left at different times. Staff always talked about Netteswell as being a really nice place to work and it is."
- People were supported to take part in various activities and events. People spoke with us about the things they did and enjoyed. One person said, "I go on holiday and soon I am going to Dorset, when we want to go anywhere staff are happy." A staff member told us, "[Person] is doing an IT course which they love, we drop them off and they come back on the bus. They also travel to visit their family, and they catch the coach themselves. We are always looking out for things people might be interested in."
- The service had a large barn within the grounds where people could socialise together either doing arts and crafts or having a game of pool.

Meeting people's communication needs

- Communication plans were specific and gave staff guidance as to the best means of communication for each person. People were able to communicate verbally and told us they could talk to staff about anything.
- Regular meetings were held so people could share their views and be involved in all aspects of the service.

Improving care quality in response to complaints or concerns

- The service had a complaints process in easy read format for people to refer to. They held keyworker meetings to gain the views of individuals and to check if there were areas of their life they wanted to change or were unhappy about.
- There were no recent complaints, but previous complaints were documented in line with the providers policy and all concerns raised by people or relatives were dealt with promptly.

End of life care and support

- There was no one receiving end of life care at present. The deputy manager understood the importance of

recording people's future wishes and preferences related to their end of life. The providers audit had identified that even if people were not ready to discuss their future wishes this should still be recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager supported another service for the provider and split their time between the two services. The registered manager was not present on the day we visited, however the deputy manager was very experienced and able to provide us with all the information we required.
- Quality assurance checks and audits were in place and where issues were found they were dealt with promptly.
- People were positive about the service and the way it was managed and organised. One person said, "[Deputy] and [registered manager] are nice. It is good living here."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed positive interaction between people living in the service and staff. Staff were integrated into the running of the service. One staff member told us, "Working here is very relaxed and is a lovely way of working as it is more like a family than a job. We are very well supported and all live like one big family."
- We found people knew the registered manager and deputy manager very well and they were committed to providing a responsive, person-centred service. One person told us, "We see [registered manager] on a Tuesday and Friday and [deputy manager] is here every day."
- Relationships had developed within the service and these were supported. A staff member said, "We have two couples here and one person whose partner visits regularly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour. They had notified CQC of significant events such as safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were also invited to complete questionnaires about the service which were analysed by the provider. We were shown the last survey questionnaire which was very positive.
- Staff were given different forums to provide feedback. In addition to supervisions and handover meetings there were staff meetings regularly. Staff told us they felt confident to raise any issue and they would be listened to.

Continuous learning and improving care; Working in partnership with others

- The deputy manager said any comments or suggestions were acted upon, and good practice was promoted through supervision and staff meetings.
- Netteswell Rectory's service information brochure recorded, "Livability strives to deliver services of the highest quality and constantly seeks to improve through listening, reflection, learning and action."
- The service had developed strong partnership working with health and social care professionals. The service contacted other organisations appropriately.