

# Live & Learn Limited

# Live & Learn

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This inspection took place on 17 May 2016 and was announced. At the last inspection in September 2015 we found the service was meeting the regulations we looked at.

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. Most people using the service have had their care funded by their local authority. At the time of this inspection there were ten people, mainly young adults, using the service.

The service had a registered manager 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 in breach of their legal requirement with regard safe care and treatment. The provider had not done all that they should to identify and manage risks to people and staff to ensure they were sufficiently protected from the risk of injury and harm.

We found the provider in breach of their legal requirement with regard staffing. The provider had not ensured staff had received all the appropriate and up to date training they needed to support people effectively.

We found the provider in breach of their legal requirement with regard person centred care. The provider had not ensured that the service arranged their own regular reviews to ensure that the care and support provided to people continued to meet their needs.

We also found the provider in breach of their legal requirements with regard to good governance. The provider's systems to assess and monitor the quality and safety of care that people experienced were ineffective. Records kept by the service had not been maintained in such a way as to ensure these were complete, accurate and up to date.

You can see what action we told the provider to take with regard these breaches at the back of the full version of the report.

People's relatives and staff had mixed views about the management of the service. Relatives said they preferred to deal with staff providing care to their family member rather than contacting the provider's main office where management and administration staff were based. A relative described the main office as 'chaotic' and said the office was short staffed. A staff member however told us they felt well supported by the registered manager in terms of dealing with any issues or concerns they had and their own personal development. The registered manager confirmed there had been changes in current staffing arrangements

in the main office and they planned to take on all the current administration and management duties themselves.

People's relatives said staff had the skills and experience to support people with their care. Although staff said they were well supported, the provider had not followed their own policy for ensuring staff received regular formal supervision. The registered manager acknowledged current arrangements were not enough to assure themselves of staff's on-going competency and ability to carry out their roles effectively. They said these would be reviewed and amended.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The provider could not be fully assured that all staff were aware of their legal responsibility to act within the principles and codes of conduct associated with the MCA, when obtaining consent from people they supported. This was because they had not ensured staff received training on the MCA. The registered manager agreed to undertake training in the MCA after the inspection. However staff sought people's consent before providing care and support wherever possible. Outcomes from best interests meetings held by care professionals, when people lacked capacity to make specific decisions about their care and support, were used to inform staff how care and support should be provided in these circumstances.

People's care records and support plans were not as comprehensive and detailed as they should be. Information about people's needs was not always detailed and did not always reflect their preferences and likes and dislikes. People's plans did not always explain how people's needs should be met by staff. This did not give us assurance that the provider had taken steps to ensure people were not put at risk of receiving inappropriate care from staff unfamiliar with their specific care and support needs.

However, people's relatives were satisfied with the care and support provided by staff. They spoke positively about the support provided by staff to their family members. Relatives said staff were patient, kind and caring. People were supported by regular staff members so that they experienced consistency and continuity in their care. This meant staff had a very good understanding of people's specific needs. They knew people's life histories, their likes and dislikes, their interests and hobbies and demonstrated flexibility in responding to people's specific wishes. Staff supported people to undertake activities and outings of their choosing and to maintain relationships with the people that mattered to them. They respected people's right to privacy and dignity. They encouraged people to be as independent as they could and wanted to be.

People were safe when receiving care and support from staff. Staff appropriately managed risks to people on a day to day basis. They knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults and children at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. People were encouraged to eat and drink sufficient amounts and supported to keep healthy and well. Staff made sure people received their prescribed medicines promptly. The registered manager planned staffing levels to ensure there were enough staff to meet the needs of people using the service. The provider carried out appropriate checks on staff to ensure they were suitable and fit to work for the service.

Staff supported people on a day to day basis to express themselves using their preferred method of communication. The provider formally asked people and their relatives for their views about the quality of care and support they received through quality questionnaires. This process had recently been reviewed to improve the current response rate from people and their relatives. The provider had appropriate arrangements in place to deal with any concerns or complaints people had about the service.

## 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 not always safe. The provider had not done all that they should to identify and manage risks to people and staff to ensure they were sufficiently protected from the risk of injury and harm.

However staff were managing risks to people appropriately. They knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected.

There were enough staff to care for and support people. The provider had carried out checks of their suitability to work at the home.

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

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. The provider had not ensured staff had received all the appropriate and up to date training they needed to support people with their needs.

Staff said they were well supported but the provider had not followed their own policy for ensuring they received regular formal supervision. The registered manager said they would review and amend the current process.

Staff sought people's consent before providing care and support wherever possible. But staff had not received formal training in the MCA so they may not have been aware of their legal responsibility to act within the principles and codes of conduct associated with the MCA. The registered manager agreed to undertake training in the MCA after the inspection.

People were supported by staff to eat well and to stay healthy. They took prompt action to ensure people received appropriate assistance and support with their healthcare needs when they needed this.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring. People's relatives spoke positively about the staff supporting their family members. They said staff were patient, kind and caring.

People received consistency and continuity in their care because the provider ensured people received their support from regular staff.

Staff knew what was important to people in terms of their needs, wishes and preferences and encouraged people to express themselves using their preferred method of communication.

Staff respected people's right to privacy and to be treated with dignity. They encouraged people to be as independent as they could and wanted to be.

### Is the service responsive?

The service was not always responsive. People's care records were not comprehensive and detailed. Support plans did not always explain how people's needs should be met by staff. This did not give us assurance that people were protected from the risk of receiving inappropriate care from staff unfamiliar with their needs.

People's care and support was not regularly reviewed to ensure this continued to meet their needs.

However, people's relatives were satisfied with the care and support provided by staff. Staff knew how to meet people's care and support needs and relatives said they did this well.

People were actively encouraged to pursue activities and interests that were important to them. They were supported to maintain relationships with the people that mattered to them.

The provider had appropriate arrangements in place to deal with any concerns or complaints people had about the service.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led. The provider's systems to assess and monitor the quality and safety of care that people experienced were ineffective.

Records kept by the service had not been maintained in such a way as to ensure these were complete, accurate and up to date

There were mixed views about the management of the service.

**Requires Improvement** ●

Relatives said they preferred to deal with staff providing care to their family member. However staff said they were well supported by the registered manager.

The registered manager confirmed due to staff changes they planned to take on all the current administration and management duties themselves.

The provider had arrangements in place to seek people's views about the quality of care and support they received.

# Live & Learn

## **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 17 May 2016 and was announced. We gave the registered manager notice of the inspection because they were sometimes out of the office supporting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an inspection manager.

Before the inspection we reviewed information about the service such as notifications about events and incidents that had occurred, involving people using the service, which they are required to submit to CQC.

During our inspection we spoke to the registered manager who was also a director of Live and Learn. We looked at records which included four people's care records, three staff files and other records relating to the management of the service.

After the inspection we contacted four relatives and asked them for their views and experiences of the service. We also contacted three members of staff employed by the service to provide care and support to people, for their views about the service.

# Is the service safe?

## Our findings

Feedback we received from people's relatives and staff showed that risks to people were being appropriately managed. However the provider did not have effective arrangements to assess, monitor and manage risks. Staff had worked with the same people for a long time and knew the people they supported very well. They were aware of the risks posed to people, and to them, whilst providing care and support to people in their home or in the community. For example staff told us how they ensured people were helped to move safely at home or in the community. Staff were supported in their role by people's relatives who told us they were able to have a say how they wanted their family members to receive support that did not compromise their safety.

There was limited written guidance for staff on how to keep people safe from identified risks and this did not consider the full range of risks posed to people in their home and community. Records showed that the provider had carried out risk assessments and some risks had been identified as part of the assessment of people's needs. However, the provider had not put in place detailed and appropriate plans to explain how identified risks to people would be managed. For example we saw risks had been identified to some people around self-injury, skin breakdown and choking but there were no plans for staff to follow to ensure these risks were minimised when supporting people. We also saw that risks in relation to the environment where care and support was provided, for example in people's homes, had not been assessed and recorded to ensure the safety of people and staff. This meant the provider had not done all that they should to identify and manage risks to people and staff to ensure they were sufficiently protected from the risk of injury and harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported to take appropriate action to protect people and children using the service from abuse or harm. A relative told us, "[Family member] is absolutely safe." Another said, "[Family member] would soon tell you if something was up." Staff had received training in safeguarding children and adults at risk. Through this training staff were provided scenarios and situations to help them identify circumstances in which children or people may be at risk of abuse and the action they must take to ensure they were sufficiently protected. A staff member told us they had attended this training. They said they would report any concerns they had about an individual to the registered manager and they were confident the registered manager would take appropriate action to report these concerns immediately to the investigating local authority.

There were enough suitable staff to care for and support people. The registered manager planned the staffing rota to ensure people using the service received care and support at the times agreed and that this was provided wherever possible by the same member of staff. People had mixed views about the ability of the service to respond to any additional requests for support outside current planned arrangements. A relative told us, "Regular hours are not an issue but if I need more it can be a struggle to get our regular carer. To be fair to the [registered manager] she will make sure that [staff member] is there for their regular hours." Another said, "I was supposed to go out with [family member] today but when I checked the forecast



I saw it was going to rain. I called them (the service) last night and they came today and took [family member] out." The registered manager told us they tried to meet relatives' requests for additional support from their regular member of staff but this could not always be achieved due to clashes with other planned care and support commitments. They said in situations where such requests could not be met they would explain the reasons for this to relatives.

The provider carried out checks on staff to ensure they were suitable and fit to work for the service. Records showed checks were carried out and evidence was sought of; their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and evidence of previous work experience such as references from former employers.

Where the service was responsible for this, relatives told us their family members received their medicines as prescribed. Staff had been trained in the safe handling of medicines. Staff recorded each time they supported people with their medicines so that a record was maintained of how much and when these were given.

## Is the service effective?

### Our findings

People's relatives told us staff supporting their family members had the skills and experience to do so. One relative said, "[Staff member] is the only one I can leave with [family member]. I know she will give [them] the care [they] need. She knows exactly what to do. They (the service) don't send you duff staff." Another told us, "I feel they have the right skills."

Records showed staff had received some training to support them in their roles. For example all staff had recently completed refresher training on safeguarding children and adults, moving and handling and the management of medicines. Staff told us they received training and were encouraged by the provider to develop in their roles. One staff member told us they were working towards achieving a professional management qualification in health and social care as part of their professional development. However we did not see evidence that any other training had been provided or was planned in areas specific to staff roles. For example staff cared for people with a learning disability who might sometimes behave in a way that may challenge staff or others. We did not see evidence of any formal training provided to staff within the past two years in areas related to learning disability and behaviour management. People's relatives told us in these specific situations staff managed and dealt with incidents, if these occurred, appropriately. However there was a risk staff may not be as effective as they should be in their day to day working practices as they may not be up to date in the latest guidance and research in how to support people appropriately.

The registered manager trained staff in moving and handling procedures. They told us they were qualified to do this as they had completed the necessary training to do so. Staff that deliver this training need to attend three yearly refresher courses to ensure they were up to date with developments within this area. During the inspection the registered manager could only provide us with evidence of completion of this training in 2007. They told us they had undertaken refresher training within the last three years but could not locate evidence of this during the inspection. We agreed they could send evidence of the more recent training attended following our inspection and they were given a date by which this was required. This evidence was not received. In the absence of this evidence we could not be assured that the registered manager had maintained their skills and knowledge of this subject, as they are required to do. This meant we could not be confident that the training received by staff in moving and handling procedures was up to date with recent developments in this area.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they were supported by the registered manager. A staff member said, "They are always at the end of the phone if I have any difficulties. We have regular staff meetings and go through any issues if we have them." They told us they had one to one (supervision) meetings with the registered manager and a staff meeting every four months. However we found the provider was not following their own policy for ensuring all staff received formal supervision and support. The policy stated all staff should have a formal supervision meeting every two months which the registered manager acknowledged was not happening. They said due to the small numbers of staff involved, the majority of whom were part time and working other jobs, it had

been difficult to put in place a regular programme of supervision that all staff could commit to. They told us about the supervision arrangements that were in place which was an annual meeting with staff to assess their performance and competence. We were able to see evidence that a supervision meeting had taken place with a member of staff in January 2016. However the registered manager acknowledged that one formal meeting a year was not enough to assure themselves of staff's on-going competency and ability to carry out their roles effectively. They said the current policy for supervision would be reviewed and amended to reflect more realistic arrangements through which staff could be formally supported.

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. Any application to do so for people living in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff sought people's consent before providing care and support wherever possible. A staff member told us, "I would always seek consent and check the person is happy to receive care and support. If they declined I would check again later. If they still continued to decline I would raise this with their family as a concern." Where people lacked capacity to make specific decisions about their care and support, their relatives, care professionals such as social workers and staff met to discuss how these should be made in peoples' best interests. The registered manager told us outcomes of these meetings were used to inform staff how care and support should be provided in these circumstances. Neither the registered manager or staff had received formal training in the MCA. This meant the provider could not be fully assured that all staff were aware of their legal responsibility to act within the principles and codes of conduct associated with the MCA, when obtaining consent from people they supported. The registered manager told us they would undertake training in the MCA following our inspection.

People's relatives told us staff encouraged their family members to eat and drink sufficient amounts to meet their needs. They said staff knew what people's specific preferences and their likes and dislikes for food and drink were. People's relatives also said staff supported their family members to stay as healthy and as well as they could and kept them regularly updated and informed about their general health and wellbeing. Where staff had had concerns about a person's health and wellbeing they took prompt action to ensure that they received the appropriate assistance and support they needed.

## Is the service caring?

### Our findings

People's relatives told us staff supporting their family members were patient, kind and caring. One relative told us, "[Staff member] is like a member of the family...She is amazing. So calm." Another said, "I think they're friendly and kind to [family member]." Relatives said staff had a very good understanding of their family members' specific needs. A staff member was able to explain in detail the support people required and why. They knew people's life histories, their likes and dislikes, their interests and hobbies and demonstrated flexibility in responding to people's specific wishes.

The majority of people using the service, who were now mostly young adults, had first started to receive care and support from the service when they were children. Relatives said they had used the service for a considerable number of years and their family members had been regularly supported by the same staff during this time so that people experienced consistency and continuity in their care. A relative told us, "If I didn't have [staff member] I would be completely lost."

Staff encouraged people to express themselves using their preferred method of communication. People's relatives said staff were able to anticipate their family member's needs. People's records provided information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support. A member of staff told us how one person who was non-verbal used sign language and sounds to express what they wanted or to show how they felt.

Staff ensured that people's right to privacy and to be treated with dignity was respected. Staff were discreet and respectful when discussing personal information about people. They demonstrated understanding and sensitivity when discussing how people were supported with personal aspects of their care so that their privacy and dignity was maintained at all times. A staff member said, "I always make sure personal care is provided in private - not in front of other people."

People were encouraged to be as independent as they could or wanted to be. Staff supported people to do as much as they could for themselves with staff only stepping in when people could not manage tasks safely and without their support.

## Is the service responsive?

### Our findings

Feedback we received from people's relatives and staff showed that staff had a good understanding of how to meet people's current care and support needs. However people's care records and support plans were not as comprehensive and detailed as they should be. We looked at the care records of four people using the service. Information about people's needs was not always detailed and did not always reflect their preferences and likes and dislikes. People's plans did not always explain how people's needs should be met by staff. For example for one person their support plan did not explain how personal care was to be provided to them, whether they preferred a shower or bath and how this task should be carried out so that this met the individual's needs and wishes. We asked the registered manager where else information about this would be recorded. They told us it would be in the 'care profile' for the person, but we did not see a care profile for them on their records or on any other care record we looked at. This did not give us assurance that the provider had taken steps to ensure people were not put at risk of receiving inappropriate care from staff unfamiliar with their specific care and support needs.

We also found that support plans for some people had not been reviewed for more than two years, to ensure these appropriately reflected people's current needs. The registered manager said the reason for this was because commissioning authorities had not arranged any reviews of people's care and support needs. However, the provider had not ensured that the service arranged their own regular reviews to ensure that the care and support provided continued to meet people's needs.

This issue were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were actively encouraged to pursue activities and interests that were important to them. A relative told us their family member undertook activities, with staff's support, that met their particular interests such as trips to the bowling alley or to the cinema. A staff member said, "I speak to parents because they are very much involved and they will say how they would like things to be done. We talk about people's routines and activities that people want to do, regularly." People were also supported to maintain relationships with those that mattered to them. Many of the people using the service were young adults that had enduring friendships from childhood. Staff supported and encouraged people to remain in contact with their friends as they moved into adulthood. This included arranging events and outings where people could meet up and socialise to maintain these relationships.

People's relatives were satisfied with the care and support provided by staff. A relative said, "I have no complaints really about them." Another told us, "I know any problem can be sorted when needed." The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. Their complaints procedure was made available to people and their relatives and detailed how any complaint they made would be dealt with by the service. The provider was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised.

## Is the service well-led?

### Our findings

The provider's systems to assess and monitor the quality and safety of care that people experienced were ineffective. The provider's quality assurance policy set out the measures that would be used by staff to check and monitor quality which included an annual audit check of the service and staff audits. The provider's quality assurance file showed the last recorded audits were in 2011. These had covered checks of care records, people's individual risk assessments, medicines administration and protection procedures for adults and children. A staff audit had also been undertaken which looked at training, supervision, criminal records checks and spot checks. We found no evidence these had been undertaken more recently than 2011. We discussed the frequency of these audits with the registered manager. They told us audits had been undertaken since 2011 but did not know why records of these had not been kept in the quality assurance file. The registered manager could not locate this evidence during the inspection. We agreed they could send evidence of more recent audits and checks to us following our inspection and they were given a date by which this was required. This evidence was not received. In the absence of this evidence we were not assured that the provider had carried out regular audits and checks to ensure people were not being put at risk of unsafe and poor quality care.

Other quality checks the registered manager told us about included spot checks on staff to review and assess their competency. However staff records contained limited information to assure us these checks were undertaken frequently for all staff. We saw evidence of only one recorded check being undertaken on a staff member in the last six months.

People were not protected against the risks that can arise if records kept by the service were not maintained in such a way as to ensure these were complete, accurate and up to date. People's care records held at the main office, were out of date and there were no plans in some cases for how identified risks to people would be managed. 'Care profiles' which the registered manager told us instructed staff on how care and support should be provided were not present on care records we looked at. Staffing records did not always reflect all the supervision and support staff had received from the registered manager. Information about the most recent moving and handling training attended by the registered manager was not present on their file as it should be. Some of the provider's policies and procedures for the service were ineffective or out of date. As well as not adhering to their policy for formal staff supervision, we found the provider's equality and diversity policy was out of date as it did not reflect all the current protected characteristics in the Equality Act of 2010.

These issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives and staff had mixed views about the management of the service. It was clear from speaking with relatives they preferred to deal with staff providing care to their family member as first point of contact for any issues or concerns they had, rather than contacting the main office. One relative said, "They have a problem with being short staffed in the main office. There's been a lot of changes and I get the feeling it's chaotic." Another told us, "I don't have a lot of dealings with them...the management seems ok."

A staff member told us they felt well supported by the registered manager in terms of dealing with any issues or concerns they had and their own personal development. We discussed the current arrangements in place for the administration and management of the service with the registered manager. They told us the majority of staff who carried out administration and supervision duties had left or would be leaving the service. We asked about their plans for how they would ensure administration and management tasks would be covered and they told us they planned to take on all these duties themselves. It was too soon to judge at the time of this inspection how effective these arrangements would be.

The provider had asked people and their relatives for their views about the quality of care and support received. The registered manager told us a quality questionnaire form was sent each year to people and their relatives as part of an annual review of people's care and support. Through this process people were provided an opportunity to state their satisfaction with the quality of care and support as well as make suggestions for any improvements the service could make. The registered manager told us the last questionnaire was sent to people in October 2015. We found one form had been completed and returned at that time. The registered manager told us there was historically a low response rate to these questionnaires and as a result had reviewed how this information was sought. They told us to encourage a better response rate a new quality questionnaire form had been prepared and would be hand delivered and collected from people and their families in May 2016. As this process was on-going at the time of our inspection it was too early to judge the effectiveness of this process in ensuring people were able to share their views about the service and how this could be improved.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured that the service arranged their own regular reviews to ensure that the care and support provided to people continued to meet their needs. Regulation 9(3)(a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that they should to identify and manage risks to people and staff to ensure they were sufficiently protected from the risk of injury and harm. Regulation 12(2)(a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's did not have effective systems in place to assess and monitor the quality and safety of care that people experienced. Regulation 17(2)(a).</p> <p>Records kept by the service had not been maintained in such a way as to ensure these were accurate, complete and up to date. Regulation 17(2)(c)(d).</p>
Regulated activity	Regulation



The provider had not ensured staff had received all the appropriate and up to date training they needed to support people effectively. Regulation 18(2)(a).