

## Livability

# Livability East Anglia

### 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?	Good ●

# Summary of findings

## Overall summary

About the service: This service provides care and support to people in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service:

People continued to receive safe care. People received support from consistent staff who turned up on time. Risk assessments covered all areas of risk, and staff knew how to keep people safe from harm. People told us they were safe. Staff had received training in infection control and had access to personal protective equipment. People told us they received their medicines as prescribed. We have made a recommendation about medicine management.

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.

People continued to receive effective care, from staff who were skilled and competent in meeting people's individual needs. People told us they were supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff supported people to maintain a healthy diet, in line with their assessed needs and to access health care if this was needed.

People received care from staff who were kind and compassionate. People had positive relationships with their care workers and were confident in the service. People were supported and encouraged by staff to make decisions as to how their needs were met. Staff understood the importance of respecting people's privacy, dignity and independence.

Staff continued to support people in a responsive way. Assessments and support plans were in place identifying what was important to people and how they should be supported. The support people received was centred around them and they were involved in any decisions made. The provider had a complaint process which people were aware of to share any concerns. The service needed to develop their approach around end of life care. We have made a recommendation about end of life care.

The service continued to be well managed. The registered manager was approachable and people knew them well. Spot checks and audits were completed to ensure the quality of the service was maintained. There was a strong value base to ensure that workers were caring and compassionate. People, and their family members, were actively encouraged to provide feedback on the service and staff worked well as a team in an open and supportive manner. Everyone spoke positively about the service and the quality of the support being provided.

The service met the characteristics of Good in all areas; more information is in the full report,

Rating at last inspection: This service was last rated Good (30 May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and inspect if risk is indicated.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Livability East Anglia

## Detailed findings

### Background to this inspection

**The 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.

**Inspection team:** One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Livability provides personal care and support to people in their own homes. 22 people were receiving a service at the time of the 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:** We gave the service 48 hours notice of the inspection site visit, because it is small and the manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity took place on the 5 February 2019. We visited the office location to meet the registered manager and office staff; and to review care records and policies and procedures. We made phone calls to people on the same day.

**What we did:** We reviewed the information we had received about the service since the last inspection. We assessed the information that providers are required to send to us annually. This gives us key information about the service, what the service does well and improvements they plan to make. We used all this information and the previous inspection report to plan our inspection.

Before the inspection we sent out questionnaires to some people, so they could share with us their experiences of the service. We spoke with two people, nine relatives, three members of staff, the deputy

manager, and the registered manager.

We inspected four care plans, and two staff files. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff could recognise abuse and knew how to protect people from the risk of harm.
- The registered manager had a good understanding of how to deal with safeguarding when it was identified. One concern had been raised and dealt with appropriately.
- Information about how to keep people safe, were very detailed and person centred. For example, for one person the guidance for staff was to check that the person's mobile phone was fully charged and switched on. One relative said, "I have never had one minutes concern about [Names] safety in the entire time that they have lived there." Another said, "I've never had anything to worry about regarding their safety, rest assured."

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person.
- Risk assessments included guidance for staff, specifying what action needed to be taken to reduce risks as much as possible, such as, supporting people to eat and drink safely, or to move safely around their home and reduce potential falls.

Staffing and recruitment

- Staffing levels ensured that people received the support they needed safely and at the times they needed. Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home. One relative said, "In my experience, they have a really good eye for employing the right type of person to the role of support worker. I have always found the staff to be very caring, professional and always willing to do anything they can to make [Names] life comfortable."
- Staff rotas were organised in a way to provide consistent support, enabling people to develop good relationships with staff. One person said, "[Name] tends to have the same small team for about twelve months at a time before it changes. I actually like this. They get to know and interact with lots of different people." Another said, "They are on site 24 hours of the day. The staff are there, ready whenever one of the residents needs them." Another said, "We've never experienced any totally missed calls at all and knowing how the agency is organised, I would be extremely surprised if we ever did."

Using medicines safely

- People told us they received their medicines as prescribed. However, some records contained conflicting information. For example, information was not clear for people who required their medicines to be administered or prompted. The registered manager had already identified this as an area that needed to improve and were introducing changes. We recommend the registered provider seeks advice from a reputable source in relation to the management of medicines.

- Staff had been trained in medicine administration and awareness. One person said, "It's part of the morning routine, having the tablets. There's never been any problems and they have certainly never missed any."

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and were provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons. One relative said, "Whenever I visit, I am always impressed with how well presented they are. They always wear clean clothes that match. The bedroom and communal areas in the house are always very tidy and very clean."

#### Learning lessons when things go wrong

- The registered manager looked at ways the team could learn when things had gone wrong. They used this information to look at ways in which the service could be improved. For example, debriefs were given at team meetings, so that learning from incidents could be shared.
- The registered manager monitored trends to look at how incidents or accidents could be prevented from occurring in the future.



# Is the service effective?

## Our findings

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

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 had been involved in the planning of their care through the assessment and care planning process. People had signed to say they agreed with the care as part of the initial assessment process.
- Care plans were retained within people's homes, this information told staff on what care they needed assistance with.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- Staff were knowledgeable about their role and the people they supported. One relative said, "Although [Name] has plenty of things that they do during the week. If they do not feel like going to one or any of these, then none of the staff ever force them to do so."

Staff support induction, training, skills and experience

- A robust induction programme was given, which took place during the first week of their employment. Staff were required to undertake the care certificate. This is an agreed set of standards that sets out the skills, knowledge and behaviours expected of specific job roles in the health and social care sectors. One relative said, "New staff are always brought round to be introduced to everybody there, once they have had their initial training. They are very good at making sure that new staff shadow with some of the more experienced staff before they are asked to provide care on a one-to-one basis."
- The service had a training programme, and we saw that the results of this programme had become embedded in the values of staff and was evident in their performance. Staff said they received a programme of thorough training, which enabled them to understand and meet the needs of people who used the service. One relative said, "In my experience, new staff, when they start, appear to have had really good basic training so that they understand the type of support they are there to provide. I've never had a single issue with any of the staff over the years."
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on, and any development needs they may have.

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

- People could choose what they wanted to eat and staff encouraged people to maintain a healthy diet, in line with their assessed needs. One relative said, "[Name] eats a very balanced diet, but that's not truly down to them, because given the choice, they would probably eat pizza seven days a week. The doctor advised it was best for their health to make sure that their portions were more controlled and more balanced. They have been working with [Name] to encourage healthy choices."

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

- Apart from two people, most people were supported through a supported living programme for people with learning disabilities. Most people lived in shared flats or houses..
- People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

Supporting people to live healthier lives, access healthcare services and support.

- Staff worked with other agencies to provide consistent, effective, timely care
- People's healthcare needs were carefully monitored. Care records showed that people had access to community nurses and GP's. People were referred to specialist services when this was needed.
- Information was available when people had visited health professionals, which included the outcomes of these visits including any follow up appointments. One relative said, "They usually support [Name] by taking them to the GP or the dentist, whenever these are required."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People were involved in making decisions about their care and support needs. The provider was working within the principles of the MCA.
- Staff had received training about the MCA and could explain how to apply the principles in practice. Capacity assessments had been undertaken.
- People had given their signed consent. Signed consent was obtained before care and support was given and when last power of attorney was in use, copies were kept within people's care plans.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity, and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the service, and told us staff were kind and compassionate towards them. One relative said, "I think it's really just the fact that nothing is ever too much trouble."
- People and their relatives were supported to access other sources of advice. Referrals had been made to independent advocates, if this was needed. An advocate ensures the individual is central to any decisions and upholds their rights. One relative said, "[Name] now lives a truly independent life. They even spend time doing some voluntary work in the café in the local library. With hindsight it was the best decision we could have made for them. The staff have given them a life."
- The ways in which people communicated had been assessed, detailed communication support plans were in place. These considered how people expressed their emotions and how information should be provided in a way that could be understood.

Respecting and promoting people's privacy, dignity, and independence

- People who used the service could be assured staff had a good knowledge of individual needs.
- Staff could describe the needs of the people they supported. People's confidentiality was protected.
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them, and maintain their social networks and access the community.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness. This is reflected in the feedback from people who used the service, their relatives, or representatives.
- People's relatives were consistently positive about the caring attitude of the staff. One relative said, "It's the little extras like celebrating birthdays, where they get to choose what sort of cake they like and what activity they like to do. They live a normal life and that's all I could ever ask for."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The outcomes for people using the service reflected the principles and values of Registering the Right Support and promoted 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.
- The service was flexible and responded to people's needs. People were offered the choice of a male or female staff member, and the registered manager considered how to match people together. Common interests between staff and people were considered.
- Care plans included detailed assessments, which looked at how support could be offered to meet people's physical, mental, emotional, and social needs. Care plans had been reviewed regularly or when people's needs changed.
- The service identified people's information and communication needs by assessing them.

Assessment and care plans were available in different formats, to make sure people could understand the information being shared with them.

- People's communication needs were identified, recorded, and highlighted in care plans.
- People, and their relatives were involved in developing care and support and treatment plans. Their needs were identified and reviewed on a regular basis. One relative said, "There is usually a large review meeting that takes place once a year which involves the social worker as well. We are always invited to this. We always go thoroughly through the care plan and discuss whether there needs to be any shifting of the time around between activities out and support at home. We are always asked our views of the service itself."
- People's social needs were understood, and were supported to maintain and develop their relationships with those close to them, their social networks and community. People had free access to their family, friends, and community.

Improving care quality in response to complaints or concerns

- People and their relatives said they felt able to raise any concerns they had with the registered manager or staff. When people had complained these had been investigated and responded to. One complaint had been raised in the last 12 months and it was clear from records this had been resolved to the person's satisfaction. Numerous compliments had been received. One said, "I cannot tell you the simple joy we see of [Name] successfully taking part. They now get on with their life so very much more independently."
- People were asked about their views in several ways. Staff looked for signs which may alert them to any dissatisfaction people may have, if they were unable to tell them. One relative said, "If I did ever have any problems I would be straight on the phone to speak to a manager for whatever the difficulty was. It would be sorted as soon as possible. However, in the short while they have been there, there has been no issues that I have needed to raise at all, and in fact to the contrary, I've been very impressed with the high standards that they set themselves and achieve on a daily basis."

### End of life care and support

- The service was sensitive towards the needs of people who may be at the end of their life. However, at the time of the inspection people using the service were still vibrant, and the registered manager told us families were focused on their relative living a good life, and did not want to consider this aspect.
- Policies and procedures were in place relating to the circumstance around end of life care, however, these had not been reviewed since 2014. We recommend the registered provider develops their approach towards end of life care, in line with best practice guidance.

# Is the service well-led?

## Our findings

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was consistently managed and well-led. The culture of the service was caring and focused on providing person-centred care that met people's needs in a timely way.
- The vision and aim of the service were to be open, enabling, inclusive and courageous. It was clear staff knew people well and put these values into practice.
- A defined governance and management structure was in place, and gave clear lines of responsibility. The registered manager was supported by a regional quality department who carried out a review of the service on an annual basis. Staff had defined roles and were aware of the importance of their role within the team.
- The registered manager continued to carry out a range of audits, which looked at key areas and checked the quality of the service.

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

- A registered manager was in post at the time of the inspection.
- People, and relatives continued to have confidence in the way the service was managed. They told us the service was well led. One relative said, "[Name] is in charge. We have complete faith in them." Another said, "[Name] is available in person or at the end of a phone at any time. I personally, really value their knowledge, expertise and advice."
- Staff consistently described the registered manager as open, supportive, and kind.
- The registered manager looked at ways they could review, develop and learn where possible. They were passionate about ensuring everyone delivered good care to people. They spoke about how they were planning to develop the well-being of staff and improve retention and recognition.

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

- The registered manager had a good understanding of the registered activities and the improvements the service needed to make moving forward. The management team were receptive to feedback.
- People were asked for their views and this information was used to ensure people received a service, they were satisfied with.

Continuous learning and improving care

- Systems continued to be in place to check the quality of the service. Spot checks were carried out on a regular basis, to ensure the quality of the service people received was good. They reviewed if staff were competent to carry out their role.

- The registered manager promoted person-centred, high-quality care and good outcomes for people.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they were following current practice. These included GP's and community health professionals. The registered manager said, "We actively promote partnership working within the culture of our organisation. We work with others including those close to the customer and statutory professionals and other organisations to promote their best interests."
- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of key events which happen in their services. The registered manager had informed CQC of these events.