Livability

Livability Ashley Place

Inspection report

Kings Parade
Bognor Regis
West Sussex
PO21 2QP

Tel: 01243823058
Website: www.livability.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Livability Ashley Place is a residential care home providing personal care and accommodation for people with physical disabilities and/or learning disabilities and autistic people. The layout of the service has been designed to support people who have physical support needs and are reliant on wheelchairs to get about. The equipment and adaptations support people to move around the building as independently as possible. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people. 18 people were using the service at the time of the inspection. The service is also registered to provide personal care to people who live separately in their own homes; at the time of the inspection there were 2 people in receipt of personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found
Right Support
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. People had some opportunities to build skills and participate in individual activities. Staff tried to focus on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People told us they appreciated the building layout and the adaptions that helped with independence, such as push door openers, high low tables and overhead tracking hoists. Each person had their own room and en suite, which were personalised to meet their needs and preferences. People valued these things and they did go some way to mitigate people feeling like they were living in a large group in house.

Staff enabled people to access health social support the community. Staff supported people to make decisions following best practice in decision-making.

Right care
People experienced a generally positive quality of care. People and their families told us staff were kind and supportive but there had been times when communication with some agency staff had been difficult. We observed staff respecting people's dignity and ensured people had the right to have their say on their care and support. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing. Staff and people worked together to assess risks people might face. Staff encouraged people to take positive risks. For example, the service has a catering kitchen and catering staff.

People who expressed a wish to cook meals are supported to use the kitchen to do so. We were told by the registered manager there were plans to develop the service to improve access to cooking facilities.

Right culture
People did generally lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the provider, management and staff. There was mixed understanding or opportunities to apply active support approaches and the registered manager agreed the layout of the building did hinder people's ability to do more daily tasks for themselves. Internal audits had picked up the need for further active support training for staff. Managers and staff clearly tried to deliver person centred support. People told us they were pleased with the support generally but would be happier if the use of agency staff were reduced because sometimes communication could be difficult with some agency staff. People had communication passports and permanent staff knew people well.

There had been a recent change of manager, with the new registered manager in post since September 2022. Some relatives and professionals told us, they had difficulties in communication with managers, some thought the deputy manager was the registered manager. Communication between staff and people and managers and people they work in partnership with is an area for improvement.
People received good quality health care, support and treatment because trained staff and specialists could meet their needs. Most staff knew and understood people well but there was a reliance on agency staff who did not always know people well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection, the last rating for this service was good (published 12 March 2020).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected
This focused inspection was prompted by a review of the information we held about this service. We only inspected the key questions, safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Livability Ashley Place on our website at www.cqc.org.uk.

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 well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Livability Ashley Place

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 inspector and 1 Expert by Experience. 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 Ashley Place is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Livability Ashley Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. In addition, the provider is also registered to provide care at home for people living in their own home away from Ashley place. The registered manager is responsible for the management of both sites. Not everyone who used the care at home service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke/ communicated with 8 people who used the service and 5 relatives about their experience of the care provided. Some people who used the service who were unable to talk with us using speech so we used different ways of communicating including using Makaton and their body language. We spoke with 6 members of staff including the registered manager, deputy manager, senior support workers and support workers and chief.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, one person said, "I feel as safe as I could expect to be." Another said, "I do feel safe, staff help me if I need it."
- Staff spoken with had a clear understanding of their role in safeguarding people from abuse. Staff had recently had a reminder of their training in the form of a safeguarding written questionnaire. At the same time people who use the service were also given accessible information as a reminder and had supported conversations about safeguarding.

Assessing risk, safety monitoring and management

- People had a range of risk assessments covering areas such as epilepsy, nutrition, choking and other health needs. These were reviewed and actions taken to involve health professionals where needed. For example, where a person was experiencing difficulty eating and drinking referrals were made to the speech and language team (SaLT).
- Managers and staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, actions had been taken following a legionella audit.
- The provider ensured fire, gas, water and electrical safety checks were carried out. There were risk assessments for health and safety.

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

- We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff working to ensure people were safely supported. People told us the staff were kind and helpful. One person said, "We can pretty much do as we please, staff help when we want them."

● Staff recruitment and induction training processes promoted safety, including those for agency staff. The provider undertook recruitment checks including disclosure and barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Agency staff had profiles on file, showing they had DBS checks and relevant training.
● People were actively involved in the induction of new staff. One person said, "I direct my care, I take new staff through step by step." A new staff member told us, "I had good training, the people and older staff helped, we have an on-call manager (available by phone out of hours) if we need advice."

Using medicines safely
● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
● We observed staff making sure people received information about medicines in a way they could understand. For example, staff explained the medicine to the person at the time they were to take it and confirmed the person was happy to take the medicine.
● People were supported by staff who followed systems and processes to administer, record and store medicines safely. Only staff who had received training and competency checks administered medicines. People told us they had medicine cupboards in their rooms and staff discussed their medicine with them.
● Auditing of medicine were carried out and issues identified and addressed, for example, minor errors were happening with signing for medicine administered. The registered manager investigated and changes were made to the processes which the registered manager told us had simplified the process and reduced the errors.

Preventing and controlling infection
● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

● The service prevented visitors from catching and spreading infections.
● The service followed shielding and social distancing rules using current guidelines.
● The service admitting people safely to the service.
● Staff used personal protective equipment (PPE) effectively and safely.
● The service tested for infection in people using the service and staff using current guidelines.
● The service promoted safety through the layout of the premises and staff's hygiene practices.
● The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
● The service's infection prevention and control policy was up to date.
● All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes
The service supported visits for people living in the home in line with current guidance. People and relatives told us they were able to visit.

Learning lessons when things go wrong
● Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

● Incidents were reviewed and trends identified, for example, changes to how a person presented when emotionally upset resulted in the registered manager seeking additional specialist training for the staff team.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People's goals and aspirations were recorded and known to staff, but support plans had not been developed to guide staff to know how to consistently support a person to achieve them.
- People told us they liked the staff but some people did comment they were frustrated when trying to communicate with staff who had limited spoken English. We observed an agency staff member who was attempting to support a person who did not require help to eat. The person's peers told the staff to stop, which they did. The registered manager acted promptly to contact the agency and reiterate the need for staff to be able to follow instruction. No harm was done. The registered manager agreed that steps to confirm agency staff communication skills should happen prior to the start of a shift.

- Professional's feedback gave mixed views about how well the service worked in partnership with other health and social care organisations. For example, health professionals told us, "I often struggling to get hold of anyone on the phone, so will often email instead." Another said, "I also observe (from the wider team) greatly variable understanding and experience in supporting someone who has a learning disability. I am not always confident around the stability of the staff team which makes ongoing training (and team skill and knowledge development) around the important issues difficult.
- Other professionals said, "I have found the staff to be helpful in facilitating capacity assessments and best interest meetings. They consider what will be best individually for the residents and act accordingly." And "They are doing a good job under difficult circumstances; people seem chatty and the building is very accessible to wheelchair users."
- Relatives gave mixed feedback about how well the service communicated with them. Some felt they had good lines of communication; others felt it could be improved.
- The registered manager told us they were aware of some communication difficulties and had started to arrange meetings with families to improve communication.
- People told us they were listened to, when they made decisions, one person said, "I can be sociable but I can be private on my own too."
- The service had a culture of positive risk taking, for example, some people went into the local town without staff support. This was appreciated by people who told us they valued their independence.
- The service promotes positive inclusive relationships. One visiting professional told us, "I have observed genuine care, concern and kindness from some of the members of staff at the service. I note positive regard for the residents from individual members of staff who work at the home. There is evidence of understanding and caring relationships between staff and some of the individuals whom they support."

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 understood their duty of candour and relatives confirmed they were kept informed when issues arose.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

● The provider had quality assurance systems to protect people's safety. This included reviewing and updating audits in relation to how medicines were being managed. As a result of auditing an issue was identified and addressed.

●Audits were carried out by the management team in relation to support plans, health and safety, and infection control. Actions were recorded of any issues found. Actions were clearly documented and followed-up.

● The registered manager kept a tracking document of incidents and accidents which identified lessons learnt. For example, audit had identified the need for more active support for some people. A plan was devised to encourage this.

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

● The registered manager and staff sought feedback from people and those important to them and used the feedback to develop the service. People told us they were involved in planning and review of their care and support.

● People were observed to be asked their views by staff throughout the inspection. We saw on a number of occasions where people were clearly confident to raise issues with staff and people told us staff would help them.

● People and relatives told us they knew how to complain if the needed too. We saw complaints had been reviewed and actions taken to avoid re occurrence.

● Staff told us they were supported and the registered manager was approachable. Staff had the opportunity to comment on the service delivery and were encouraged to make suggestions to improve practice.