

## Livability

# Livability Keefield

### Inspection report

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Date of inspection visit:  
01 December 2023  
14 December 2023

Date of publication:  
02 January 2024

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Livability Keefield is a 'care home' providing accommodation and nursing or personal care to up to 10 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 10 people using the service. The service consists of 2 bungalows each accommodating 5 people.

### People's experience of the service and what we found:

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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. There was enough staff to meet people's needs safely. 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.

### Right Care

Observations in the care home were positive and people had good relationships with staff at the service. Staff had received safeguarding training and understood how to protect people from abuse and avoidable harm.

### Right Culture

The ethos, values, attitudes and behaviours of the registered manager and service delivery team and the support staff ensured people using services lead confident, inclusive, and empowered lives. There were systems in place to monitor the quality of the services provided and a culture of improvement had become embedded in the service.

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

### Rating at last inspection

The last rating for this service was Good (Published 13 February 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. 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 Keefield on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well led.</p> <p>Details are in our well led findings below.</p>	<p><b>Good</b> ●</p>

# Livability Keefield

## 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.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Livability Keefield 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 Keefield is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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

The inspection was unannounced

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the service lead manager and 3 staff. We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. Some people were not always able to communicate verbally with people effectively. We also observed people's care and their interactions with staff to understand their experience.

We reviewed 3 people's care records, including their medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service. We asked the service manager and registered manager to send us documents after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

# 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 has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A relative told us, "We are very happy. We appreciate that [person] is safe where they are." Another relative said, "We are satisfied with the service, it's a lovely place and the carers are lovely too. We are grateful [person] is somewhere safe."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The registered manager and service manager understood their responsibilities regarding the action to take to protect people from harm and took action to protect people where required. Where safeguarding concerns had been raised, the registered manager took action to protect people.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- A staff member told us, "We have protocols in place which we follow, like [specific medicine] so we know what to do." Another staff member said, "I find out about risk from handover and care notes. We use laptops to update or record any changes."
- Risks were assessed and monitored and detailed plans were in place which provided guidance for staff to minimise risks to people. For example, plans were in place for choking, medicines, travelling by public transport and mobility. One mobility plan contained exercise techniques advised by a physiotherapist to maintain flexibility in a person's upper limbs.
- Staff knew people well, and how to support them in a way which promoted independence while also maintaining their safety.
- We identified wardrobes were not fully secured to the wall. However, the registered manager confirmed following the inspection this had been completed to ensure people's safety.
- Safe environment checks were carried out by the service manager monthly whilst actions were recorded minor improvements were needed to capture all environmental concerns.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Throughout the inspection we saw there were enough staff around to support people. A staff member told us, "It can be stressful if staff go off sick. They never let us go short and we can book agency." Another staff member said, "We do have enough staff, we have a very good agency, and it is always same staff that come."
- The provider had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

### Using medicines safely

- People were supported to receive their medicines safely.
- Only trained and competent staff administered medication which was stored safely in accordance with the manufacture's guidance. The team leader had a very good knowledge of the service's medicines system. A staff member said, "I have been trained every year, and we have our competency checked."

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service was clean and odour free. A crash mat a person used was damaged in some areas which may present an issue when cleaning. However, the service manager told us they had ordered a new one following the inspection.
- Staff had received infection control training, and we saw they followed good hygiene practices when supporting people.

### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- A relative told us, "I can visit when I want and can go out for the day with [family member], I am more than satisfied with the visiting arrangements."

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- All accidents and incidents were recorded so the management team could also monitor actions taken and learn from trends or themes.

### Is consent to care and treatment always sought in line with legislation 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Staff had received training in MCA and DoLS and had a good understanding of the act. Appropriate legal authorisations were in place to deprive a person of their liberty when needed.
- Staff were aware of how to ensure people were supported to make choices about their day-to-day care and support. A staff member told us, "We show photos of food, and we give people menus to choose from."



# 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 remained Good. 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

- There were systems in place to monitor the quality and safety of the service.
- Some provider audits needed strengthening to ensure all areas were being effectively monitored. For example, we identified wardrobes were not secured to the wall and a crash mat which needed replacing. Whilst the registered manager and service manager followed this up immediately the environment audits had not identified these issues. The registered manager told us they had also escalated the wardrobe issue to all services related to this provider.
- The registered manager and service manager were very responsive during the inspection and followed up any minor concerns we identified immediately.
- Competency assessments took place to check staff had the skills they needed to undertake tasks.

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

- There was a positive and open culture at the service.
- Staff were supported and valued by the registered manager and service manager. A staff member recently returned from a serious illness told us, "They have been fantastic, so supportive. I do regular meetings and I cannot fault them they have been amazing. They have adjusted my work and now slowly I am going back to full time hours. [Service manager] has been fantastic. Another staff member told us, "This is the best place I have worked; staff are caring and really good at their job. I cannot think of anything that needs changing."
- Another staff member said, "I have supervision, I am supported. We did go down a bit but now we have [service manager] and everything is getting back on track. Staff are a lot happier now we have [service manager and registered manager]."
- The provider had systems to provide person-centred care that achieved good outcomes for people. One person told us using their communication board, "I like the staff and I am going out tomorrow." A relative said, "Staff are very caring, they make us feel at home. Our [family member] enjoys the different personalities of staff."
- The management team engaged with people, relatives, and staff, listening to them, and involving them in decisions about the service. A relative said, "There are very good managers from the past to now. Everything is going well." Another relative said, "I feel confident to raise any issues with them and they listen and address any concerns. [Family member] has been there a year and likes where they are, they look forward to going back there." A third relative said, "I know the manager and they have communicated well and answered any concerns, they are a good manager so far."

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- People were respected and treated equally regardless of their abilities, lifestyle, and beliefs. Staff had received training in equality and diversity.
- Following a staff survey the provider had shared a 'You said, we did' response with staff. For example, staff had requested more IT equipment and the provider had undertaken a full survey on the IT equipment available to staff.
- The service held family forums where relatives were updated about what was happening in the service and could also put forward their comments or ideas.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Staff completed a wide range of training courses to keep their skills and knowledge up to date. A relative told us, "Staff have been involved and are all pleasant. I feel they have been trained well, I trust them, and they are willing to do things and very helpful." Another relative said, "It looks like they are doing a magnificent job. When we visit, we are made welcome and can see things are going ok."
- Staff were happy with the training they received. A staff member told us, "I did all the induction and can update myself with different training." Another staff member said, "We do epilepsy training, dysphasia, manual handling, and dignity. I have completed the Oliver McGowan training." The Oliver McGowan mandatory training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff.

Working in partnership with others

- The provider worked in partnership with others to ensure people had continuity of care.
- The management team worked in partnership with other healthcare professionals involved in people's care. This included GPs, occupational therapists and speech and language therapists.