

# Livability

# Green Lane

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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

Green Lane provides care and support for up to five people with a learning disability. At the time of our inspection there were five people living at the service.

At the last inspection in August 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were safeguarding systems in place. Staff understood their responsibilities with regards to safeguarding people and were confident in reporting any concerns. Referrals had been made to the local authority when identified as required, however outcomes and actions were not consistently recorded.

People had risk assessments in place that gave guidance to staff on how individual risks could be minimised. Incidents and accidents that occurred at the service were reported promptly to senior members of staff and recorded, however it was not clear within records that the actions identified to prevent reoccurrence had been completed.

There were sufficient numbers of staff on duty to meet people's needs. Effective recruitment processes were in place however the records to demonstrate that these had been followed were not consistently maintained.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people living at the service. All medicines were stored appropriately and audits completed.

Staff were well trained and completed an effective induction programme when they commenced work at the service. Staff were supported in their roles and received regular supervision and appraisals.

Staff treated people with kindness and respect. Privacy and dignity was promoted throughout care and support and people's consent was gained.

Care plans took account of people's individual needs, preferences and choices and had been reviewed regularly.

People were supported to participate in a range of activities and follow their interests.

The service was led by a registered manager who was visible and approachable.

Quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were systems in place to safeguard people from the risk of harm and staff had a good understanding of these processes. Referrals had been made to the local authority when identified as required, however the outcomes of these were not consistently recorded.

Incidents and accidents were reported and recorded however it was not clear within records that actions to prevent reoccurrence had been completed.

The provider had a robust recruitment procedure however records of safe recruitment processes were not consistently available.

There were sufficient members of staff on duty at all times.

Risks to people had been assessed and reviewed regularly.

People's medicines were managed safely and stored appropriately.

### Is the service effective?

**Good** ●

The service remains Good.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Good** ●

The service remained Good.

### Is the service well-led?

**Good** ●

The service remained Good.

# Green Lane

## **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 was planned to check 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 3 October 2017 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us. We found that no recent concerns had been raised.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we carried out observations of the interactions between staff and people. We also spoke with three members of care staff and the registered manager.

We reviewed the care records and risk assessments of two people who lived at the service, and also checked medicines administration records to ensure these were reflective of people's current needs. We also looked at two staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

People were safeguarded from the risk of harm. All the members of staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us. One member of staff said, "I would tell a senior member of staff or use on call to raise any concerns. We have procedures in place to help us."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the entrance hallway. We saw that four safeguarding referrals had been made to the local authority since our last inspection however, there was no record held of the outcome of the referrals or if any action, if required, had been taken by the service. The service maintained a log of the referrals that had been made however this had not been kept up to date. The registered manager could not confirm the outcomes or any guidance that they had received from the local authority when asked.

Each person who lived in the service had risk assessments which addressed identified hazards they might face. These had all been reviewed regularly to ensure that the level of risk to people was still appropriate for them. The assessments detailed the hazard, the nature of the risk and any actions that staff should take to reduce the risk of harm. The assessments considered a wide range of daily living activities and included identified support regarding nutrition and hydration, personal care and activities.

A record of all incidents and accidents was held, with evidence that a senior member of staff had reviewed each report however it was not always clear from the computerised records that the appropriate action had been taken to reduce the risk of recurrence. For example for one person following a fall, the accident report stated that a new risk assessment has been written in relation to a new piece of mobility equipment. We were able to locate this risk assessment however it had not been authorised by the registered manager within the system so it was not clear to staff that the guidance within this risk assessment was to be followed and was up to date. The registered manager told us that the computerised system should alert them to any outstanding tasks and that they would review all assessments within the system to ensure they had completed all the required actions.

Staff we spoke with told us that there were enough staff on duty. One member of staff told us, "There's always the same number of staff on duty and we are never short staffed." We observed that staff were available to meet the needs of people using the service when required or requested. A review of past rotas showed that staffing levels were consistent and were reflective of the assessed needs of people living at the service.

We looked at the electronic recruitment files for two staff including a member of staff that had recently started work at the service. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff however the evidence of these checks was not consistently available. These checks included Disclosure and Barring Service checks (DBS),

two written references and evidence of their identity. For example, for one member of staff it was recorded that their identification had been seen at interview however copies were not stored in the system. For another member of staff these copies were present. For another member of staff a reference that had been provided was from a person with the same surname as the applicant. There was no evidence that the provider had verified this reference or that checks had been completed to ensure that the reference had not been provided by a family member. In contrast, for another member of staff we saw that both references provided had been verified and the referee contacted to confirm their identity and the reference that they had provided. The registered manager confirmed that all recruitment processes were completed by the provider organisation who then notified the registered manager when the checks were complete and the member of staff could commence work. We contacted the human resources manager of the provider organisation following our inspection who provided assurances that they would address the inconsistencies within the records that we found.

Medicines were managed safely. There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines.

## Is the service effective?

### Our findings

People received care and support from staff who had the required knowledge and skills. There was an induction period for new members of staff and an ongoing training programme in place. The staff we spoke with felt that the training provided gave them the skills they required and provided them with opportunities to continue their personal development. This was supported by the records we checked.

Staff felt supported in their roles by the senior member of staff and registered manager. Records showed that staff received regular supervisions and that appraisals had taken place or were planned in line with the provider policy.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people and were documented within their care plans.

Throughout the inspection we observed staff gaining consent from people. One member of staff told us, "People here are unable to communicate verbally but we know their body language and can recognise if they need support. We then see if they accept our help or assistance."

People were supported to have a varied and balanced diet at the service. The menu we viewed offered people a variety of meals, in line with their dietary preferences and taking into consideration any dietary requirements. We saw that people were involved in the planning of the menu and were supported to make choices.



## Is the service caring?

### Our findings

People were treated with kindness and respect. When we spoke with staff they knew people well, spoke with warmth and affection and demonstrated they understood people's preferences. The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared comfortable and at ease in the company of staff.

We observed positive interactions between staff and people that used the service and found these to be caring and friendly. We observed members of staff using each person's preferred name, taking the time to observe people and responding to requests for assistance.

The promotion of people's privacy and dignity was observed. Staff members were seen to knock on doors before entering and making sure they offered assistance to people in a discreet manner. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service. Confidential information was stored in the locked office or cabinets and we saw that all computerised records were password protected.

There was a range of information displayed within the entrance hallway lounge which included information about the service, safeguarding, the complaints procedure and fire safety notices. This meant that people and visitors received information on the services and support that was available.

## Is the service responsive?

### Our findings

Care plans were personalised and written for each person. The computerised care plans followed a standard template which included information on their personal background, their preferences along with their interests and each relevant section was completed thoroughly. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plan reflected people's individual needs and had been updated regularly with changes as they occurred.

People's likes, dislikes and preferences were recorded and reviewed on a regular basis. Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person.

People took part in a range of activities. Records showed that daily activities were consistently planned and completed. Each person had a weekly timetable in place with scheduled activities and additional 'free' time where they were supported to take part in an activity of their choosing. One member of staff told us, "Each person has a timetable of their activities which include going to the day centre and the activities they regularly do. Free time normally means a day where someone can do anything they like; lunch out, shopping or a visit somewhere."

People living at the service were unable to confirm if they knew who to speak to if they were unhappy however we saw that a number of complaint forms that had been completed on behalf of people where staff had recognised that a person was unhappy. These forms detailed the observations of the member of staff, the possible cause and the action that was taken to address the concern. One member of staff told us, "We can act straight away when we know someone is unhappy. It may be they are too hot or their transport is late. We can calm the situation and take action to try and resolve it."

There was an up to date complaints policy in place and an accessible poster containing the complaints procedure displayed in the entrance hallway. The registered manager was able to describe to us in detail the provider's procedure to address any concerns or complaints received and how these would be responded too. There had been no concerns or complaints received to the service in recent months.

## Is the service well-led?

### Our findings

There was a registered manager in post at the service who was supported by a care co-ordinator. The registered manager was also registered at another home within the provider organisation and explained that they divided their time equally between the homes. The care co-ordinator, who oversaw the service during the registered manager's absence, was new in post and the registered manager explained how they were supporting them in their new role.

Throughout the records viewed we consistently saw references to the name of the other home the manager was registered at and it was not always clear as to which service the document was in relation to. We discussed this with the registered manager who agreed that, although there were similarities between the two services, there needed to be more clarity between the two homes and they required to be managed separately.

Staff told us there was an open culture at the service and they felt able to approach senior members of staff or the registered manager. One member of staff told us, "Our new care co-ordinator is on leave at the minute but I know I can phone [Name of registered manager] and get help." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued. Staff were committed to the people living at the service.

There was a quality assurance system in place. We found that there were a range of audits and systems put in place by the provider organisation to monitor the quality of the service which the registered manager reported upon on a monthly basis. Audits completed covered a range of areas, including incidents and accidents, health and safety, medicines and an audit of care plans. Any issues in these audits were recorded as an action. This demonstrated how the registered manager used the audit process to monitor the service and ensure that action taken when identified as required; however when discussed, the registered manager recognised that the audits they had completed required review as they had not identified the issues we found in relation to the recording of safeguarding outcomes and incident reviews.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Members of staff we spoke with confirmed that they were given the opportunity to request any topics for discussion at meetings.