

# Live & Learn Limited

# Live & Learn

## 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:

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. At the time of our inspection there was one adult and one child using the service.

Not everyone using Live and Learn receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service:

- The provider had continued to make improvements since our last inspection in April and May 2017.
- Staff received better training and continued to receive supervision and support to help them with their work.
- The provider continued to improve the records they kept and the checks they did to make sure people received good, safe care. This included new policies and procedures to make sure staff were up to date with legal requirements.
- People continued to receive safe care by staff who knew the risks people faced. Staff supported people to be independent while keeping them safe.
- The provider reviewed and updated support plans for the person and child using the service. These were personalised and gave staff guidance on the support they required to have their needs, wishes and choices met.
- People and children continued to be protected from abuse. Staff received refresher training in safeguarding adults and children and were aware of the reporting procedures to follow if they witnessed or suspected abuse had occurred.
- People and children continued to participate in a variety of social and recreational activities that met their social and physical needs. They were encouraged to eat and drink sufficient amounts to maintain good health.
- Staff continued to support people and children with their medicine safely .
- The provider and staff worked with healthcare professionals to make sure people and children had the support they needed, when they needed it.
- Relatives told us they thought the staff were good. People and children received support from the same staff, this meant there was a continuity of care and staff knew people and children's needs well.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for this service after our inspection was "good".

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:

- At our last inspection the service was rated as "requires improvement". Our last inspection report was

published on 1 June 2017.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

Follow up:

- We will continue to monitor this service to ensure people receive safe, compassionate and high-quality care. We will re-inspect in line with our schedule for those services rated as good. We will inspect sooner if we think there is a risk to people.

## 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.

# Live & Learn

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was completed by two inspectors.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own home. It specialises in providing care to children and young adults with a disability.
- 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 notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
- We spoke to one family member of a person who used the service and one member of staff.
- During our inspection we spoke with the registered manager. We looked at records which included two care plans, two staff files and other records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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

- People and children continued to be protected from abuse.
- A family member told us they felt their relative was safe.
- Staff had received up to date training in safeguarding adults at risk and children. Policies and reporting procedures were in place. This meant staff were aware of the signs of abuse or harm and the appropriate action to take to safeguard people and children.
- Staff understood what abuse was, and what they needed to do if they suspected abuse had taken place.

Assessing risk, safety monitoring and management

- Risks to people and children continued to be assessed and were safely managed so staff knew how to keep people and children safe.
- Risk assessments included information on safeguarding, manual handling, infection control and the environment. These were regularly reviewed and updated when people's needs changed so staff had the information they needed to minimise risk to people and children.
- The registered manager understood people's individual risk needs and how to best support them while maintaining people's independence.

Staffing and recruitment

- There were enough staff to meet people and children's needs.
- The staff team remained the same as on our previous inspection and no new staff had been employed. However, the recruitment procedure remained in place and a recent criminal record check had been completed to make sure staff continued to be suitable.

Using medicines safely

- Medicines continued to be safely managed. Staff had received training in medicine management and were able to describe in detail the processes for administering and recording medicines given.
- Only one person using the service needed occasional assistance with their medicines and their family member confirmed that staff support with medicines was good.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves, aprons and shoe coverings when required.
- Policies and procedures were in place to guide staff and protect people from the spread of infection. Risk assessments were in place where people and children were at risk of infection and guidance was in place for staff on how to support them.

### Learning lessons when things go wrong

- Systems were in place to report accident and incidents although none had been reported since our last inspection.

# Is the service effective?

## Our findings

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

At our last inspection on 24 April and 2 May 2017, this key question was rated as "requires improvement". We found that although an independent training provider had been identified to deliver staff training, it had been too early for us for us to assess the effectiveness of the new arrangements. At this inspection staff told us they had received the training they required for their role and records confirmed this had been received. Therefore, the rating for this key question has been increased to "good".

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The staff member we spoke with told us they received enough training to provide people with the care and support they needed. They told us training was good and there was plenty of choice. They felt supported and received regular supervision with the registered manager.
- The registered manager recorded staff training and discussed training as part of staff supervision. The registered manager explained staff were given a list of courses available and together they decided which courses were most relevant to their roles. At the time of our inspection the registered manager was scheduling refresher training for staff.
- The registered manager tested staff's understanding of policies and procedures with the use of a questionnaire. Any gaps in knowledge were highlighted and discussed with the staff member so staff were up to date with best practice.

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

- When required people were supported to eat and drink and maintain a balanced diet.
- When people and children needed additional support with their eating or drinking or where risks had been identified details were recorded in their care records so staff were able to support them appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and children were supported to maintain good health.
- Where people required support from healthcare professionals, this was arranged and staff followed the guidance given.
- The provider gave examples when they had worked with other agencies to help one person with their mobility.

Ensuring consent to care and treatment in line with law 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The provider continued to demonstrate understanding and awareness of their responsibilities in relation to the Act. Detailed policies and procedures were in place should staff need additional guidance.
- The provider explained they would involve people's families, representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care. This was to ensure decisions were made in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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.

Ensuring people are well treated and supported

- Relatives continued to speak positively about staff. One relative told us, "Yes this is a good service." They went on to tell us the support was right for their family member and tailored to meet their needs.
- People and children had been provided with support from the service for a number of years. During this time support had mostly been provided by the same members of staff. This helped maintain continuity and consistency in the support people received.

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

- The person and child the service supported had complex communication needs. The provider and staff were able to explain how they communicated with them so they could express their views and needs. One staff member gave examples of the tools they used such as, picture books, objects of reference and Makaton (Makaton use signs, symbols and speech to help people communicate) to help them to communicate with people and children using the service.
- It was clear from speaking with staff and the provider that they knew the person and child using the service very well. Relatives told us staff involved them in the care their family member received. Staff explained how they worked with people and their families to make decisions about the care and support people and children received.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to ensure people's right to privacy and to be treated with dignity was received. Staff had worked with people and children for a long time so were able to build trusting relationships with them. This meant staff knew how people liked to receive their care and support and protect their privacy and dignity.
- The provider told us how they supported people to be independent and make choices about how people lived their lives. Since our last inspection we heard about one person who was now able to complete certain tasks which gave them greater independence.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service 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

- People received personalised care that was responsive to their needs. People were involved in the care planning process and records confirmed people's views were recorded. Detailed plans were in place for people's routines, so staff knew how they wanted to be supported.
- People's care records were reviewed and updated regularly and when people's needs changed their care records were updated to reflect these changes. For example, one person's care records were updated following changes in their mobility needs.
- The provider and staff gave examples of how they supported people to follow their interests and hobbies. Care records gave details of what activities people and children liked to do. For example, one person liked to go shopping or to visit the cinema.
- People were supported with activities in the community such as attendance to day centres. The provider also gave examples of day trips the service had taken people on, such as, trips out for celebratory meals or to local theme parks.

Improving care quality in response to complaints or concerns

- Relatives told us they were happy with the service and would contact the registered manager if there were any concerns. One relative told us, "If there are any issues I can always tell them [the registered manager] and the majority of the time they will sort it out straight away."
- The provider continued to maintain arrangements for dealing with people's complaints or concerns if they were unhappy with any aspect of the support provided. The provider told us no formal complaints had been received about the service since our last inspection.
- A detailed policy and guidance on how to make a complaint and how this would be dealt with, was in place. This meant if people or their relatives wanted to make a complaint there was a clear structure in place with the procedure to follow and the timescales involved.

# 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 on 24 April and 2 May 2017, this key question was rated as "requires improvement". We found at that time the provider had made improvements in the records they kept and the checks they did to make sure people received good, safe care. However, it had been too early for us for us to assess the effectiveness of the new arrangements. The provider had told us they were planning to implement new policies and procedures, so staff were up to date with current changes and working practices, but this had not been done. At this inspection we found the improvements made were still in place and new policies and procedures had been introduced that were easily accessible to staff. Therefore, the rating for this key question has been increased to "good".

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support

- People's and children's care records continued to be up to date and contained current information about their care and support needs. This reduced the risk of inappropriate support being provided due to poor quality information about people's and children's needs.
- Staff files contained details about the training and supervision they received so the provider could monitor the training and support needs of staff. In addition, the provider had recently undertaken new criminal record checks to ensure the continuing safety of people using the service.
- The provider had implemented a new computer-based records management system that would allow information about people, children and staff to be securely stored in one place. This would allow the provider to check people's needs and support daily, if required. If any changes were needed to people's care plans these could be made so staff would know what to do to keep people safe. The provider explained staff were in the final stages of system training and care plans needed to be uploaded. They hoped the system would be fully running in the next two weeks.

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

- The service was very small and the registered manager explained they were able to speak to staff regularly. Staff told us they felt well supported by the registered manager. They told us they would regularly speak on the telephone and she would help if they had any problems or questions.
- People and their relatives knew the registered manager and told us they would contact them if they needed to.
- The provider had recently introduced new policies and procedures, these were accessible to staff using an online system and allowed the manager to review when they had been read. Staff were sent a questionnaire to ensure they understood new policies, legislation and regulatory requirements and these were discussed at staff supervision. This meant the provider was able to ensure staff understood and met legal

requirements.

- The provider carried out regular checks to ensure the quality of care people and children received because of the size of the service these were informal. However, we were able to see changes in people's care and associated risks had been recorded and updated when necessary and records were kept up to date and accurate.

Engaging and involving people using the service, the public and staff; continuous learning and improving care

- People and relatives continued to be able to give the provider feedback about the quality of support they received and how this could be improved. The provider explained, due to the size of the service, surveys were ineffective. They told us people and relatives preferred to give continuous feedback about what could be improved and how staff supported them. One relative we spoke with confirmed the provider would act on any issues raised.