

Livability

Livability Wall Street

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

Livability Wall Street is a residential care home providing regulated activity personal care to up to 10 people. The service provides support to adults with learning disabilities and physical disabilities. Downstairs accommodates 8 people and upstairs accommodates 2 people living in self-contained flats. At the time of our inspection there were 10 people using the service.

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

Right Support: People lived in a central location and were able to easily access chosen activities, leisure and transport links. People were able to make choices about their lives and how they wanted to spend their time. People received personalised care tailored around their needs and preferences. This enabled people to follow their own interests. People received their medicines as prescribed. Where appropriate people were supported to manage their own medicines to maximise their independence. People were supported to have maximum autonomy, 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: People received kind and compassionate care. Staff protected people's privacy and dignity. Risks to people were managed and appropriately mitigated by a staff team who were dedicated to supporting people's independence. Staff worked with other health and social care professionals to ensure people received the care and support they needed.

Right Culture: The management team had worked hard to develop a positive culture where people could speak freely. Staff spoke positively about the management of the service and the support they received. Staff were committed to providing people with opportunities to feel part of the community and to lead a quality life of their choosing. Audits and checks were completed regularly to monitor performance and identify any areas of possible improvement within the service.

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 16 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, management and care for

people that lived there. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Livability Wall Street on our website at 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.

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 Wall Street

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 was carried out by 2 inspectors and an 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. The Expert by Experience carried out telephone calls to people following our onsite inspection.

Service and service type

Livability Wall Street 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 Wall Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. In these settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. We did not look at the 'supported living' settings as part of 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at the home about their experience of the care provided and 7 relatives. We spent time observing interactions between people and staff to help us understand the experience of people who could not speak with us.

We spoke with 9 members of staff including the registered manager, peripatetic manager, senior care staff and care staff.

We reviewed a range of records which related to people's care and the management of the service. This included 2 people's care records, which included risk assessments and 2 people's medication files. We also looked at other documents such as, training, quality assurance records, policies, and procedures and 2 staff files in relation to recruitment were reviewed. The registered manager sent us documentation we asked for.

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

- People were safeguarded from abuse and avoidable harm because staff knew them well and understood how to protect them. One person told us, "The staff are as good as gold. I feel safe here." A relative said, "They're (staff) very good. When they take [person name] out, they communicate, they're protective and look after [person] well." Another relative told us their family member was happy and safe and said, "[Person's name] calls staff family."
- Staff were trained in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member said, "If I saw anything of concern, I would tell the shift leader and ensure the information is passed on to the management team. I have never seen or heard anything of concern but would feel confident to raise if needed." Another staff member said, "I wouldn't worry about raising or saying something if I saw something wasn't right." A further staff member said, "I've never had to raise any concerns, but I know if I did, they would be taken seriously and I would be listened to, concerns would be acted on."
- The registered manager understood their responsibilities to report any safeguarding concerns. Systems were in place to make safeguarding referrals to the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people's needs, health and lifestyle were identified, assessed and managed. Individual risk assessments supported people's safety while promoting their independence. For example, for when people were safe to look after their own medicines or going out alone.
- Risks associated with people's individual health needs had been assessed. For example, risks associated with epilepsy. There was clear information and guidance to support staff in meeting the needs of people who lived with epilepsy.
- Where appropriate, positive behaviour support plans were in place for people. These helped staff support people who may become upset or distressed. Staff were consistent in their approach with each person and knew how to minimise the impact of their distress. For example, what to say and not to say and what situations to avoid.
- Staff had training in the safe use of equipment needed in people's care. For example, wheelchairs, hoists and slings.
- People lived in a safe environment because there were systems in place to carry out regular health and safety checks. People had individual personal emergency evacuation plans (PEEPs) in place.

Staffing and recruitment

- Staffing arrangements met people's needs. Agency staff were used when needed. For example, to cover vacancies and staff absences. The impact of this on people's support was minimised by using regular

agency staff.

- Safe recruitment practices were being followed. Checks had been made on staff before they started to work. These included references, employment history, right to work and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. All this information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely from staff who were trained and assessed as competent in the handling of medicines. We discussed adding more detailed information when carrying out competency assessments. For example, what had been discussed with the staff member and examples and responses provided by the staff member being assessed.
- Medicines were stored in individual cabinets in people's rooms. These were monitored with daily checks including temperature checks being completed. This ensured medicines were stored at the correct temperature. The effectiveness of medicines can be affected if they are stored at too high or too low temperatures.
- Some people took medicines on an 'as and when required' basis (PRN). Detailed protocols which described when they should be used were in place.
- Where possible people were supported and encouraged to take on responsibility for managing their medicines. Systems were in place to support people to do this safely.
- The management team carried out regular audits to ensure people received their medicines as prescribed and any errors could be identified and acted upon promptly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from relatives as there were no restrictions in place. Relatives were visiting their loved ones during our inspection.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There were systems in place to monitor any accidents and incidents affecting people's safety. Staff recognised incidents and reported them appropriately. The management team investigated incidents and shared lessons learned.

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 we rated this key question good. At this inspection the rating has remained good. This meant 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 care and support plans which were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Relatives confirmed they were involved in the care plan process for their loved one. One relative said, "We were involved at the start and when any changes with [person's name] care we are involved."
- Prior to anyone moving into the service the management team completed assessments of people's health and support needs to ensure their needs could be fully met.

Staff support: induction, training, skills and experience

- Staff told us they were supported in their roles and both the peripatetic manager and registered manager were supportive and approachable. One staff member said, "Management presence is there, it's really nice." Another staff member said, "I absolutely love it here. Relationships with staff and people and management are great. I'm lucky to work at Livability Wall Street."
- New staff received an induction which included working alongside more experienced staff. A relative said, "You can see that new staff are inducted well. Staff are prompt and they are trained up well."
- Staff told they had received relevant training to carry out their roles effectively. Training consisted of eLearning, face to face and refresher training. Staff talked about recent refresher training they had attended face to face for manual handling and medication.
- Records confirmed staff completed training relevant to their role and received regular supervisions. One staff member said, "If you wanted or needed supervision sooner than the planned one you can. Management are approachable and there is always an open door."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Some people were at risk when eating and drinking. Guidelines were in place for staff to follow which enabled people to eat and drink safely.
- People were involved in choosing their food, shopping and planning their meals. People had their own cupboards and fridges which contained their chosen foods and snacks.
- We observed people making choices of food they wanted and staff encouraging them to be as involved with preparing as much as they could and wanted to be.

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

- People were supported to live healthier lives and access healthcare services.
- People were supported to attend appointments. For example, GP, district nurses, speech and language therapists (SALT), physiotherapist, occupational therapist, dentist and opticians.
- Relatives told us they were kept informed about their family members health appointments and were updated with information by staff. One relative described how their family member suffers with chest infections and is at risk of pneumonia. They told us, which we also viewed, there was an agreed plan of admission in place and the hospital also had this information and were aware of the risk of pneumonia and to prescribe antibiotics quickly. The relative said, "It works well."
- People had hospital passports in place. These contained detailed information about people's health needs, likes, dislikes and communication.

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

- The environment was inclusive. People were able to freely manoeuvre around the home due to the spacious layout and wide corridors. There were spacious communal areas for people to use should they choose to, and the recent refurbished kitchen/dining rooms were made fully accessible for people. For example, worktops could be adjusted to different heights to enable people who use a wheelchair access.
- People's rooms were very personalised and decorated to their tastes and preferences. Some of the bedrooms had wall murals. The peripatetic manager told us one member of staff is a skilled artist and had painting themed murals of people's choice in people's rooms.
- The home is in a central location which meant people had easy access to local amenities and transport links.

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 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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff worked in line with the MCA and ensured people were involved in decisions as far as possible. Where people lacked capacity, best interest decisions were recorded where necessary.
- DoLS authorisations had been applied for where people required them, and conditions were being met where they were in place.
- Staff knew about people's capacity to make decisions and respected people's choices.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect and were empowered to be in control of their lives. For example, how they spent their time, what they wanted to do and when.
- Relatives told us their family members were well treated. A relative said, "They (staff) treat [person's name] like any other person they (staff) don't assume anything." Another relative said, "They (staff) are polite and helpful. They (staff) spoil [person's name] a bit." A further relative said, "They (staff) love [person's name], they speak and banter, [person's] been there so long and got a good rapport, banter is on [person's name] level and [person's] needs."
- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us how they wanted to use the gym and how staff had supported them to the gym to sign up to join and how they now go independently.
- Staff received equality and diversity training. Staff knew to treat people as individuals and not to discriminate against them based on any protected characteristics.

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

- People were supported to express their views and make decisions about their care.
- People were supported to express their views and make decisions by staff during keyworker meetings and resident meetings. People were able to express their wishes and preferences about their care and support and activities they wanted to do. One relative said, "[Person's name] will let them (staff) know, [person] doesn't speak but can makes themselves known what they do want." Another relative said, "[Person's name] tells people bluntly if they do not like something, that's put in their communications profile." A further relative said, "They're (staff) very good and patient, [person's name] has no communication, they (staff) give them options and let [person's name] make choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and respect was the focus of the provider and registered manager culture and values, and staff were motivated to deliver respectful support and care.
- Relatives told us their family members dignity was maintained. A relative said, "During personal care they (staff) shut the door, staff knock if they need to come in." Another relative said, "100% [person's name] dignity is respected. They (staff) won't go in [person's] room without them being there or their consent. That's [person's name] privacy. If someone wants to speak to [person], they (staff) phone [person]."
- Care records were personalised and included guidance for staff on what people can do independently and when they needed support. Staff knew people's abilities and strengths and understood these could vary. A staff member said, "We (staff) are aware of people's limitations and what people can do for themselves. We

always focus on what people can do."

- People were empowered to be as independent as possible. One relative said, "Since [person's name] been there they can now wheel themselves around the home, and they (staff) let [person's name], before they couldn't wheel themselves in their wheelchair." Another relative said, "When they (staff) take [person's name] out shopping, they (staff) don't choose when buying clothes, they let [person] choose what they like."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in a personalised way. Staff and the management team knew people well. Care plans were person centred and had information of people's support needs.
- People were able to choose how they spent their time. Activities were individualised to support people's choices, needs and preferences.
- Staff focused on celebrating events which were important to the person. For example, staff had supported people to put Halloween decorations up.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported. Each person had an individual communication plan which detailed the person's preferred method of communication and the approach to use for different situations. For example, information describes what is likely to happen, how a person will present and how staff should support them.
- Staff ensured people had access to information in formats they could understand. For example, weekly planners were in picture format and easy reads were in place for safeguarding information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do things they wanted and enjoyed. One relative told us, "[Person's name] goes for a walk to see the ducks, goes to the library, [person's name] is given choices all the time." Another relative said, "[Person's name] gets out a lot and is asked where they want to go." A further relative said, "[Person's name] gets choices, participates, goes out; shop, cinema, cafe, library. Holidays [person's name] gets choices, we're mindful how [person's name] can manage activity. They (staff) are really good and offer [person's name]."
- People were supported to maintain relationships with their families. People's families visited them, and people went to their family home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Any concerns and complaints were monitored and responded to appropriately.
- There was accessible pictorial information for people living at Livability Wall Street so they knew how to raise concerns. One person said, "I could complain if needed, I would feel comfortable to if I had to."
- Regular 'residents' meetings took place where people could raise any concerns. This helped the management and staff team to improve the service and to adjust people's care and support if needed.
- Relatives told us they felt supported and listened to by staff. A relative said, "Any problems or concerns we phone on duty and explain, and they deal with it straight away. 100% happy. Peace of mind for us." Another relative said, "We would be listened to if we had any concerns. If we were not happy, we would say."

End of life care and support

- At the time of our inspection no one was receiving end of life care and support.
- Staff had received training in end of life care. The registered manager knew where to go to access additional support when required in this area.
- Records showed end of life wishes were explored with people and their relatives where appropriate.

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.

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

- There was an embedded culture of people being the focus and at the heart of everything, and this was reflected in the management's teams support and oversight. They knew the needs of people they supported and were passionate about achieving good outcomes for them. Staff were highly motivated and ensured people lead confident, inclusive and empowered lives.
- People and relatives found the management team and staff to be extremely supportive and told us the service had a good atmosphere. Comments included, "[Peripatetic manager's name] is very approachable, [peripatetic manager] will bend over backwards with any issue to sort it out." "Friendly, warm, inviting, like a family with residents and staff. Professional, friendly like going in a home not a care home."

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; Continuous learning and improving care

- The registered manager and peripatetic manager were open and honest throughout the inspection.
- The registered manager was aware of their responsibility of the regulatory requirement, including those under the duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC. The management team worked openly with people and their families to ensure information was shared.
- There was a learning culture at Livability Wall Street. Accidents and incidents were recorded. Systems to oversee and review these were in place to identify any trends and themes, to prevent from happening again, and to improve the care and support people received.

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

- The registered manager and peripatetic manager were extremely passionate and motivated about the work they do. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- There were effective systems in place to monitor the quality and standards of the service, any areas identified as needing improvement were actioned.
- Staff were clear about their roles and responsibilities and what was expected of them at work. Staff told us they felt valued and supported. One staff member said, "[Manager's names] will help and support with anything. Any problems they help. You can speak with them whenever, if not on site you can call them."
- Staff spoke passionately about their roles and the people they supported. One staff member told us, "I

love my job, I love being here and being able to spend time with the people living at Livability Wall Street, going out with them and spending quality time with them." Another staff member said, "I would recommend Livability Wall Street. People are treated as you would want your family member to be treated." A further staff member said, "Now everything is so much nicer, everyone gets on with everyone, nice to come to work, I enjoy the job, love care work. Love working with the people, it's a rewarding job."

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

- People were empowered to voice their opinions and get their voices heard. For example, during keyworker and resident's meetings. This enabled people to control key decisions about what care and support they wanted, and how this was going to be delivered.
- In addition, people's views were also sought through annual surveys which were in accessible formats for people. Feedback received in response to the most recent surveys completed in May 2023 had been positive with comments including, "The staff support me in the best way to be independent, as much as I can be." "I'm very happy to live here." "I haven't been unhappy with anything from livability."
- Relatives confirmed they were able to share their views and opinions during conversations and reviews. Most relatives said they were asked to complete questionnaires.
- Staff were consulted and included in the service. Staff told us they had regular staff meetings where they could contribute and make suggestions.

Working in partnership with others

- The staff team worked closely with other professionals to ensure people received safe and effective, joined up care, documents confirmed this.