

## Livability

# Livability Lifestyle Choices West

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

The inspection was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available. The inspection was undertaken by one inspector.

Livability Lifestyle Choices West provide care and support services to people living in their own homes. The service

is provided to people who predominately have learning disabilities and may also have associated physical disabilities and dementia care needs. At the time of the inspection they were supporting 23 people.

There was a registered manager in post at the service however they were not available for the inspection because they had been on a period of extended leave. A registered manager is a person who has registered with

# Summary of findings

the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Whilst the registered manager had been away, an interim manager was in place, plus there was also a deputy manager who was familiar with the service.

The care planning and risk assessment processes in place were cumbersome and disorganised. Care records were more appropriate for a residential setting (a care home) and did not clearly identify the care and support the service provided. Risk assessment processes were excessive and some people had 19-20 risk assessments. Some of those assessments were in respect of activities the person participated in without support from the service. Old care documentation was being stored in people's own homes, was not secure and the service could not be sure all records were retained for the appropriate period of time.

The interim manager, deputy manager and the staff team were knowledgeable about safeguarding issues, knew the appropriate actions to take if concerns were raised and who any concerns should be reported to. All staff received safeguarding adults training. Robust recruitment procedures were followed to ensure only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

Where people needed support to manage their daily medicines this was identified in their care and support plan. Staff received safe medicines administration training to ensure they were competent to undertake the task and their competency was rechecked.

Staff were provided with training opportunities to enable them to carry out their roles and responsibilities. They completed a programme of essential training, person-specific training and a programme of refresher training. Support workers were expected to complete additional qualifications in health and social care.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to

assess people's capacity to make certain decisions. Where people had been assessed as not having the capacity to make a decision or had no verbal skills, best interest decisions had been made involving others who knew the person well.

People were supported to have sufficient food and drink. Where people needed support with meal preparation this was detailed on their care and support plan. Where required people were provided with support to eat their meals and have drinks. People were supported to see their GP and other healthcare professionals as and when they needed to do so.

The support workers and the managers had good, kind and friendly working relationships with the people they were looking after. Staff ensured people's privacy and dignity was maintained at all times.

The people looked after by this service had received care and support for many years and the support workers looked after them in the way they knew they preferred. Support workers were able to tell if those without any verbal communication skills were feeling because they knew what other non-verbal actions meant. People were encouraged to express their views and opinions about how they wanted to be looked after.

Although people were satisfied with the service, the staff were looking forward to the return of the registered manager and the recruitment of new staff. All staff endeavoured to provide a high quality care service that was safe, effective and compassionate.

Measures were in place to monitor the quality of the service and action plans were in place where improvements had been identified. Learning took place following any accidents, incidents or complaints to prevent further occurrences.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from being harmed, and all staff knew what actions to take if abuse was witnessed, suspected or reported.

Risks to people's health and welfare were well managed. Hazards had been reduced where possible but other risks assessments had been completed where the service had no control of that risk.

The recruitment of new staff followed robust procedures and ensured only suitable staff were employed.

Medicines were managed safely and the level of support a person needed formed part of their care plan.

Good



### Is the service effective?

The service was effective.

People were looked after by staff who had the necessary knowledge and skills to meet their needs. Staff were aware of the Mental Capacity Act 2005 and ensured that consent was obtained before providing care and support. Where people lacked capacity to make decisions or lacked verbal communication skills, appropriate measures were in place to ensure their human rights were respected.

People were supported to have sufficient food and drink which met their individual requirements and were supported either to prepare their meals or to eat their meals.

People were supported to see their GP and other healthcare professionals as and when they needed to do so.

Good



### Is the service caring?

The service was caring.

People were treated with respect and kindness. They were at ease with the support workers and had good relationships with them. Staff spoke respectfully about the people they looked after.

People were looked after in the way they wanted and the support workers took account of their preferences and personal choices. People were encouraged to make decisions about things that affected their daily lives.

Good



### Is the service responsive?

The service may not be fully responsive for each person.

Requires Improvement



# Summary of findings

People received the care they needed however their care notes were cumbersome and disorganised. There was a risk that unfamiliar staff or new staff would not gain an accurate picture of the person's care and support needs. Care reviews could not be clearly evidenced.

People felt able to raise any concerns they may have and said they would be listened too.

## Is the service well-led?

The service was well-led in most aspects.

However, people's care records were not stored securely and the service did not have arrangements in place to ensure that all records were retained for the specified period of time.

People were satisfied about how the service was managed. Staff were looking forward to the return of the registered manager and the recruitment of new staff but had ensured they always provided a high quality care service that safe, effective and compassionate.

People and staff said they were listened to and their views were actively sought.

Measures were in place to monitor the quality of the service and action plans were in place where improvements had been identified. Learning took place following any accidents, incidents or complaints to prevent further occurrences.

**Requires Improvement**



# Livability Lifestyle Choices West

## 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, and to provide a rating for the service under the Care Act 2014.

The last inspection of Livability Lifestyle Choices West was completed in October 2013. At that time there were no breaches in regulations.

The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection reports. We contacted two social care professionals as part of the planning process.

We reviewed the Provider Information Record (PIR) during and after the inspection. The provider had received an acknowledgement that the PIR had been submitted however this had not appeared in our pre-inspection information. The PIR is information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with eight people who used the service, the interim manager and the deputy manager, three support workers and two agency workers who both worked regularly for Livability.

We looked at six people's care records, checked the electronic staff recruitment records and training records, staff rosters and other records relating to the management of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (These regulations were replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 on the 1st April 2015). You can see what action we told the provider to take at the back of the full version of this report.

# Is the service safe?

## Our findings

People said “The staff always make sure I am safe”, “Someone always comes out with me when I go anywhere because I am too nervous to go out on my own”, “I feel very safe and know that there is always someone I can call upon” and “When I go out on my own the staff always ask what time I will be back”. There were protocols in place for the staff to follow if this person did not return home after a given amount of time.

The service had safeguarding policies and procedures in place. These gave guidance to staff on what to do if concerns were raised about a person’s safety, or if they were told about an event that had happened.

Staff had a good understanding of safeguarding issues and had to complete a computer based safeguarding training programme as part of their induction training and on-going refresher training. The provider had already identified in a recent audit that there needed to be a knowledge check post training to ensure staff were clear of what processes to take in the case of suspected abuse and whistle blowing. The registered manager had attended a three day training session on managing any safeguarding events with the local authority and there were plans for the deputy and team leader to also attend additional training with Gloucestershire County Council.

Support workers said they would report any concerns they had to the registered manager or other senior staff within the office. If they had concerns at the weekends or outside of office hours there was always an on call senior person available. In the PIR the provider stated each person who was supported was given a copy of booklets called “What is Abuse” and “How to complain” and that staff worked with them to understand their content. Because the care files in each person’s home were so disorganised, it was difficult to locate these booklets.

Two safeguarding concerns raised by the service in the previous 12 months had been reported to the local authority and also to the Care Quality Commission. Other safeguarding concerns had only been reported to the local authority: these were in respect of the behaviours of one person they supported and not in relation to any allegations of abuse. The appropriate actions had been taken to safeguard people from further harm.

As part of the process in setting up the care and support packages for each person, risk assessments were completed. However, the methods used were excessive. Although an environmental risk assessment was completed the way in which the details were recorded was not helpful. People had numerous risk assessments (19 or 20) – some of the risks were perceived risks and others were in respect of activities the person did without support from the service. We have referred to this again under the responsive section of the report. Staff told us they were expected to report any safety concerns in people’s home and were clear on how to report and record any accidents or incidents that occurred.

Moving and handling risk assessments and plans were in place where a person needed to be supported to transfer from one place to another using equipment. In addition postural management guidance had been provided by healthcare professionals. Staff told us that they had received person- specific training in order to ensure all staff used the same safe methods of moving and transferring.

Staff personnel files were not kept at the offices of the service but the managers explained that new members of staff would not be able to start work until all the pre-employment checks had been completed. All staff files were kept at the company head office. Safe recruitment procedures were followed and ensured that only suitable staff were employed.

The service currently looked after 23 people and provided support with personal care tasks, daily living tasks and general supervision. The staff team consisted of the registered manager, a deputy manager, administrative support, one team leader and 24 support workers. At the time of the inspection there were a number of staff vacancies. Support workers were employed for contracted hours and had been picking up a number of the vacant shifts and reported that “things had been difficult for a while” and “there was a great need for more staff”. There were currently insufficient numbers of support workers to cover each of the care packages however the provider was actively trying to recruit new support workers, and agency staff were being purchased to fill the shortfall. Where people needed two support workers to complete moving and handling tasks, two staff were always allocated. Requests to support any new people were not currently being considered and would not happen until there was staff availability to support them.

## Is the service safe?

People retained responsibility for their own medicines where possible. One person said “I take my own tablets, I never forget. I do not need any help”. Other people said “The staff remind me to take my tabs” and “The staff take my tablets out of the plastic packet”.

People were protected against the risks associated with medicines. Before people could be supported with their medicines the level of support they needed was

determined. Support workers received safe medicine administration training. Competency assessments were carried out of staff to ensure medicines were administered safely. Staff we spoke with confirmed that training and competency assessments had been carried out. Staff were provided with information about the medicines people too and completed a medicine administration record (MAR chart) after medicines had been given.

# Is the service effective?

## Our findings

People were supported at a number of different locations and either lived in shared houses or on their own in their own homes. All support workers were employed to work within a particular location or geographical area. This meant that people were looked after by a small number of support workers.

Support staff and the two agency workers we met talked to us about the people they were supporting and were knowledgeable about their individual preferences and daily routines. One agency worker said that they worked often and “knew the people well and was always given any updates”. People were looked after by staff who were familiar with their needs. The deputy manager and interim manager knew about the people being supported and understood the staffing requirements at each of the venues.

People were supported by staff who were appropriately trained and able to fulfil their role. Support staff said they received all the training they needed to prepare them for the job and arrangements were made if they needed more training: one said “You only have to ask”. New support workers completed an induction training programme when they first started working for the service. The induction programme consisted of a mix of e-learning training programmes, competency checks and practical teaching sessions.

There was an on-going staff training programme to ensure that all staff remained up to date and their skills were in line with current best practice. Individual training records were maintained for each staff member plus there were electronic records providing an overview of the whole staff team. Some of the training was completed by all staff, for example health and safety, moving and handling, first aid, safeguarding adults and safe medicines administration. Other ‘person specific’ training was arranged in order to equip care staff with the required knowledge and skills to meet that person’s needs. Examples of this included the administration of emergency medicines, end of life care and dementia awareness.

Support workers were expected to complete a health and social care qualification and all but one support worker

had achieved either a level two or three award (formerly called a National Vocational Qualification (NVQ)). The support worker without a qualification was however in the process of completing the training.

Staff said they were well supported and could contact the office or the on-call person at any time. A programme of regular supervision meetings with each support worker had recently been re-introduced as this had slipped in the last year and already been identified as an area for improvement in the last providers audit. The majority of staff had each had one supervision in the last two months. Annual staff appraisals were all due and the forms had already been sent out. These were used to discuss work performance and any training and development needs. Staff meetings were held with the support workers who worked in the different locations.

Support workers told us they gained people’s consent before starting to provide support. They said where there was a lack of verbal communication they were able to tell from the person’s behaviours and demeanour if they were happy for them to proceed. Staff had a good understanding of consent issues and had to complete Mental Capacity Act 2005 (MCA) training. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. A person’s ability to give consent was assessed as part of the overall assessment process and where decisions needed to be made by others, best interest meetings were held with all other relevant parties.

Seven of the eight people we visited said they knew when their one to one time was and that “the staff are always around”. Some people were supported with night time ‘sleep-in’ cover. At the time of our inspection care packages ranged from a number of hours per week up to full care 24 hours per day for designated days.

The level of support each person required to eat and drink was determined in the assessment and care and support planning process. One person told us they prepared all their own meals. Another person said they liked cooking and that staff were around to help if they needed. Others were provided with support to prepare their meals and drinks and supported to eat their meals. Support workers said they would report any concerns they had about people’s eating and drinking needs to the team leader, deputy manager or healthcare professionals.



## Is the service effective?

People were registered with a local GP practice and dentists. Staff supported them to attend the GP surgery, to collect their medicines from the chemist and to attend any healthcare appointments. Each person had a health action plan in place and where appropriate, hospital passports had been devised to ensure important information was shared in the case of hospital stays. The level of support people needed was agreed as part of their care package. One person was supported to attend an appointment whilst we were visiting the shared house and the support

worker said they “try to make appointments during people’s one to one time” and “if this was not possible we juggle things around with the others”. Where people were also supported by other health and social care professionals, the service and support workers worked alongside them to make sure people were well looked after. One support worker told us they liaised with the specialist nursing team to meet a person’s nutritional needs, mental health services and therapy staff to meet the healthcare needs of others.

# Is the service caring?

## Our findings

People said “The staff are nice and look after me”, “They are my friends”, “They help me particularly when I am feeling very sad and we look through my memory box together” and “She has been coming and helping me for a long time. We get on very well together”. One person said “I like all the staff that come to me and we get on very well”. One person said in the past they had asked not to have a specific member of staff so this does not now happen. They added “It was a clash of personalities, nothing more than that though”.

People were looked after by a minimum number of support workers as the staff generally worked with specific people. One support worker said they only worked in the Cirencester area and therefore would only work with the five people who lived in this area. The staff member knew the person very well, was very knowledgeable about what the person liked and how the person would present if they were unhappy.

We spoke with some of the people who were supported and it was evident they had positive working relationships with the staff team who supported them. People were treated as individuals and said they were treated with respect and dignity at all times. Staff told us they did not

wear a uniform as “we are their friends” and “do not want to appear as carers especially when we are out in the community”. All staff we spoke with knew the people they were looking after well and demonstrated a genuine caring attitude towards them. We saw very positive interactions between one person who did not have any verbal skills and the two support workers who were looking after them.

People were involved in the assessment process and had a say in how they wanted to be looked after. People were asked by what name they preferred to be called and this was recorded in their care plan. Each person received care and support based upon their specific identified needs and the service provided was personalised. Where people lived in a shared house the service was flexible in order to accommodate any appointments and social outings. The views of the person receiving the service were respected and acted on and where appropriate.

Office based staff were familiar with the needs of each person supported. The deputy manager and newly appointed team leader communicated regularly with each person and the support workers. Those people we met told us they always knew who was going to be supporting them because the staff told them what was happening and who was helping them.

# Is the service responsive?

## Our findings

People told us they received the service that had been agreed. Two people commented that their allocation had been reviewed and reduced by their social worker: “I am not happy, I think I should still have the same one to one time” and “Although I don’t have as much one to one time now I am managing. The staff are always available though if I get in to any problems”.

People who received care and support from the service had recently had a reassessment of their needs by a social care professional. During this process the number of weekly hours was determined and commissioned. Each person had an allocated number of one to one hours and for those people who lived in shared accommodation, a percentage of the ‘shared support’ was allocated to their weekly allocation. For example seven people who lived at the same address shared the sleep-in support worker cover that was provided.

Livability also completed their own care assessments and risk assessments. People had been asked what they could do for themselves and what they needed help with. Although the assessments completed by Livability staff reflected the person’s daily living needs, it was not easy to see which of those care and support needs were to be met by the support workers. The care plans were more appropriate for a person who lived within a residential setting (a care home) and the risk assessments were excessive. For those plans we looked at each person had 19-20 risk assessments. Some of those risk assessments, for example “going on holiday to Cornwall”, the support workers had nothing to do with the associated risk and therefore were unable to manage any risks.

**This was in breach of regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

**We recommend that the service seek advice and guidance from a reputable source, about the management of risks in a domiciliary setting, for people with a learning disability.**

Care records were kept in the office and also in people’s homes. The care records were cumbersome and disorganised. Where weekly timetables had been put together by the service, these did not limit themselves to show when Livability support workers were working with that person and for how long. For example one person’s timetable said in the evenings they relaxed, had a bath, watched TV, but there was no actual service input during this time. One person had so much care documentation in their home it was not possible to locate their care plan or their weekly timetable.

The manager explained the support provided and the person’s care plans were reviewed on an annual basis unless needed beforehand. The person was involved in this process along with other relevant parties as required. However, in practice it was very difficult to see that these reviews had taken place. Each person had received a recent review because of the funding reviews completed by Gloucestershire County Council.

Each person had been receiving support from the service for a long time and were unable to remember whether they had been given a copy of the service user guide. For the same reason as above it was difficult to locate a copy of the guide within care files in people’s home. People told us they felt able to raise any concerns they had with the staff and they were listened to.

# Is the service well-led?

## Our findings

People were not able to tell us whether the service was well-led however said “I get help that I need”, “They are always there when I need them”, “Yes, we all get on together and the staff help each of us” and “I get my one to one help and the rest of the time shared help” and “I miss the boss coming to see us. Staff have said she is coming back to work soon”.

Staff said things had been very difficult in the last year and the shortages of staff had meant they worked a lot of extra hours and had to get to know the agency staff. Staff said they were looking forward to the registered manager returning to post but the interim management arrangements had been “okay”.

All old daily records, MAR charts and documentation that should have been archived was kept in people’s homes. The deputy said that there were no storage facilities for these records to be kept in the office. This meant that those records were not being stored securely and the service could not ensure the records were retained for the specified period of time.

**This was in breach of regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

Office staff included the deputy manager, the administrator and the registered manager. The post of team leader had recently been introduced: this member of staff was based in the office for two days per week and three days working with the people being supported and the support workers. The deputy manager organised the day to day service provision and had an excellent knowledge of each person’s needs and requirements. The team leader was responsible for monitoring the work performance of support workers, staff supervisions and people’s care reviews.

Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well. The on-call cover was generally provided by the deputy manager. Management support was also provided from head office to enable the service to be run well. Senior management support was also available at all times.

Staff said they were able to make suggestions about how things could be done better and were listened to. They felt their views and opinions were valued and respected. Staff meetings or ‘hub meetings’ were held on a regular basis and tended to be ‘person specific’, with those staff who supported them. Feedback from the team about how things were going and suggestions about meeting people’s needs was encouraged. Staff knew the service had a whistle blowing policy and there was an expectation that they would report any bad practice. One staff member told us how they had raised concerns about a colleagues work practice “many years ago” and what actions the service had taken.

The services had clear visions and values. The main aim of the service was so support each person to live as independently as possible within the community and to support them in learning new life skills. The service currently supported people who were fairly independent but needed some support and those with full care and support needs.

A number of different methods were used to assess the service and check it was meeting it’s aims and purpose. These included staff supervisions, spot checks of work performance, and questionnaires and surveys. The current survey was in the process of being revamped in order to ensure that the right questions were asked to provide more useful feedback. The manager had to submit a monthly ‘manager’s report’ to head office: they reported on any events and changes that had occurred in the previous month. The operations manager visited on a two monthly basis and undertook an audit of the service. The provider also had a quality and practice team and the report from the last visit in January 2015 was available. Some areas were identified where improvements were needed and an action plan was in place to address these.

In December 2014 Gloucestershire County Council had completed a quality visit to the service to check on contractual arrangements. They had found two areas where improvements were needed – staff supervision and appraisals and the use of agency staff. The post of team leader was introduced as a result of this and a staff recruitment drive was in place.

The manager analysed any accidents or incidents and complaints received and looked for trends. This enabled them to make improvements and prevent reoccurrences. The service had received two formal complaints in 2014

## Is the service well-led?

and their records showed that the issues had been handled as per their complaints procedure. The manager talked about other actions they had taken as a result of 'grumbles and concerns' being raised. Appropriate action had been taken as a result of each of the complaints.

The manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any

events had been handled. In the last 12 months two notifications had been submitted to CQC about safeguarding concerns they raised on behalf of people they were supporting.

All policies and procedures were kept under review by the provider and updated where necessary: records were maintained electronically to ensure that staff had access to the current policy. Staff were issued with key policies. Examples of key policies included safeguarding adults, lone working and safeguarding people's money.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation                                                                                                                                                                                                                                       |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care      | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider must ensure that accurate, complete and contemporaneous care records in respect of each service user are maintained.</p> <p>Regulation 17 (2)(c).</p> |

| Regulated activity | Regulation                                                                                                                                                                                                                         |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care      | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider must ensure that all care records are securely stored and retained for the appropriate period of time.</p> <p>Regulation 17 (2)(c).</p> |