

## Livability

# Livability Treetops

### 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

Livability Treetops is registered for accommodation for persons who require nursing or personal care, diagnostics and screening and treatment of disease disorder or injury. Livability Treetops provides a high dependency service and nursing care for up to 21 people who have a physical disability and may have a learning disability or an acquired brain injury. There were 20 people living in Livability Treetops on the day of our inspection. The building has been adapted for the people who use the service and was all on one level.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance however this was mitigated by the building design fitting into the residential area.

People's experience of using this service and what we found

People and relatives spoke highly of the service and the quality of the support provided.

At our last inspection we identified issues with the management of medicines and levels of oversight by the provider. At this inspection we found that improvements had been made, the management of medicines had been strengthened and governance was more robust overall.

There were systems in place to assess and mitigate risks and care was delivered in a way that was intended to ensure people's safety and welfare. The environment was accessible, clean and comfortable. There were systems in place to reduce the risk of infection and to learn lessons from accidents and incidents.

There was enough staff available to meet people's needs, and while there were some staffing vacancies, interim arrangements were in place. There were clear processes in place to recruit staff to ensure they were suitable for the role. New staff received induction and ongoing training to provide them with the skills and knowledge they needed to support the people living in the service.

Mealtimes were a sociable experience and the staff worked with a range of health care professionals to support people's health and wellbeing.

Staff were motivated and supported. They were clear about their responsibilities and there was a strong person-centred culture. There was a clear emphasis on helping people to communicate effectively and people told us they were consulted and had a say in how they were supported.

People's care was underpinned by detailed and informative care plans which were regularly updated to

reflect changes in people's needs. There were systems in place to hand over information about people's needs which ensured that staff had the information they needed to support people effectively.

People were supported to follow their interests and had access to a range of social opportunities both within the service and in the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Regular audits were undertaken to identify learning and drive improvement.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 January 2019.) At this inspection we found improvements and been made.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Treetops

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and a professional advisor who was a nurse.

#### Service and service type

Livability Treetops is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was present during the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had 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.

#### During the inspection

We spoke with the registered manager and seven members of staff. We spoke with four residents and

observed care practice throughout the day of our visit. We reviewed five care and support plans, medicine administration records, three recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service. On the second day of the inspection we telephoned relatives to talk with them about their observations of care. In total we spoke to four relatives.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training on safeguarding and were clear about how to recognise abuse and the steps they should take to protect people.
- Appropriate referrals had been made to the local authority when concerns had been identified.

Assessing risk, safety monitoring and management

- Risk assessments detailed people's individual risks such as, mobility or pressure damage and there was a plan in place which outlined the actions that should be taken to reduce the likelihood of harm. Where people were at risk of pressure damage, specialist mattresses were in place and at the correct setting. Moving and handling plans were in place to guide staff on how to assist people to mobilise which set out the slings and loops which staff should use to mobilise people safely.
- The management of people's diabetes was included as part of care planning but the guidance on managing incidents of hypoglycaemia could have been clearer. The registered manager agreed to immediately address this.
- Risks associated with the environment were identified and managed. Safety certificates were in place showing checks had been completed on the water to reduce the likelihood of legionella and the checking of moving and handling equipment.
- At the last inspection we found the suction machines had not been regularly checked but we found there was a system in place to ensure this equipment was clean and ready to be used when needed.
- A fire safety risk assessment was in place and regular checks were undertaken on fire safety equipment to ensure it was working effectively, and the equipment could be used in the event of an emergency.

Staffing and recruitment

- There were enough staff available to meet people's needs. One person did express some concerns about staffing levels and said, "It feels busier, staff are running up and down and don't always get a break." However, our observations were that staff were visible, and staff told us that while it was busy, they had the time they needed to support people. Several people received one to one support. One member of staff told us, "We have enough staff and we try and spend as much time with the residents as we can. Communication is very challenging, so you need to be patient."
- The service had a number of staffing vacancies, but recruitment was underway. Agency staff were used but the registered manager told us where possible they used consistent staff who knew the people living in the service.
- There was a safe system in place for the recruitment of staff which included an interview, identity checks, references, disclosure and barring checks and for nurse's, registration checks with the nursing and midwifery council. On occasion another organisation completed some of the checks on the providers behalf and it was

agreed where this was undertaken they would request written confirmation of the checks they had completed. Profiles were in place for agency staff outlining the training they had completed.

#### Using medicines safely

- Medicine systems had been strengthened and clear processes were in place for the safe keeping and timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked at regular intervals.
- Medicines were stored in people's rooms and the medicine administration records (MAR) were appropriately detailed. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- We observed staff administering medicines. Staff ensured people had the time they needed to take their medicines.
- We carried out an audit of stock against medicine administration records and found the medicines stock tallied with administration records (MAR). There was a small number of anomalies, but these were addressed on the day of the inspection.
- Audits were undertaken to identify any concerns.

#### Preventing and controlling infection

- There were effective systems in place to prevent the spread of infection. The service was clean and fresh smelling.
- Staff had undertaken training in infection control and were observed appropriately using personal protective equipment.

#### Learning lessons when things go wrong

- The registered manager reviewed information such as accidents and incidents to identify any patterns or trends. Any learning was shared to prevent a reoccurrence.
- One person had been injured when they had been transporting a hot drink, we saw how the service had purchased a thermal cup, so they could continue to be independent, but the scalding risks were reduced.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care and support were delivered in line with current standards and guidance. The providers leadership team ensured the registered manager was kept up to date with evidence-based guidance and the registered manager attended regular meetings with other managers within the group.
- People's needs were assessed as part of the pre-admission processes and the information was used to develop a care plan. Ongoing reviews and re-assessments were undertaken at regular intervals and technology was used to promote people's independence.

Staff support: induction, training, skills and experience

- Relatives and people using the service had confidence in the skills within the staff team.
- There was a training matrix in place which showed what training staff had completed and when an update was due. Staff were positive about the training and told us they were supported to access additional qualifications such as the Qualification and Credit Framework (QCF) as well as training specific to their role.
- New staff undertook induction training which involved both face to face training and working alongside an experienced member of staff before working independently. The induction training supported the completion of the care certificate which is a nationally recognised qualification for staff new to the care sector
- Staff told us they were well supported and received ongoing supervision.

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

- Mealtimes was a social experience and on the day of our visit people were celebrating Burns Day, with 'haggis neeps and tatties.' The food served looked appetising and nicely presented.
- Where people required a specialist diet such as pureed meals, these were available, and people were supported at an appropriate pace.
- The service worked with the speech and language service to ensure risks around nutrition were managed. Staff were clear about what support people needed and if thickener was required in their drinks. Staff received training knew what consistency food should be to keep people safe.
- People's nutritional needs were assessed and those requiring closer monitoring were weighed regularly and their dietary and fluid intake monitored.

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

- People were supported to access healthcare support. Healthcare passports had recently been put into place and people had a grab folder with key information to ensure health professionals had all the

information they needed in the event of an emergency.

- The service had its own physiotherapist team and people had individual goals. Care records evidenced ongoing involvement of health professionals and we saw evidence of appropriate contacts with the Dietitian, District Nurse and the local surgery. People had access to chiropody and oral health care assessments were undertaken.

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

- The environment was purpose built and comfortable. Some communal rooms were sparsely furnished but had enough space to meet people's needs and enable them to mobilise independently in their wheelchairs.
- Bedrooms were large and had en-suite facilities and overhead tracking to assist with hoisting. All bedrooms were highly personalised reflecting people's different personalities and interests.
- People had access to specialist facilities such as a physiotherapy room, a sensory room and an accessible garden.
- There was an ongoing programme of upgrading and replacement.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and were clear about best interests and how to support people with decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.
- People were not unduly restricted and consent to care and treatment was sought by staff. One member of staff told us, "Even if people cannot understand what you are saying, you must still discuss any care with them and try and help them understand and gain consent."
- Best interest decisions were in place for areas such as the use of lap belts.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they liked the staff and had good relationships with them. One person told us, "I like it, it's a nice place." A relative told us, "This is by far the best place my relative has been to."
- The service had a strong, person centred culture and the ethos was that of an extended family. One member of staff said, "They are my family, and I treat them as such." Staff knew people well and could tell us about people, how they communicated and what was important to them.
- Interactions were warm and caring. We observed a member of staff getting a soft muff for one person to ensure they were comfortable, and their skin was not rubbing up against their equipment.

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

- Staff adapted their approach when communicating with people to ensure they were involved, and their voice heard. We observed staff using different techniques to ascertain people's preferences and ensure they had input and could understand the options available.
- Records such as care plans and daily records showed people were consulted and involved in directing their care. There was a keyworker system in place and this was meaningful as people could tell us who the name of their key worker was.
- The service worked with the speech and language service to support people's communication and a range of technology was in place such as light writers and eye gaze.
- People were asked to make choices about their environment and all bedrooms were highly personalised.
- Regular meetings were held which focused on ascertaining people's views on areas such as activities and meals. The registered manager told us they were planning to send out questionnaires to ascertain relatives' views and identify if any further improvements could be made.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence and giving people as much control as possible over their lives. This included working with other professionals to access specialist equipment and enable people to use it. The service had its own minibuss, but people were also supported to use public transport.
- We saw that one person had been confined to bed when they were initially admitted but through the encouragement and support of staff they were now more mobile and independent. We observed staff ensured people had their adapted cutlery and were in the right position to enable them to eat independently.
- Staff were aware of the need for confidentiality and privacy and held meetings or telephone conversations

with relatives or professionals in private. However, we did observe on person being assisted with feeding equipment in the communal area which was not dignified, and the registered manager agreed to immediately address this.

- Relatives told us the communication was appropriate, and they were made to feel welcome when they visited.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us their family members were well cared for. One told us, "My relatives health has improved, they have made a lot of progress since moving here and are no longer end of life." Another said, "There has been an improvement in my relative's rehabilitation and they can now communicate with us."
- People had individual support plans which were detailed and informative. Information was included on people's preferences such as around gender of staff and how they showed emotional distress. The plans however would benefit from clearer guidance for staff on areas such as culture, mental health and sexual needs. The registered manager agreed to immediately address.
- Staff completed daily recording which showed what people had eaten and drank throughout the day. Regular checks were completed on health indicators such as blood pressure.
- Handovers were undertaken when staff changed shift to ensure they had the information they needed to support people well.
- Peoples needs were regularly reviewed, and a member of staff told us how one person's weight distribution had changed so they were in the process of organising for them to have a new wheelchair which would be more comfortable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider has an assessable information policy and people's information and communication needs were assessed and outlined in the care plan. For example, for one person it stated staff should ensure the person's lips were kept moist to help them communicate. Staff knew people well and had a good understanding of how best to communicate and used items such as photographs and reference objects. Technology was also used to support people's communication enabling access to Skype, Facebook and WhatsApp.
- One member of staff had been supported to undertake sensory training and was using this to develop appropriate activities.

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 follow their interests and take part in activities they enjoyed both within the service and in the local community. We observed people coming and going throughout the day of our visit, some people attended formal activity sessions such as bounce ability, but others were supported on an

individual basis such as to the cinema. Relaxation sessions were being held and a celebration of Burns day which included music from a pipe player. The following day celebrations were being held for the Chinese New Year.

- The new activities member of staff was enthusiastic, and staff were very positive about the changes they had made since taking up the role. Activities now took place both within the day and in the evening and we saw they had organised for one person to attend a tribute concert in the evening.
- People had been supported to vote at the recent elections.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and relatives expressed confidence in the process. No formal complaints had been received since the last inspection. However, one person did raise an issue with us which we asked to be investigated under this process.

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. The registered manager told us they had good links with the hospice and a member of staff had attended end of life training.
- Some people had information on end of their life preferences, but the registered manager acknowledged this was an area which could be developed further.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection governance systems were not working effectively as they had not identified some of the areas that we found. At this inspection we found improvements had been made.
- Regular audits were being undertaken on areas such as health and safety and infection control. The registered manager collected data on areas such as falls and had plans to review existing data and develop a weight monitoring system.
- The provider had better oversight and reports were available which showed they regularly visited and checked how the service was performing against their key indicators.
- The providers quality team had recently inspected. The registered manager confirmed the areas identified had been addressed.

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

- A new registered manager and deputy manager were in place and relatives, staff and people using the service told us they had confidence in the management team. Staff were well motivated and described the registered manager as supportive and approachable.
- Appropriate notifications to CQC had been made as required and the registered manager was aware of the duty of candour and their responsibility to explain to people and apologise if things went wrong.
- There was a clear vision and staff understood their roles and responsibilities. The registered manager told us they regularly meet with managers from the providers other service and discussed how to implement improvements. One of the changes they had recently introduced was staff champions in key areas such as oral health and medicines to drive good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Links with families and the local community were promoted. Staff worked in partnership with a range of agencies such as GPs social workers and health professionals to provide good care.
- Staff were keen to develop and improve the service and do what they could to make people's lives meaningful such as taking people out in the evenings. People were supported to access the local community and used the local church and swimming pool.
- There was a league of friends who provided some financial support and there were plans to refurbish the

garden to ensure people had the shade they needed when outside.