

Livability

# Livability John Grooms Court

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Livability John Grooms Court is a 'care home' providing personal care for people with physical, neurological and/or learning disabilities. The home accommodates up to 29 people in one adapted building. Each person has their own self-contained flat with kitchen and en-suite bathroom. There are also communal living room, dining room and kitchen facilities. At the time of inspection 22 people were being supported in the service.

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

Since the last inspection the service had focussed on improving the management of medicines and the assessment of risks and the environment. Auditing processes were improved and there was a change in management culture.

People told us they felt safe in the service. Individual risks to people had been assessed and staff understood what action to take to manage them. There were enough staff to support people although the service was still reliant on agency. Agency staff had a good induction to the service and were familiar with people's needs. The management of people's medicines had improved and there were robust systems in place to make sure people received their medicines as they were prescribed.

People's needs were holistically assessed. Staff told us they found the one page profile for each person which was in their rooms particularly helpful to get to know people. A new chef had recently been appointed which people were positive about. They told us they liked the food, and people's dietary requirements were catered for. The service worked with healthcare professionals to ensure they had access to health professionals when required. Key workers were responsible for ensuring people were supported at appointments and that any advice was followed after the visit. The premises were adapted to people's needs and was fully accessible throughout. The provider had a plan for refurbishment in some areas where walls and floors were marked. 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 practice.

People told us the staff were caring. Staff knew people well and chatted to them while they were providing support. People were involved in their care and preferences; likes and dislikes were recorded in care plans. Staff understood how to maintain privacy and dignity. People were supported to be independent and to go out in the community. The managers told us they were working to promote people's independent living skills.

The service was responsive to people's individual needs. Each person was allocated a keyworker who they met monthly to review their care and ensure their needs were being met. An activities worker organised a programme of activities supported by volunteers that included activities within the home as well as in the local community. The service provided end of life care and records were being reviewed as part of the review

of all care plans. The service was in the process of completing accreditation in end of life care. We made a recommendation about reviewing people's end of life care plans.

There had also been changes in management which had caused disruption in the service. The managers were aware of this and working to create a more positive culture in the service. More work was needed on care plans to ensure they were consistent and provided all the information about people's care needs.

The service had appointed leads to work on areas of improvement including medicine management and management of the environment. This had brought about positive change in these areas. There was an improvement in the systems and processes for monitoring when things went wrong and acting to prevent it happening again in the future. There were also systems for making sure this was reported to the appropriate authorities where necessary.

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 (and update): The last rating for this service was Requires Improvement (published 14 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Livability John Grooms Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Livability John Grooms

## Court

### **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, an assistant inspector, a medicines inspector 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.

### Service and service type

Livability John Grooms Court 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.

### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with 13 people who used the service about their experience of the care provided. We spoke with ten members of staff including the service manager, registered manager, deputy manager, senior care workers, care workers, activities worker and the cook.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider was not always assessing risks to people to keep them safe from harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Individual risk assessments were in place for people in relation to their care and support. Staff understood these risks and how to manage them for example risks in relation to skin care, choking, distressed behaviour or risks relating to a diagnosed condition.
- Care plans contained information about how to manage the risks. However, some could be more detailed. For example, one care plan referred to a person who needed to be regularly repositioned but didn't say how often. This had been recorded in the handover records and we saw from daily records that the repositioning had happened at the correct times.
- Risk assessments were completed in relation to the premises and environment and regular checks were in place to monitor for hazards. On the day of inspection, we identified a hot radiator and also damage to flooring. Both of these issues were addressed immediately by the registered manager when highlighted.

### Staffing and recruitment

- We received mixed feedback from people about staffing. Some people told us they felt there weren't always enough staff for a chat or for one to one support in the community but staff were available to meet their care needs and keep them safe and they didn't have to wait too long for call bells to be answered.
- The service was using agency staff to cover some shifts but was in the process of recruiting their own staff. Staff told us they felt there were enough staff although sometimes the morning shift could be very busy, and they sometimes felt they were 'clock watching' and would like to spend more time with people.
- The deputy manager told us rotas were based on people's assessed needs and hours of support they required. We looked at the rotas and found that the level of staffing for assessed need was met on each shift. We also checked records of call bells and saw that call bells were responded to in a timely manner.

### Using medicines safely

- There was a system in place for ordering and giving people their medicines as prescribed. Medicines were given by staff and recorded on medicine administration records. These records and observations of staff showed that people were given their medicines appropriately.
- There were regular checks of medicine administration and records. There was a system in place to report

incidents and investigate errors.

- Oral medicines were stored securely and at correct temperatures. Medicines prescribed for external application such as creams and emollients were not being kept securely, however, following discussion, the service immediately considered and managed the risks around this.

Preventing and controlling infection

- The service was generally clean. During the day of inspection, we saw cleaners cleaning the communal areas and people's rooms.
- Good food hygiene processes were followed when preparing food. The service had a five star rating for food hygiene which is the highest possible rating.
- Personal protective equipment such as gloves and aprons were available for staff to use when delivering personal care to prevent the spread of infection.

Learning lessons when things go wrong

- There were systems in place for reporting incidents. We could see from records that action was taken as a result of incidents such as updating care plans.
- Staff told us that changes because of incidents and accidents were communicated to them at handovers and via emails.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us, "I am safe. Yes. If I wasn't I would report it. It would depend on what I didn't feel safe about who I would report it to."
- Staff had been trained and understood how to identify and report signs of abuse. The service had systems in place to ensure that any concerns were reported to the appropriate authorities.

# 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

- Staff understood people's needs well.
- People's needs, and preferences were assessed holistically prior to them moving to the service to make sure their needs could be met. Assessments included personal care needs, communication, healthcare needs, emotional wellbeing and finances.
- There was a one-page profile of each person which summarised their care needs. These were available in each person's room and staff told us they found these helpful when supporting people. However, we did notice on some records information had been updated on the one page profile and not in the main document. This could be an issue if staff only referred to the main care plan as they wouldn't have the most up to date information. All the staff we spoke with told us they used the one page plan.

Staff support: induction, training, skills and experience

- Staff told us they had the training they required to support people. Training was a combination of e-learning as well as face to face. Staff told us they were offered the option of completing further qualifications in health and social care.
- Training covered specialist areas relating to specific conditions such as Cerebral Palsy, Huntingdon's disease, safeguarding, mental capacity, catheter care, fire and supporting people with behaviours.

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

- People told us the food was good. One person said, "My favourite is curry and spaghetti bolognese. We get asked what we want to eat."
- Staff, including the cook understood which people had special dietary requirements, including diabetes or people at risk of choking who needed food to be pureed or cut into pieces. This was recorded in care plans as well as in the kitchen to provide guidance for staff.
- Some people had been identified as at risk of malnutrition and their food and fluid intake was monitored daily to ensure they received sufficient to meet their needs.

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

- The service worked in partnership with other agencies. One professional told us, "Regular staff have a very nice way with the residents and the home has a friendly feel with a 'family' culture. ... Staff know resident's usual routines and their personality habits which helps as a visiting healthcare professional. ... Staff appear to raise concerns to the GPs promptly regarding medical issues."
- Keyworkers were responsible for ensuring that people's appointments were in the diary and they were

supported with healthcare appointments.

- We saw evidence that action was taken following the advice of healthcare professionals.

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

- The care home was adapted to people's needs. The building was accessible with large open spaces for people to manoeuvre wheelchairs. We observed throughout the day of inspection moving people independently around the home on all floors.
- However, while there were pictures on the walls to decorate communal areas there were not many soft furnishings to make the areas seem homely. There was also a lack of chairs for visitors to sit on in communal areas. The result was that some of the communal areas appeared quite stark and did not create a homely and welcoming atmosphere.
- In some areas of the home there were marks on walls and flooring and a need for refurbishment. There was significant limescale build up in one of the communal bathrooms. The registered manager told us they had a plan for refurbishment of the building and on the day of inspection, showed us a communal bathroom that was in the process of being refurbished.
- People's flats were homely and had been decorated and furnished according to individual needs.
- Flats included ensuite facilities which included wet rooms for ease of access. The communal bathrooms had specially adapted baths for people who preferred a bath to showers.

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.

- Dols applications had been made where required. MCA assessments had been carried out where necessary and the least restrictive option implemented using assistive technology.
- Staff had been trained and understood the MCA and gained people's consent before supporting them with care tasks.

# 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 that on the whole staff were caring. One person said, "Some [staff] can give good advice, [name] is excellent."
- We saw staff interacting with people in a kind and compassionate way, we saw staff telling people what they were doing when supporting them and a member of staff complimenting someone on their appearance when they were going out.
- Staff told us they got to know people through chatting with them when supporting them.
- One member of staff told us, "You get to a point where you can walk past people and know by looking at them when they are unhappy, so you can say would you like to talk for 15-20 minutes?"

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

- People were involved in decisions about their care. One person told us, "I have a care plan, they keep it in the office and will change things in it (if I ask them to). They read it to me if I ask them."
- People's preferences and likes and dislikes were recorded in their care plans and staff told us they always checked with people before supporting them.
- The service had involved an advocacy organisation through the resident meeting to support people to express their views. One person had been supported by an advocate when discussing their future housing.
- As a result of a discussion at the resident meeting, one person indicated they would be interested in audio books and the service were going to look into this via the local library.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity, by making sure doors and curtains were closed and talking through with the person what they were doing when providing them with support.
- People's independence was promoted by encouraging people to do parts of tasks for themselves if they were able. One member of staff told us they promoted independence by, "up-lifting people and encouraging them, without being patronising."
- Some people went out to work either voluntary or paid and others were supported to attend local day services. One person told us, "I can go out on my own whenever I want to. I just tell the staff I am going out."
- The service manager told us they were working on the culture within the organisation through both staff and people using the service to promote people's independence.

# 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

- Care plans were personalised and provided details of people's needs as well as preferences for care. However sometimes they required more information to make them fully person centred, which the provider was addressing.
- Each person had a member of staff who was their keyworker. Key workers were responsible for making sure they were aware of people's plans for the week, that appointments were attended, or any concerns addressed. They would meet with the person monthly to review their care plan through a questionnaire. This was used to report to a senior member of staff to review if for example, the care plan needed to change.
- People's changing needs were responded to quickly. On the day of inspection, the service had been in contact with the district nurse regarding a change to a person's turning regime. Staff were made aware of the change in handover and it was acted on immediately.

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.

- People's care records contained communication plans which described how people preferred to communicate.
- There was information available throughout the home in easy read format. For example, the complaints procedure and posters on noticeboards.
- People were supported with different tools to aid communication such as a tablet or 'flash' cards. However, sometimes care plans did not contain all the details on the different tools that people used. This was something the deputy manager told us they were working to improve.

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

- The service had a 'friends' organisation that raised money and supported activities for people living in the service. The service had an activities worker that consulted with people on activities they would like to do. They told us that sometimes people chose activities but then didn't always want to go when the time came.
- The service had links with the local church and people were supported to attend if they wished.
- There were volunteers who came into the service to support people with activities including reading to people with visual impairments, playing board games or supporting with group activities.
- Some people told us they did not always get to go out into the community. We discussed this with the

deputy manager and they told us they were offered support with activities in the community such as sports, day services or work, but some people chose not to attend.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had any concerns and felt comfortable to do so.
- The service investigated complaints and responded in a timely manner. They were open and honest where things had gone wrong and put in place measures to improve for the future.

End of life care and support

- Some people's files had information about their end of life wishes. One person told us, "They haven't discussed an end of life plan, but I would like to talk about that."
- One person had information about their end of life wishes in a document attached to the care plan, however this wasn't referenced in the end of life section of the care plan.
- The service was currently completing a recognised accreditation in end of life care and was reviewing records alongside this.

We recommend that the service review care plans and ensure that people's wishes for care at the end of their life are clearly documented in their care records.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider was not always ensuring good governance processes and procedures were in place, such as quality audits and checks to improve the overall condition of the environment and standards of care provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At our last inspection we also found the provider was not always notifying stakeholders and the CQC of incidents and safeguarding concerns. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection the service had focussed on making the necessary improvements to the service. They had worked with the local authority and had appointed leads in medicine administration and risks associated with the environment. As a result, systems and practice in both areas had improved.
- There was still more work to be done on people's care plans. The service manager told us they had allocated a senior lead to take this forward and were allocating time for them to review and update all care plans. Alongside this a new key working system had been introduced to ensure that a member of staff was regularly reviewing people's needs.
- Regular audits were carried out by the provider on the quality of the care provided these were detailed based on observations of staff practice as well as review of care records. They highlighted areas for improvement. However, these still needed to be properly embedded with the new management as there were issues identified during the inspection such as the hot radiator and damaged flooring that had not been identified in the audits.
- Reporting processes for incidents had been improved and where appropriate, incidents were reported to the local authority safeguarding team and the CQC by the service in a timely manner.

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; Continuous learning and improving care

- Management of the service had not been stable over the past year, this had caused disruption in the service affecting the morale of both people and staff. The current management were working on a creating a more positive culture but needed more time to embed the changes necessary to make care more person-centred.
- The service manager told us that because many of the people they supported had complex healthcare needs, there could sometimes be a tendency to focus on physical needs so wellbeing and emotional needs did not get the same attention. This was an aspect of the service they were working to change, to focus more on promoting independence in a person-centred way.
- The managers told us they were working on the culture within the organisation both with staff and people using the service to be more person centred, promote independence and responsibility. Staff were being encouraged to support people where possible, to take responsibility for daily living tasks even if this was only in small ways. For example, by pouring out their own cereal or holding a corner of bedding when changing sheets.
- There was an open culture within the organisation. Staff and people told us that the managers were approachable, supportive and listened to concerns. One person told us, "[Name] is a brilliant manager and is good at what [they] do."
- Where things had gone wrong there were systems in place to address concerns and improve for the future.
- There was an improvement plan in place that included actions arising from provider audits, complaints, feedback from people and inspections and learning from incidents.
- As a result of a recent power cut at the service the Business Continuity Plan had been updated and actions added to the improvement plan including the purchase of a new generator for emergencies.

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

- People were encouraged to give their views to improve the service through monthly resident meetings.
- People were also asked to complete a questionnaire to give feedback. In a recent questionnaire several people stated they did not know who to approach if things went wrong in the service. The registered manager told us they put up posters in response to this to remind people of how to complain and also how to contact the CQC if they were concerned. This information was visible on noticeboards on the day of inspection.

Working in partnership with others

- The service had links with other organisations in the community including the local church, other charities and day services, and colleges.
- People in the local community were encouraged to volunteer in the service and came in to support activities, playing games or reading to people.
- People accessed activities in the local community including for education, work and leisure activities.