

Linkage Community Trust

Livingstone 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?	Good ●

Summary of findings

Overall summary

About the service:

Livingstone Court is a residential care service which is located near to the centre of the coastal town of Mablethorpe in Lincolnshire. The service provides a transitional environment for up to 13 people who have needs related to learning disabilities. The overall aim of the service is to enable people to experience living in their own self-contained accommodation, with access to the residential care support assessed as needed, with the aim to enable people to be as independent as possible. It is part of the larger organisation of Linkage Community Trust and is supported by a team of regional and head office staff.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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.

There were 10 people living at the service at the time of this inspection.

People's experience of using this service:

- People continued to receive safe care. Staff understood how to keep people safe from harm and risk assessments were in place to help people and staff manage potential risks within people's day to day lives, whilst also promoting their independence.
- There were enough staff who had the right knowledge and skills to meet people's needs in a personalised way.
- People were supported to have access to a varied and nutritious diet and the information and support they needed from staff and external healthcare professionals enabled people to consistently maintain their health.
- Staff were caring and people were treated with respect and kindness.
- People were supported to have choice and control of their lives, to be involved in reviewing their care and to be at the centre of making decisions about any changes to the way care was provided.
- People had access to a wide range of work and leisure activities of their choice and were supported to maintain any interests or hobbies they had.
- People, their circle of support and staff had a say in how the service was being run and there was an open and inclusive culture within the service.
- The registered providers governance systems continued to ensure any shortfalls in the service were addressed in a timely and responsive way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

Livingstone Court was last inspected on 28 July 2016 (report published on the 1 September 2016) and was rated as good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 well-led.
Details are in our Well-Led findings below.

Good ●

Livingstone 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 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an inspector and an inspection manager.

Service and service type:

Livingstone Court is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service employed a manager who was registered with the CQC. This means that they and the registered 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 announced. We gave the registered manager a short period of notice because people who lived at the service were often out engaging in leisure or work placement activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection we received a completed Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and

improvements they plan to make. We took the PIR into account when we made our judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

During our inspection visit we undertook a tour of the premises. With their permission, we spoke with four people in their private flats and observed how staff interacted with and communicated with people. We also spoke with one staff member, the registered manager, acting manager and the deputy manager.

In addition, we looked at specific parts of the care records of three people and records in relation to the management of the service. These included quality assurance checks, staff training, safeguarding, complaints and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. One person said, "Yes I feel safe. I have my own flat and it's my home but the good thing is the staff are there if I need them. I can call them or just go around to the office and there is always someone there."
- Staff had received safeguarding training and demonstrated a clear understanding of how to identify if a person may be at risk of harm or abuse and how to report their concerns.
- The registered manager had maintained good working relationships with local authority safeguarding teams and other external agencies to ensure people were protected from abusive.

Assessing risk, safety monitoring and management:

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety when they were being supported in the service and when they were out in the community.
- In their PIR the registered manager described how they had supported one person to minimise risk and maximise their independence through the provision of input from an occupational therapist who provided a range of mobility aids and equipment to help the person to be safe.
- We noted one person's risk assessment needed to be strengthened further to evidence how potential risks associated with their behaviours and potential risk to the person from members of the public were being managed. The registered manager and acting manager agreed to follow up on the feedback discussed and updated the person's care records to confirm any changes made.
- Staff regularly reviewed the risk associated with each person regularly and plans were further developed and updated when there was an increase or decrease in risk.
- The registered manager confirmed staff had not needed to use physical interventions to protect people from harm but that staff had received an appropriate level of training in this area. This was based on up to date personalised approaches and least restrictive techniques.
- Risks related to people's environment had also been assessed. However, although the environment was being appropriately maintained, we noted there was some exposed heating pipework in one person's flat. This was raised with the registered manager who agreed to undertake an immediate review and address any potential risk.
- We also saw a wedge being used to keep the door to the services staff office open and that the fire safety door guard did not work properly. The registered manager commenced action to respond to the potential risk identified and had already confirmed they had arranged for a local fire officer visit to be conducted later on the same day of our visit. They told us that they would take any additional actions needed in line with any recommendations they received from the fire service.

Staffing and recruitment:

- The registered provider had policies and procedures in place for safer recruitment of staff. The processes continued to be followed carefully by the registered manager and registered provider. They included obtaining references from previous employers, making checks on the person's identity and completing a Disclosure and Barring Service (DBS) check. The DBS would show if a member of staff had a criminal conviction or had been barred from working with adults.
- Staffing rotas were planned in advance and people told us and we saw there were enough staff on duty to ensure people were supported in the ways they wanted to be. We also saw one person received the one to one support hours they had been assessed as needing.

Using medicines safely:

- People were supported to take their prescribed medicines by staff who had received the necessary training to do this.
- Up to date good practice guidance related to medicines had been adopted by the registered provider within the service and staff told us how they worked in line with this.
- People told us and we saw most of the people who lived at the service continued to be supported to manage and take their own medicines following the completion of a risk assessed training programme. People kept their own medicine records and were supported by staff to do this. Two people showed us their records and how they had kept them up to date to confirm when they had taken their medicine.
- People were supported to have secure storage for their medicines in their individual flats. Where people required additional support from staff to take their medicines safely Medicine Administration Records (MAR) had been completed by staff.
- Any medicine management errors which had occurred had been reported appropriately and followed up quickly to ensure people were safe.
- In addition, the registered manager had an action plan in place to respond to a number of clerical medicine recording errors they had identified prior to our inspection and which they had told us about in their PIR. Whilst undertaking an audit check, a further clerical recording error was identified during our inspection by the services deputy manager. This was immediately escalated to the registered manager who undertook action to follow up the error with the staff member concerned.

Preventing and controlling infection:

- On the day of our inspection visit we saw the service and people's flats were clean and tidy.
- People described how they maintained their flat spaces themselves and they were fully involved in daily living tasks such as household cleaning and laundry; they also told us how they had learned about how to reduce the risk of spreading infections by keeping their food stored correctly, keeping their own bathroom and toilet areas clean and washing their hands thoroughly.
- Staff had received training about preventing and controlling the spread of infection and we saw staff had access, and knew when to make use of protective equipment such as gloves and aprons when they provided personal care to people.
- There was information available for people to easily access and guide them in managing the risks associated with cross infection and how to reduce the associated risks.

Learning lessons when things go wrong:

- The registered manager and her team had continued to analyse any incidents or events that occurred in the service or in community settings so that any learning resulting from these was shared with staff.

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.

Good: 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 needs were assessed before they moved into the service to ensure they received the right care and support. People told us they had been involved in the assessment process and had been able to say how they wanted to be cared for.
- Assessments took full account of people's social and cultural needs and staff had received training about equality and diversity issues. This was to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience:

- Staff we spoke with told us they were well supported in their work and had regular opportunities to access supervision and to review their learning and development needs.
- Staff told us, and records confirmed, they had continued to receive a range of induction and on-going training which was relevant to the roles they undertook and people's existing and changing needs. This included training in line with the Care Certificate. The Care Certificate sets out national common induction standards for social care staff.
- Staff were also supported to achieve other nationally recognised qualifications in social care.

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

- People continued to have access to all the food and drinks they needed to stay healthy.
- People had their own kitchen and cooking areas in their flats and were supported by staff to plan their own menus and to buy the food they wanted in line with their choices. One person said. "I mostly cook all my own meals. I like panini's but I don't like really like spicy food so I don't have it. I like planning my own meals."
- Staff understood people's nutritional needs. Support plans were in place for people who needed their weight monitored and staff said this helped them to identify if anyone needed extra dietary support. We saw that when it was needed, staff worked with specialist healthcare professionals to help people maintain a balanced diet.

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

- In their PIR the registered manager told us how staff supported people to follow healthy lifestyles and that

some of the activities people undertook promoted healthy living. These included; beach walks, swimming and zumba sessions and one person attended a local slimming club.

- People told us how they were supported to use local healthcare services, such as health centres and hospitals whenever they needed to. Each person had an annual health check with their doctor and where people had asked for additional support to attend any appointments, their requests were fully supported. One person told us, "I go to the doctors and staff come to help me."
- People were also helped to monitor their own health through health and well-being awareness sessions which covered topics including people's sexual health.
- Records showed the registered manager had sought advice from, and worked collaboratively with health and social care services, for example, when people's behavioural needs changed. An example of this approach was given when we saw the acting manager had been providing regular reports to an involved social care professional regarding the levels of staff input and activities one person was being supported with. They told us how this approach to working together had helped in further developing the care provided and in assessing how on-going needs and risks would be met.

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

- People had their own flats which they had personalised to meet their tastes and preferences. The main building and outside garden space was accessible to people and any adaptations required had been made to match people's needs to help them be as independent as possible.
- A range of regular environmental service checks were undertaken by the registered provider, including utilities, to ensure the premises and flats were being maintained properly.

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. We checked whether the service was working within the principles of the MCA.
- Throughout our inspection visit we saw that staff sought people's consent and awaited a response before they provided care and support. People told us staff were consistent in taking this approach.
- Staff had received training about the MCA and demonstrated their understanding of how to support people who were not able to make particular decisions, using best interest's processes.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- None of the people had authorised restrictions in place, however, the registered manager told us that an application had recently been made in relation to one person and that they were awaiting the outcome of the application.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered provider had established a set of values which were on display in the service for people and staff to see. Staff understood the values and told us how they worked in line with these. A staff member told us, "The values are an important basis for what we do. We recognise the importance of the personalised needs of people and treat them as individuals. It's not just about the tasks we need to support people with. People are unique and should be supported as such."
- People told us staff were caring and that they treated them well. One person said, "If I call the staff they are there for me. They are caring." Another person commented, "The staff are good and caring with me."
- People also said they enjoyed interacting socially with each other and one person told us when a person recently moved into their own flat they had, "Taken a cup of tea round to say hello."
- One person had been supported in creative ways by staff to help them maintain their appearance in ways they had wanted and that this helped them project their individual identity in the ways they had chosen to.
- Any personal beliefs or religious needs were respected and one person had been supported to be an active member of a local church they attended.
- There was a 'Fairness and inclusion board' on one of the walls in the service which contained a range of information for people to access to tell them about how to access local attractions and events themselves using local transport.

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

- People told us they were able to choose how and where they spent their time. We saw staff checked with people before providing support and encouraged them to express their views and wishes at all times.
- People knew they had their own care plan records in place and that they, and if needed, their circle of support were fully involved in any decisions related to these and their care. Care records had been signed by people to show they had been involved and agreed with them.
- People told us if they needed any additional help in communicating their views, they could access this. Information about lay advocacy services was available for people and the registered manager and staff understood how to enable people to make contact with them if needed. Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence:

- People's flats were equipped to enable people to be as private as they wished. People told us their privacy

was respected and that they had access to their own keys so they could make the decision to lock their doors when they went out into the community. Safety locks were also in place on the doors so people could lock them on the inside themselves when they did not wish to be disturbed. People told us this was so that staff could access the rooms if it was needed in an emergency.

- People were well supported to develop and maintain personal relationships, including with their circle of support. One person told us, "I go in a taxi to the town and then get a train. I like to do things on my own but if I need help I can call the staff on my phone." The person went on to tell us they had developed a personal relationship with another person and they were supported to maintain this. They said, "I see my girlfriend on Sundays and it's good." However, when we asked about the current arrangements and guidance in place to inform people about 'staying over' they told us they were not clear.

- The registered manager told us whilst they had continued to promote people's right to develop meaningful personal relationships they and the registered provider had recognised they needed to strengthen their guidance and policy related to other people staying at the service in order to support people to make their own choices about who they wanted to stay with them, whilst at the same time being mindful of their regulatory responsibilities. Following our inspection the registered manager told us they had updated the guidance.

- People's personal information was stored securely and computers were password protected. Staff understood the principles of confidentiality and only shared information on a need to know basis.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care records were personalised and included information about people's life goals and how they wanted their support to be provided.
- People said, and showed us they continued to live as independently as they wanted and were able to be in relation to a wide range of everyday tasks such as washing and dressing, using the bathroom, shopping for food, and managing their own money.
- People's care records contained detailed information for staff on how best to support people with any additional specific personal care needs, such as eating and drinking and supporting people with their medicines. The care records also included information about the care people required to safely manage any specific long-term health conditions, for example epilepsy. When this was the case there were personalised assessments in place that ensured staff knew the signs to look for when a seizure was taking place and the actions needed to support the person during this time.
- People undertook a range of individual and group activities based on their interests. We saw some people had chosen to go horse riding and one person described how they liked swimming. One person told us, "I am going bowling this afternoon." The person also described how they had been on holiday to Spain with other people and staff and how much they had enjoyed the experience. Another person returned from a shopping trip with a staff member and told us they had enjoyed being out buying their own food. We also saw one to one time was allocated for a person who was unable to participate in the activities they had chosen without support. The person had used the time to go out into the community and communicated to us using their preferred method of communication that they were happy after their trip out.
- People maintained any personal hobbies and interests they had. One person told us how they were interested in science fiction films and showed us how they had built up their own collection of films and memorabilia. They also said they enjoyed using their own computer and told us, "I have a guy coming to look at it later as I have had a few issues with it."
- People were also supported to undertake work placements as part of their development toward independent living. Each person had developed their own weekly timetable with support from staff. This included the times they had set to attend college courses, work placements and the days they were at home undertaking their own activities and household tasks.

Improving care quality in response to complaints or concerns:

- People told us they were confident any concerns they raised would be followed up and addressed quickly by the registered provider and registered manager. The management team took complaints seriously, investigated them and provided a timely response in line with the registered provider process and policy for handling complaints. They also kept a record of any minor concerns or issues discussed with them and the

action they had taken in response.

End of life care and support:

- Although no-one was in receipt of end of life care, care records included any advance decisions or specific wishes people had shared about how they would want to be cared for at the end of their life with staff so that these could be carried out if required. The registered manager also told us how they had access to external bereavement support services and that one person had previously been supported to access these following the loss of a loved one.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

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

- The service continued to be well led by an experienced registered manager and a supporting management team. The registered manager described how they were developing staff to ensure succession planning within the service.
- Staff were clear about their responsibilities and the leadership structure in place.
- People said and showed us they knew who the registered manager was and that they were helpful. Staff told us they felt well supported by the registered provider and registered manager and during our inspection visit we saw the registered manager was accessible and they communicated openly with people and with staff. We noted the registered manager and staff had a detailed knowledge of the care each person needed. In addition, they also knew about which members of staff were working and any cover arrangements in place on any particular day. This level of knowledge helped them to effectively manage the service and provide any additional guidance staff needed.
- The registered manager had cover arrangements in place for periods when they were not at the service so that the service was consistently managed.
- The registered manager was also clear about her responsibilities for reporting to the CQC and our regulatory requirements. Risks were clearly identified and escalated where necessary so that any action needed could be fully followed through.
- Staff told us they were aware of the registered provider's whistle-blowing processes and they were supported to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt any concerns they raised with the registered provider were not being listened to or acted upon.

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

- Staff had received training in, and developed their communication skills to enable them to understand all of the communications people had together with them. We saw this enabled staff to fully engage with and understand people's needs.
- The registered manager had ensured where needed, communication care plans were in place which described the support people needed to enable staff to communicate with people in personalised ways.

- Information about what the service provided and how it was run was available to people in a range of formats for example, large print and pictures or symbols. This was in line with the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People told us the registered manager and staff regularly sought their views about how the services were run and those specific services provided for them. They said they knew about any service plans or developments and could give their opinions about them. One person told us, "We have our regular meetings together and staff join us. We visit each other in our flats to meet. We decide on our holidays, the things we want to do and talk about respecting each other. I like the meetings."
- In addition, surveys were carried out periodically to ask for feedback about the quality of services from people their circle of support and staff. The registered manager told us the latest survey completed with people had focussed on health and safety and that the feedback received had led them to give additional advice and support to people and ensure all of the people who lived there correctly followed the fire drill in place.
- Staff told us they had regular meetings in which they could discuss issues, their own staff survey outcomes and express their views and opinions.

Continuous learning and improving care; Working in partnership with others:

- The registered provider and manager had continued to maintain and develop an open and transparent culture, where constructive criticism and learning was encouraged. Managers and staff were enthusiastic and committed to further improving the services delivered for the benefit of people who lived there.
- Regular meetings were held between the registered provider's registered managers so they could share information and any learning together. The registered providers chief executive sent regular updates to all of the staff team and an overview of the latest news and any developments the registered provider was making.
- We saw the registered manager had an action plan to take forward on-going improvements to the service based on feedback they gained from a variety of sources and the findings from their own and the registered providers regular quality audits.
- The registered manager had continued to maintain partnership working with external agencies such as local doctors, specialist healthcare services and commissioners. This had helped to ensure people were able to consistently access the right support at the time it had been needed. They also had access to a range of professional on-line resources and received regular internal good practice updates from the registered provider. These had enabled the registered manager and staff to share and learn from up to date professional guidance when this was made available.