Livewell (Care & Support) Ltd

Livewell (Care & Support) Ltd - West Midlands

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

Livewell is registered to provide care, supported living and domiciliary care to people who may have disabilities, autism, or other long term health conditions. At the time of our inspection 32 people were using the service. Our inspection took place on 15 June 2016 and was announced with 48 hours' notice to enable staff to be present to speak with us. People who used the service and their relatives were contacted by telephone on 16 June 2016. The service was last inspected on the 15 November 2013 where it met all of the standards.

The manager was new in post and due to clerical issues had not yet submitted an application to register with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were kept safe, with detailed risk assessments in place. Medicines were given appropriately and we found that there was a suitable amount of staff available with the skills, experience and training in order to meet people's needs.

Structures for supervision allowing staff to understand their roles and responsibilities were in place and staff felt well supported by managers. People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

People were supported to take sufficient food and drinks and their health needs were met. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Relatives and staff spoke positively about the approachable nature and leadership skills of managers. People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective. Quality assurance audits were undertaken regularly. The provider supported the manager and staff well. Notifications were sent to us as is required by law.

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.

Detailed risk assessments were in place.

An adequate number of staff were available to people.

Medicines were given appropriately.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and had received appropriate training.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were supported to make their own decisions.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs.

People were supported to maintain friendships.

Complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Relatives and staff spoke of the open nature of the manager.

Quality assurance checks were carried out.

We received notifications as required.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 June 2016 and was announced. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the manager/provider would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one Inspector and telephone contact with people using the service and their relatives was undertaken on 16 June 2016 by an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with three relatives, four staff members, the nominated individual for the service and the manager. The Expert by Experience was unsuccessful in their efforts to contact people who used the service by telephone. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

Good

Is the service safe?

Our findings

Relatives told us that people were safe, with one relative saying, "Yes [my relative] feels safe, they love the staff, and they go and talk to staff about any concerns, which are then dealt with appropriately and efficiently as far as I'm aware". A staff member told us, "I think that people feel safe, we do all we can to promote their safety".

We saw that risk assessments were categorised using a colour coding process. The highest level of risk was considered to be red followed by amber and green depending on the level of risk. A new risk remained red for a month to enable the risk to be evaluated and it could be downgraded after this time, if appropriate. We found that risk assessments were reviewed regularly. We saw that risk assessments directed staff to take the best course of action to support people and minimise any harm. We saw that one person lacked an awareness of potential dangers that might put them at risk of harm; we saw that instructions were for staff to divert the person's attention away from the risk and then to explain the danger to them calmly. Staff were able to discuss this with us.

Staff members told us that they had a good level of knowledge on safeguarding and one staff member said, "I would be able to tell if someone was being abused, there would be physical or psychological effects, such as bruises or being nervous around people". Staff told us that they had been involved in the process of reporting safeguarding concerns to the appropriate external agencies and that they understood the process well. An example given to us was when some people did not return home by an agreed time and the manager had raised an alert.

Staff told us that where incidents or accidents had occurred these were recorded and reported to the manager. One staff member told us, "We have to learn from accidents, so that they don't happen again". Staff were able to tell us that incidents were reported to the appropriate external agencies and said that once they had been investigated any outcome was cascaded down to all staff as a learning opportunity. We found that incidents had been recorded adequately and that we had been notified of them.

Relatives told us that they felt that there were adequate amounts of staff to care for people and one said, "There are enough staff, they turn up on time for shifts". A staff member told us, "There is a good mix of abilities and skills amongst the staff and there are always lots around to help people". We found that people had raised issues with staff where they had been anxious about receiving care from agency staff and this had been documented in daily logs. The manager was aware of this and told us that the use of agency staff was always planned and the same regular staff were used, but some people did prefer permanent staff and this was always the first choice. The manager informed us that they were currently recruiting for additional staff and hoped to take people on once the recruitment process was completed.

There were personalised evacuation plans which gave information on how to evacuate people safely in case of an emergency, what to do and where to evacuate to. This was provided in a semi pictorial format. We saw that there was a day and night evacuation plan that gave details of fire exits.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly and that a full employment history had been provided. Staff disciplinary investigations were carried out appropriately.

A relative told us, "Medicines are given to [person's name] as they need them, no problem". A staff member told us, "My medication training is always kept updated". A second staff member said, "We are competency assessed for giving medicines, this covers ordering, returning, dealing with controlled drugs, and administering". We saw that medicines were signed for correctly as they were administered and they were recorded on a Medicine Administration Record (MAR) sheet. We found that audits on medicines were done as the paperwork was returned to the office by staff. Medicines required to be taken 'as and when' had a protocol in place to inform staff how to give the medicine. Medicines were kept at the right temperature and disposed of appropriately.

Good

Is the service effective?

Our findings

Relatives told us that they felt that staff were skilled, with one saying, "They [staff] are extremely experienced and definitely understand [relative] better than anybody has done before. I am extremely happy with them, they've got a lot of patience and they take into consideration my [relative's] vulnerability. Everyone [staff] is extremely well qualified".

Staff told us that their inductions were comprehensive and one staff member said, "I had a great induction. I shadowed more senior staff on shifts and was shown the policies and procedures. We then spent time with the organisations director, who was very informative". The manager told us that prior to recruitment checks being returned, new staff were signed up to start the care certificate immediately, so that whilst they were waiting to start the job they could begin their learning. All of the staff we spoke with told us that this had occurred. The care certificate is an identified set of induction standards to equip staff with the knowledge that they need to provide safe and compassionate care.

Staff members told us that they felt that their training had equipped them with the skills and knowledge that they needed to carry out the job of caring for people effectively. One staff member told us, "We complete the care certificate and also local authority specific training, which the commissioning team request that domiciliary care providers complete. Some of the training I have done includes, adult safeguarding, moving and handing, dementia awareness and dignity in care". Records we reviewed demonstrated that staff were trained appropriately to meet peoples' needs.

Staff told us that they received supervision with a senior member of staff around every two months and that they could also request one at any point. They also told us that they felt that the manager and senior staff were very open to discussions and could be approached at any time. We saw documentation that showed communication between staff was good and handover sheets were completed which detailed and gave information for the next staff members on shift.

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. We found that one Deprivation of Liberty Safeguards (DoLS) application had been approved and one family member also had Court of Protection order for a person. The manager told us that where family were not actively involved it fell to the organisation to apply for a DoLS. We saw an MCA, DoLS and best interests plans included in people's care records, which gave staff additional useful information on how to support people. It also detailed the decision making process and how consent was gained and recorded.

Relatives told us that staff sought their relatives consent wherever possible, with one telling us, "They [the staff] ask before carrying out any care and make sure that [relative] is comfortable with it". A second relative

told us, "They [staff] wait 'until people are ready to give consent". A staff member told us how they established peoples consent, "We ask questions, use visual aids, and learn to understand people's gestures and body language".

Staff that we spoke with had a good understanding on MCA and DoLS with one member of staff telling us, "People are assumed to have capacity unless an assessment shows differently and we try to help people to understand things at their level". A second staff member said, "I have good knowledge on DoLS and MCA. We record any best interest actions and decisions, for example if a person requests that the front door is locked, then we lock it. If they didn't want it locked then we would have to assess whether it was in their own safety and in their best interests to do so".

Relatives told us that people liked the food prepared or offered to them, with one saying, "They look forward to helping with the cooking and eating it". A staff member told us, "People make their own choices on food, but we try to keep them eating healthily and educate them. We go to the shop with them and look at the alternatives, such as items with lower sugar content". A second staff member said, "People have lost weight if they have wanted to with our support and we cook things they like, such as home cooked pizzas and pasta". Records we reviewed outlined the special diets where there was a health related or medical need. We found that records provided information on people's dietary likes and dislikes and that staff were able to tell us about people's preferences.

We saw that people were supported to maintain their health and one relative told us, "If [person's name] needs to see a doctor, then this is arranged for them". A second relative told us, "People have health reviews regularly and get any treatment that they need". A staff member told us, "People get to see the GP when they are ill and we know them well enough to detect the minute they are feeling off colour". We saw how people's files recorded all medical appointments, such as dentists, opticians or specialist doctors. Information was given on any services that people received regularly with the name of the health professional and description of the service they provided.

We saw an example of a where a risk assessment had been put in place due to a person's high risk of choking. We saw that restrictions were put in in place regarding what the person could eat, with a soft diet implemented and all staff working with the person were made aware. Regular contact was had between staff and the Speech and Language Therapy Team who had advised staff to add thickeners to the person's liquids.

Good

Is the service caring?

Our findings

Relatives told us that staff cared about people and one said, "They are very good and they know people well, there are some good relationships". A staff member told us, "We care about people. The staff team is caring and compassionate; in fact they are a brilliant team". We found that staff were aware of people's abilities, such as if they could dress themselves or to pick their own clothes. Sensory difficulties, behaviours and triggers were also discussed, with staff being very knowledgeable on people's needs.

Relatives told us that people were listened to and one said, "People have a voice and are treated as people". A staff member told us, "I am able to understand people's expressions – anger, sadness, happiness. I think this is because I spend so much time with them". We found that people were encouraged to make their own decisions. A relative told us, "People are involved in deciding what they want to do in their daily lives, they aren't pushed into anything". A member of staff said, "We have seen how people have really come on, expanding their choices and being educated in how to make good decisions".

We were told that people were encouraged to use the services of advocates and we saw records that showed that Independent Mental Capacity Advocates (IMCA's) had been used to support people. The manager told us that wherever it was identified that people required advocacy then they would be directed to the appropriate service.

We were told that people were encouraged to be as independent as possible and a relative told us, "I think that [person's name] probably does a lot more now than they did at home and that is a good thing". A staff member told us, "We encourage people to be independent. Most people do their own care, such as teeth cleaning and they like being independent when they go shopping". A second staff member said, "I think people have more independence when they live in their own home. We always treat people as adults and they wear age appropriate clothing and are encouraged to learn about money and life skills".

Relatives told us that people were treated with dignity and respect by staff with one saying, "They never forget that people have feelings and they treat them in a way that we would all wish to be treated". A staff member told us, "We keep people's privacy and only do what needs doing". A second staff member said, "We explain what we are going to do and always knock on the person's door and ask if they are happy for us to assist them". All staff that we spoke with said that the dignity training they had received had made them more mindful to considering people's dignity.

Relatives told us that they had a good relationship with staff, with one relative saying, "We get on well, as they want the best for our loved ones, the same as we do". A second relative said, "They understand that it can be hard for parents when their children are living away from home". A staff member told us, "We see relatives very often and have brilliant relationships with them". A second staff member said, "As staff we remember that it is a big thing for family when their loved one is moving out of their home at whatever age. We involve family members and explain the things we do".

Good

Is the service responsive?

Our findings

A relative told us, "We were involved in care planning: the staff want us involved". A staff member told us, "After the care plan is in place, we have regular reviews of it and relatives are invited to get involved". A second staff member said, "We have individual review goals, which are realistic and we set these together [staff and people living at the home]".We saw that pre-admission information formed part of the care plan and this had been used to develop the plan of care.

We found that care plans detailed people's preferences, what they like to do and how they liked to be supported by staff. Relatives told us that people were supported to go out into the community, with one relative saying, "My relative likes to do things, such as go for walks and staff join them and are good company". Another relative told us," [Person's name] likes to go out and enjoys seeing friends; the staff help them to keep in touch". A staff member told us, "Friendships are maintained, some people have friends living locally and staff assist them to meet up". We also saw that records documented important family relationships to the person and how these should be maintained.

We found that spiritual needs were considered as part of care planning and people were asked if they had any religious or cultural preferences. A relative told us, "We were asked as part of the information gathering if [person's name] wanted to attend any religious services or needed certain kinds of cultural food". A staff member told us, "People who want to are supported to go to their place of worship every Sunday. [Person's name] is committed to their religion and don't like to miss any services. They are assisted to take a small donation and to interact with friends at the service".

A relative told us, "They [staff] sort any complaints out quickly". A staff member said, "Line managers make sure that any complaints we have get addressed". We saw that there was a complaints procedure in place and that any complaints received went through an appropriate procedure. This involved an investigation of the complaint and response outlining actions to be taken sent to the complainant. Relatives and staff told us that any complaints they had made had been dealt with satisfactorily. We found that a specific email address had been set up where people and staff could email anonymously to the chief executive with any complaints or concerns and those we spoke to who had used the system found it useful.

Good

Is the service well-led?

Our findings

We were told that the service was well led, with one relative saying, "We understand how the staff team work, such as the levels staff work at and we know the managers". A staff member told us, "My team are a good support to me and the managers are very supportive". A second staff member said, "Everything feels settled now we have the new manager in place".

Staff told us that they were able to provide input into how the service was developed, with a staff member telling us, "We can put our own opinions forward during team meetings and they are listened to". Staff told us that managers were open and inclusive and one staff member said, "Team leaders and managers have meetings and then all of the information from that is cascaded down to the staff team". A second member of staff told us, "The manager comes to our team meetings and gives answers to all of our questions".

We found that people were able to access the local community and that people visited local shops and attractions. A member of staff told us that one person wanted a job and so staff were working with a local employment agency in the community, in the hope of assisting them. Records we reviewed confirmed this. The manager told us that they attended provider forums with other local care home managers and that they also went to safeguarding board meetings with local authorities who are stakeholders in the organisation. This meant that they had a good understanding of what was expected of them and knowledge of issues that may impact upon the care they provide.

Relatives told us that they and their loved ones knew managers well. As people lived in their own properties supported by unit managers, we found that most people knew the specific manager allocated to them, but that they also knew the overall manager of the service. One relative told us, "We know the manager and senior staff. Whenever we have needed to speak to them they have made themselves available". A staff member told us, "When the new manager joined she made it clear that we were going to see her regularly and that we would be supported, that is one of the reasons that I love my job".

A staff member told us, "We understand the need for whistle blowing, if we have a concern that we feel cannot be dealt with by managers then I personally would always take it higher". A second staff member told us, "We have been given all the information we need to enable us to whistle blow". We found that a whistle blowing policy was in place and staff we spoke to were aware of it.

We found that feedback was collected regularly, so that managers had an idea of what worked and what didn't within the organisation. One relative told us, "I sent a questionnaire back about six weeks ago". We saw that surveys were sent out to people living in the organisations properties, their relatives and staff. We found that feedback was mainly positive, but a common theme was the concern over high turnover of staff. The manager told us that this was being addressed and that it had been brought to her attention by the feedback questionnaires. We saw how plans had been made to put the analysis of responses received into an easy to read letter which would be given to people, their relatives and staff.

We found that quality assurance checks were carried out regularly and saw up-to-date records to support

this. The manager told us they had discovered that a more thorough audit was required in all areas of the service and this was being carried out. We viewed quality assurance files that looked at falls, staff turnover, medicine records, safeguarding, staff meetings and supervision and recordings within care plans amongst others. These audits enabled the manager to see where any changes were required to ensure that people received the best quality of care that they could. We saw an action plan in place for a specific member of staff to take responsibility for the auditing of all care plans and that the care plans we viewed had been reviewed recently to ensure that they reflected the person's needs. Staff also told us that their practice was assessed periodically by senior staff. We viewed records that showed that where any changes in practice were required staff were supported in this.

Notifications were sent to us as required to enable us to see the responses and actions taken by the provider to any situations or incidents that occurred within the service. .

We found that the manager had yet to register with us as required by law, due to clerical difficulties related to their previous registration. The manager understood the importance of taking on the role of registered manager and informed us that they were in the process of resolving the issues.