

Livability

St Giles

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

St Giles is a supported living complex in a rural setting consisting of 40 bungalows, with a central building housing offices and shared living areas. Livability provides personal care support at St Giles. The service predominantly supports people with a learning disability or autistic people; they are also registered to support people with mental health needs, older people and people with physical and sensory impairments. At the time of our inspection there were 6 people using the service.

Some of the people at St Giles received personal care from other organisations. In this report we only inspected the personal care provided by Livability.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Not everyone who lived at St Giles received support with their personal care from Livability, for example some people received support with domestic tasks only. This meant we did not look at the support Livability provided for some people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Livability provided care at St Giles. Established many years ago, St Giles does not fully reflect the current principles outlined in 'Right support, right care right culture.' However, within this setting, Livability provided care which reflected best practice and promoted choice.

A person told us, "I like my house here. I like being independent."

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. A relative told us, "My family member is doing well. They are going out more. Staff definitely know how to support them. The service has done wonders, they are brilliant."

Staff supported people to have the maximum possible choice, control and independence to be independent and they had control over their own lives. Staff supported people to make decisions following best practice in decision-making.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health

and wellbeing.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled and safely recruited staff to meet people's needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. A professional told us, "People thrive with Livability."

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care.

The registered manager and provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. They developed good relationships with other organisations.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 21 March 2017.

Why we inspected

We undertook this inspection to assess that the service was applying the principles of Right support, right care, right culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Giles

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 Health and Social Care Act 2008.

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. 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

This service provides care and support to people living in individual bungalows in one setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 29 September 2022 and ended on 11 October 2022. We visited the office and people on 4 and 6 October 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 3 addresses and met with 3 people who used the service to get their feedback about the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also met with 4 care staff who supported them.

We had phone contact with 5 family members for feedback about the service. During the office visit we met with the registered manager, the team leader and the area manager. We reviewed a range of records. This included 3 people's care records and selected medicines records. We looked at 3 staff files and 4 agency profiles in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 2 professionals who had contact with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse. Staff described how the whole staff team took responsibility for keeping people safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "Any safeguarding concerns I would report to senior management and log on our safeguarding app. I know that I can go to the managers who I feel would look into it and listen to my concerns."
- The provider had systems which helped keep people safe. They had purchased an 'app', where staff could easily record any concerns on their phones. The registered manager and provider ensured concerns about people's safety were acted on. They worked well with other agencies to investigate concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. A person had been assessed at high risk of falls. Staff had detailed guidance on how to support them to remain safe inside and outside their home. This reflected a flexible approach focused on promoting their independence and limiting restrictions.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. The registered manager told us, "I try and write what people have said in their care plans. If we disagree, I might ask 'Do you mind if add this?' to show both views."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Care plans were written in a respectful way, recognising people as individuals. A person's care plan described the signs showing they might be getting distressed and recommended staff check if they needed "5 minutes to have a moment."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents. Lessons learned were shared throughout the organisation and used to improve people's care. For instance, a member of staff had received improved training following a medicine error. Senior staff communicated well with people and involved them in learning from mistakes.

Staffing and recruitment

- People and their families told us there were enough staff to support people safely and meet their needs in a personalised manner. Staff we spoke with were enthusiastic and committed. A professional told us, "Retention at the service was good, so people received consistent care from staff who knew them well."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. The registered manager had improved checks to make sure agency staff knew how to support people with their medicines. Where possible the same agency staff were used to help ensure people received consistent care.

Using medicines safely

- People were supported by staff who followed safe processes to administer, record and store medicines. Relatives told us staff provided safe support to ensure people took their medicines as prescribed. A relative said, "Care is provided in a very safe manner. Risk assessments are done thoroughly, and staff err on the side of caution when dispensing medicines."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Where staff supported people with 'as and when' needed medicines, they followed guidance to make sure medicines were not taken unless essential.
- Assessments and care plans considered the risks of people taking medicines themselves. A person's care plan highlighted what the person could do independently but also included instructions for staff to check the person had taken their tablets.
- Staff ensured medicines were reviewed by a GP at least annually to monitor the effects on their health and wellbeing.

Preventing and controlling infection

- The service made sure infection outbreaks could be effectively prevented or managed. People were involved in decisions and discussions around COVID-19. A person's care plan said, "I know the virus is serious and I want to keep safe, so I have had my 2nd vaccination."
- We were assured that the provider was using PPE effectively and safely. We observed staff were using masks safely. The team leader described the strict rules they had kept in place to try and keep people safe, despite some lifting of rules nationally.
- We were assured the provider's infection prevention and control policy was up to date. It included plans to alert other agencies to concerns affecting people's health and wellbeing, where required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Senior staff had completed detailed assessments and provided practical guidance to staff about how to meet people's needs safely. There was scope to improve how care plans detailed people's longer-term aspirations, to reflect the positive work being done by staff. For example, a senior member of staff was working closely with someone as their needs changed with age. They had taken part in the Ageing Well programme with the local authority. This including setting up a memory book to support them with memory loss. However, details of their long-term aspirations and planned outcomes were not captured in their care plan.
- The registered manager was ensuring care plans were being revised, in line with best practice. The newly revised care plans were personalised, holistic, and based on people's strengths. They reflected people's needs and goals, including physical and mental health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training and practical guidance. Updated training and refresher courses helped staff continuously apply best practice.
- The registered manager ensured staff working with people received specialist training in line with any specific needs. The care plan for a person who was at risk of choking stated, "All staff supporting me must have completed training on dysphasia and first-aid."
- Relatives told us the staff team was experienced and knowledgeable. A relative told us, "Staff are well trained, with common sense."
- The service checked staff competence to ensure they understood and applied their training. Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "I've been fully supported in my role since I've been here. The best things working for St. Giles is the clients and the team, they're probably the best team I have worked with."

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. A person was supported to be independent with writing their shopping list, with staff providing guidance with menu planning.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. A person had been assessed by the speech and language therapy team and guidance to staff was practical and detailed. Their eating and drinking care plan stated, "I cannot have food with skin on it such as grapes and ensure I do not laydown for a minimum of 15 minutes."

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

- People had detailed health actions plans which were used to support them in the way they needed. People played an active role in and maintaining their own health and wellbeing. A person's care plan stated, "I feel I am ready to build up to a visit to the dentist."
- Staff were proactive about supporting people to attend annual health checks, screening and primary care services. A member of staff had requested a home visit for a person who refused to go to the dentist.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away. They work closely with GPs and community nurses." We observed the registered manager speaking with a social care professional about how a person's needs had changed. They advocated well for the person to ensure they were being supported safely.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The people being supported by Livability had capacity to make day-to-day decisions. We found staff practice reflected the principles of the MCA. People were encouraged to make their own decisions, while still minimising risk. For example, a member of staff described how a person had varying capacity around managing large amounts of money, so staff supported them to carry small amounts of cash when they went shopping.
- Staff empowered people to make their own decisions about their care and support. Care plans and guidance acknowledged people with capacity would still need support even though they might make decisions staff saw as unwise.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well matched with staff and as a result, people were at ease, happy, engaged and stimulated. Staff members showed warmth and respect when interacting with people. We observed staff speaking about and treating people with compassion. A member of staff told us how they had gone to sit with a person when the Queen had died, as they knew how upset they would be.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A person told us, "I enjoy living at St. Giles. Everybody is kind to me." A relative told us, "Staff have done wonders for [Person], brilliant and so caring. They take time to speak to them with respect. I cannot praise staff enough."
- Relatives told us staff went over and above to make sure people had a good quality of life. They told us, "Staff are very caring, when [Person] did not have money, staff gave money for a drink and cake out of their own pockets" and "No one is left without a present at Christmas or their birthday."

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. A member of staff described how they printed the list of films and shows for a cinema trip so that a person could choose what they would like to go and see.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Care plans emphasised the importance of ensuring care was led by people.

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards for supported living which ensured people received privacy, dignity, choice and independence in their tenancy.
- People had the opportunity to try new experiences, develop new skills and gain independence. A person told us that although staff did their ironing, they got the ironing board out and filled the iron with water. A relative confirmed staff encouraged independence. They said, "Staff prompt [Person] to get dressed and ready for the day but they do not take over."
- Care was dignified and compassionate. A relative told us, "Everyday staff encourage people, even when they are having a bad day. They will prompt them and come back afterwards to check they are okay. They really care about them."
- The registered manager and other senior staff led by example in how they spoke about people. They had worked with staff to ensure they recorded the support they provided in a respectful manner, and daily records had improved as a result.
- Staff respected people's choices and lifestyle decisions, including those relevant to protected characteristics. For example, a person's care plan spoke of aspirations in terms of a future relationship.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Staff used person-centred planning approaches to discuss and plan with people how to reach their goals and aspirations. Care was reviewed regularly, and staff adapted support when people's needs changed.
- Senior staff described a flexible approach to rotas to enable staff to respond flexibly to people's needs. A member of staff told us, "We do an early support visit to [Person] so they can go and get their newspaper". Another person's support had been set up to enable them to go to church and attend an evening club.
- Staff supported people to develop new skills and interests. A relative told us, "Since they have been with Livability they have started attending college." Staff empowered people to be active citizens. They understood the importance of supporting people to become part of their local community, as well as use the resources within St Giles.
- Families were encouraged to be involved in their family members care, as appropriate. All the relatives we spoke with told us they felt listened to and staff worked collaboratively with them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had a good awareness, skills and understanding of individual people's communication needs, they knew how to facilitate communication and when people were trying to tell them something. The staff we observed knew people well and were skilled at communicating with them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. A person had a poster with pictures and a countdown to help them prepare for hospital appointments.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. All relatives told us staff were very responsive when they had any concerns or queries. A relative described how well staff had managed when a person had a concern and how well they involved the person. They told us, "It was really well managed. In the past [Person] would not have coped so well. There is definitely a progression."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the

results, sharing the learning with the whole team and the wider service. The registered manager had worked well with other organisations, such as housing, to ensure a person's concerns were looked into fully.

End of life care and support

- The service had supported people to plan and make choices for end of life care in line with best practice. People had developed attractive personalised care plans with information about their religious beliefs, favourite songs, flowers and other details which would support staff and families to work together to provide dignified care. This included preferences around treatment and care.
- The service had developed good relationships with other local services. This was key to adapting support as people's needs changed.

Is the service well-led?

Our findings

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Routines and traditions at St Giles had built up over time and did not always meet the principles of Right support, right care, right culture. Many people had chosen to live at St Giles for years and all the people we spoke with told us they enjoyed living there. They had only fairly recently started to receive care from Livability. We found Livability's senior and care staff provided care and advocated for people in line with the best practice. The provider and registered manager worked well with other local support and housing providers to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The people we spoke to and their relatives were positive about the service, in particular how staff supported people to achieve good outcomes. Relatives told us, "[Person] has definitely improved since they moved to Livability, they encourage them to do different things" and "Since they have been supported by Livability they have really improved and becoming more outgoing and confident."

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

- Senior staff apologised to people, and those important to them, when things went wrong. They described how they had responded to a staffing issue during a train strike, and said, "We are open and honest if the staffing numbers are down. It's all visible. We get the priority care and medicine calls done then go back later and ask them about what other support they need."
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager had followed best practice in involving a person when a mistake had happened at the service. They recorded the person's views saying, "[Person] said mistakes happen. They like the staff concerned and is happy for us to record this."

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and an oversight of the services they managed. Senior staff were clear about being a role model for staff. One of them told us, "When I work alongside staff, I might suggest a better word of how to offer choice, maybe had a little one-to-one meeting to discuss it afterwards."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their

team. Management and staff put people's needs and wishes at the heart of everything they did.

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There were clear action plans for any tasks that needed to be completed. It was clear who was responsible for each action. Trends were analysed such as from incidents and accidents. The area manager showed us how they had analysed information after a number of diarrhoea and vomiting incidents.
- Senior staff used every opportunity to learn and we could see how lessons had been used to improve the service, such as improved oversight of agency staff. A member of staff told us, ""We hold monthly team meetings where we're able to raise anything. Though the senior team have an open-door policy so we can speak to them at any time. Any concerns or accidents incidents are shared at these meetings."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. They carried out surveys and communicated well. A relative told us, "The registered manager and team leader are really good. The key worker has a brilliant way of responding to [Person]. Any concerns and they talk with me ' "
- Staff were positive and engaged. Staff told us, "I feel it's a lovely service. I enjoy coming to work every day. There is a good staff team and management are very good and visible." The provider engaged well with staff through newsletters, giving information about any changes and opportunities available to staff.
- Livability was not the only agency providing care at St Giles. Staff worked well with the other agencies who supported people. This recognised people's right to receive care from an agency of their choice, in line with good practice.
- The service worked well in partnership with other health and social care organisations, which helped improve the wellbeing of the people they supported. A social care professional told us, "I would say collaborative working is a really strong point. They are very up front and honest about the people they support and advocate for their clients so well."