

Livability

Livability Anvil House

Inspection report

199 Perry Street
Billericay
Essex
CM12 0NX

Tel: 01277633950
Website: www.livability.org.uk

Date of inspection visit:
28 March 2019

Date of publication:
29 April 2019

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: Anvil House provides accommodation and care for up to seven people with a learning disability and physical disabilities within a large detached property. The service does not provide nursing care. At the time of our inspection there were seven people using the service.

Anvil House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People living at this service were well supported by a team of care staff who knew them well.
- People were supported by staff who had a good understanding of how to recognise and report potential harm or abuse and were confident in local safeguarding procedures.
- Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way.
- People received their medication as prescribed and there were sufficient staff on duty to keep people safe and ensure their needs were met.
- People were supported by staff who were kind and caring and who encouraged people to be as independent as possible within their home.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection: The service was rated 'Good' at our last inspection on 24 February 2016. The report following that inspection was published on 18 May 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Livability Anvil House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

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

There was a registered manager in post at the time of our visit however they were not at work on the day we visited. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we met six of the people who lived at the service, however due to most people having complex non-verbal communication we were unable to obtain verbal feedback from everybody. We observed how people were being cared for and supported. We also met and spoke with four support staff, two senior support staff, the administrator, the deputy manager and the locality manager for the provider. We spoke to three people's relatives to obtain their feedback.

We looked at records used by the provider for managing the service. These included the online support plans and records for people, staff training and support records, records of quality monitoring and audits, information about medicines and we inspected the environment.

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

- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

One person's relative told us, "I have no concerns about [family members] safety, all I can say is I cannot find fault, it's like home from home."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of possible avoidable harm. Electronic care plans contained explanations of the risk control measures for staff to follow to keep people safe.
- A variety of risk assessments were in place for people in respect of their support.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured in appropriate guidance in place in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care needs.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
- Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- We observed medicines being administered safely on the day of our inspection visit.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medicines had been administered.
- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them.

Preventing and controlling infection

- We found the service was clean.
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.

Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the registered manager ensured lessons were learned where needed.

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

- Most people lived at the service for many years and their support needs were well known to the registered manager and long-standing staff team. A lot of work, since we last inspected, had gone into ensuring people's care plans accurately reflected their needs.
- Assessments of people's needs were completed and people's goals or expected outcomes were identified.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively. Staff told us they particularly found the deputy manager supportive to them.
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.

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

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and were encouraged to take part in cooking their meals with staff support.
- People were assisted, when required, at mealtimes and staff took care to make sure people were provided with the support they needed with their meal.

Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to share information between services as appropriate and for the benefit of people. For example, people had a 'hospital passport' in place whereby relevant information about them was always available should they be taken to hospital in an emergency.

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

- People's bedrooms were personalised. They had belongings that reflected their interests.
- A member of staff had supported a person to decorate their room and create a sensory environment with specialist lighting.
- There was a tidy and accessible garden for people to enjoy as well as a sensory garden with water feature.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments as needed such as GPs, community nurses, chiropodists and dentists.
- Staff were vigilant and monitored people's health closely. One person who had been experiencing a

change in their health needs had been supported to access a variety of healthcare services to support them in identifying any necessary treatment.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment 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 the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training in MCA and DoLS and understood their responsibilities under the act. We saw staff explain to people what they needed to do and sought people's consent before supporting them.
- Where necessary, the provider had applied to the local authority for DoLS to keep people safe. Appropriate applications had been made and all required documentation was in place.

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

- People's relatives that we spoke with were very complimentary about the caring nature of the service and the care their family member was receiving. One relative said, "As a parent you are always loathe to put the care of your child in the hands of another but with the staff we know they are competent for us to do so. [Family member] is totally happy so we have no concerns." Another relative said, "When our [family member] comes to stay with us and then we take them back again, they are very happy to go and they show us to their front door telling us we can leave! [Family member] is totally happy and that is the 'litmus' paper test for us."
- Not all of the people who lived at the service were able to tell us about their experiences and views of the service. We observed how people were being supported to see if staff were caring towards them.
- Staff demonstrated that they knew people's needs and preferences well through observing people's body language, eye contact and simple sign language to interpret what they needed.
- We observed staff supporting people with patience, taking their time to enable the person to communicate at their pace.

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

- People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.
- People's relatives told us they were kept updated with how their family member was and updated with any changes. They told us they were invited to reviews of their family members care where they could express their views.

Respecting and promoting people's privacy, dignity and independence

- Interactions we observed were respectful and staff treated people with dignity. People's rights to privacy were respected, for example staff knocked on people's bedroom doors before entering.
- People were encouraged to be independent. At lunch time people went to the kitchen, supported by a staff member, to help prepare their own lunch following which they were encouraged to carry it through to the dining area on a tray.
- Following their meal, people were encouraged to take their crockery back to the kitchen. One person helped a staff member load the dishwasher.
- One member of staff described to us how they used 'active support' to encourage people to take part in the day to day running of their home and explained how important it was that staff were consistent when supporting people in order to develop their independence. They told us, "[Person] lives here so we encourage taking part in things like cleaning. We break the job down into smaller tasks. Person often walks away when we're doing it but comes back again to help."

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 computer based and had been personalised to a good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed.
- Daily records of people's support was recorded and the information used to review people's care.
- People's relatives told us they were kept informed of any changes to people's support or health needs.
- People were supported to engage in activities that interested them. One person's relative told us, "[Family member] goes out every day. Staff support people out to lots of different places."
- We observed during our visit and found from the records that people were supported to access the community to participate in activities on a frequent basis. These included activities such as boccia sessions, and lunch out in the community
- We raised with the locality manager for the provider, an issue regarding the television in the communal lounge at the service. We were made aware that one person would only allow the television on one channel and not permit it to be turned. This potentially impinged on the rights of other people to choose what they wanted to watch. The locality manager agreed that this needed reviewing and agreed to do so.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. There was a complaints policy available in the home for people and their relatives to use.
- One person's relative said, "There is a complaints procedure there available, I've never had to use it though." Another relative told us, "We've got no complaints, we can't think of anything at all they could do better."
- We saw from any complaints received in the past 12 months that these had been dealt with in line with the providers policy and procedure.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our visit.

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

- Relatives told us they thought the service was well led and the registered manager was approachable. One relative said, "[Registered manager] is the most caring person you could meet. She's fantastic." Another relative commented, "[Registered manager] is always available and always willing to help."
- Staff gave mixed feedback about the registered managers approach to dealing with staff performance. However, all staff commented on the registered manager's good knowledge of how to meet service user's needs. One staff member told us, "[Registered manager] is not always 'spot on' with staff but when it comes to supporting [people] she is very focussed."
- Staff were clear about the ethos of the service and the aims they were working towards. The providers statement of purpose set out they were working with people to enable them to "achieve real choice, independence and opportunity". Relatives we spoke with felt these values were afforded to their family members. One relative said, "I think the ethos of the service is conducive to good care."
- Staff told us they liked working at the service and supporting people. One member of staff said, "I really do love working here and building relationships with people. It's an honour and privilege."
- Care plans were very person centred and contained lots of information about what was important to people and what goals they would like to achieve.

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

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and people received high quality support.
- Staff had one to one support provided through regular supervisions and competency checks. Staff confirmed this and we saw evidence of this in records we checked.
- Regular checks were completed by the staff and registered manager to make sure people were safe and they were happy with the service being provided.
- Where internal audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team usually through a team meeting.
- Staff were well trained and were aware of their roles and responsibilities. Staff told us the provider supported them through the provision of effective training and learning.
- Providers are required by law to inform us of certain events that happen in the home (such as serious, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. The registered manager had ensured they had communicated all relevant incidents

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

- Staff team meetings were held monthly. Minutes showed a wide variety of topics were discussed such as changes in people's needs or care, best practice and other important information related to the service.
- Regular feedback was sought from people who used the service and their relatives. This was used to inform the provider how well the service operated.
- The service had many links with the local community. Many people attended the local church and had links with other parishioners there.

Continuous learning and improving care

- The registered manager and provider had a development plan in place to further improve the quality of the service for people who lived there. The locality manager shared copies of the plans in place and the systems in place and in use by the provider to monitor the service.
- Systems were in place to ensure the service was monitored and the quality of care people received was maintained.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- Staff reported that working relationships were good with other partners such as the local GP and pharmacy.