

Livability

# Livability Wall Street

## Inspection report

14 Wall Street  
Hereford  
Herefordshire  
HR4 9HP

Tel: 01432342683  
Website: [www.livability.org.uk](http://www.livability.org.uk)

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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

Livability Wall Street is a residential care home in Hereford city centre providing personal care for up to 10 people in a purpose-built environment. It specialises in supporting older people with cerebral palsy, multiple sclerosis, acquired brain injury and stroke. At the time of our inspection, there were 9 people living at the home. The service also provides personal care to 10 people living in three 'supported living' settings and one person living in their own flat, all of whom live within Gloucestershire.

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

People were protected from abuse by staff who understood how to identify and report any abuse concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured those receiving care in supported living settings or their own home received a consistent and reliable service. The provider and management team sought to learn from any accidents or incidents involving people. Steps had been taken to protect people from the risk of infections.

People's individual needs and requirements were assessed with them before they started to use the service. Staff received an effective induction, followed by ongoing training and management support to enable them to work effectively. People had enough to eat and drink, and any risks associated with their eating or drinking were assessed and managed. Staff and management worked effectively with community health and social care professionals to ensure people's health needs were met and to achieve positive outcomes for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff adopted a friendly, caring and professional approach in their work and this gave people confidence to express their views about the care provided. People were treated with dignity and respect at all times and staff promoted their independence. Staff and management understood the need to promote equality and diversity and consider people's protected characteristics.

People and their relatives' involvement in decision-making about the care provided was encouraged by staff and management, and their views were listened to. People's care plans supported a person-centred approach and were followed by staff. People had support to lead lifestyles of their choosing, access the local community and participate in recreational activities. People and their relatives understood how to raise any concerns or complaints about the service. People's wishes and choices about their end of life care were explored with them.

The management team promoted a positive and inclusive culture within the service, based upon open communication with people, relatives, community professionals and staff. Staff told us the management team were approachable and felt their own work was valued. The provider's had quality assurance systems

and processes in place to enable them to monitor and improve the quality of people's care.

#### Rating at last inspection

The last rating for this service was good (published 28 June 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Livability Wall Street

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Livability Wall Street Home 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.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. In these settings, 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.

In addition, the service provides personal care, under a domiciliary care arrangement, to one person living in their own flat.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced. We informed the provider when we would be returning for the second day of the inspection.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We also spoke with a number of members of staff, including the registered manager, one senior care worker and three care workers.

We reviewed a range of records. This included five people's care records, medication records, staff training records, three staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

#### After the inspection

We spoke with three relatives and four community social care professional about their experience of care provided. We also spoke with the deputy manager, one additional senior care worker and three care workers.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in and were clear how to recognise and report abuse. One staff praised the quality of the safeguarding training they had received. They told us, "It [training] was so in depth and we had police officers and doctors [on the course], so you got to learn from different perspectives."
- The provider had systems in place to ensure the relevant external agencies were informed of any abuse concerns.
- People had been provided with accessible information on how to keep themselves safe from abuse, and how to report any associated concerns.

Assessing risk, safety monitoring and management

- People told us the care and support provided helped them feel safe, and their relatives were confident staff protected their family members' safety and wellbeing. A relative said, "I am so happy because I know I can leave [person's name] in their hands."
- The risks associated with people's individual care and support needs had been assessed, recorded and kept under review. Plans were in place to manage identified risks and keep people safe. Wherever possible, people were involved in decisions about risks.
- Staff showed good insight into the risks to individuals. People's individualised risk assessments were accessible to staff, and the read by them.
- Staff were kept up-to-date with any changes in risks to people through, amongst other things, effective handovers between shifts and good communication from the management team.
- The provider had systems and procedures in place to monitor the safety of the premises and people's care equipment. On the first day of our inspection visit, an external health and safety audit was being completed on the premises.

Staffing and recruitment

- People living at Wall Street told us there were enough staff on duty to give them support when they needed it. One person said, "Normally, I can get staff to help me quickly. I go and get them or press my button [staff call-bell]."
- Where people received support in their own homes, their relatives told us their family members' received a consistent and reliable service, mostly from staff whom they were familiar with.
- Staff providing care to people in their own homes expressed some anxiety about the lack or limited number of bank staff to cover staff annual leave and sickness absences. We discussed this issue with the deputy manager who assured us efforts had and were being made to recruit additional bank staff.
- The provider followed safe recruitment practices to confirm that prospective staff were suitable to work

with people.

#### Using medicines safely

- People and their relatives told us staff provided the level of support people needed with their medicines. A relative said, "They [staff] administer all [person name's] medicines and record every single thing."
- The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed, and staff confirmed they had been trained in these.
- People's medicines were stored securely and disposed of safely.
- Staff completed daily medicines stock checks to confirm people's medicines had been correctly administered.

#### Preventing and controlling infection

- The provider had put measures in place to protect people from the risk of infections.
- We found appropriate standards of hygiene and cleanliness throughout the home.
- All staff, including those caring for people in supportive living services or providing domiciliary care, had been provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.

#### Learning lessons when things go wrong

- The management team and provider monitored any accidents or incidents involving people who used the service to identify patterns and trends and take action to reduce the risk of things happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service, the management team met with them to assess their individual needs and requirements. People's needs and wishes were then kept under regular review.
- People had access to the technology and equipment needed to provide effective care and support, and promote their independence. One person showed us the advanced assistive technology that enabled them, amongst other things, to control their personal computer.
- The management team monitored staff working practices to ensure these reflected the provider's expected standards.
- The management team stayed up to date with current legal requirements and best practice guidelines through attending further training and meetings or events organised by the local authority or the provider themselves.

Staff support: induction, training, skills and experience

- People, their relatives and community professionals had confidence in the competence of staff. A relative said, "They [staff] go on various training courses; I have one hundred percent confidence in them." A community professional told us, "The key staff I work with are very knowledgeable and sensible."
- New staff completed the provider's induction training to help them adapt to their new roles. Staff spoke positively about their induction experience. One staff member described their induction as 'very informative and engaging', adding, "It was a good way for me to get an idea of people's routine and get to know them. I shadowed [more experienced staff] for the entire first week."
- Staff received ongoing training and management support to help them fulfil their duties. Staff felt this enabled them to work with confidence. One staff member explained, "We do a lot of face to face group training, which is really nice as the service users can join in as well."

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

- People and their relatives told us staff provided the level of support people needed to eat and drink enough. This included basic support with meal preparation and, where required, physical assistance to eat and drink using appropriate aids.
- People said they chose what to eat and drink on a day-to-day basis. One person explained, "I do my food shopping. I go and buy it [food] and then come home and they [staff] cook it."
- The management team assessed and managed any risks or complex needs associated with people's eating and drinking, with any specialist external advice required. A relative told us, "They [staff] are very conscious of the risks with [person's name's] eating and provide their food in a form they can eat." A community professional praised staff's adherence to the flexible eating guidelines in place for one

person.

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

- Staff helped people arrange and attend medical appointments and health checks, and to access professional medical advice and treatment when they were unwell. One relative told us, "They [staff] take [person's name] straight to the doctor; they don't leave things. They are straight onto any health issues."
- People's care records included information about their medical history and the management of long-term medical conditions. A relative spoke positively about the clear written protocol staff followed in relation to their family member's medical condition.
- Staff and management worked effectively with a range of community health and social care professionals to achieve positive outcomes for people.

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

- People had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to. The home had an enclosed courtyard for those who wanted to spend time outdoors, and we saw people using this.
- The design of the premises enabled staff to safely meet people's needs and also promoted people's independence. This included good accessibility for people who used self-propelled electric wheelchairs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff and management understood and promoted people's rights under the MCA.
- Staff supported people to make their own decisions and respected their choices.
- Formal mental capacity assessments and best-interest decision-making had been carried out in relation to significant decisions about people's care and support, including the proposed introduction of restrictions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind, caring and attentive. One person said, "The staff are great; they treat me well. They are really, really caring. Not a day goes by that they don't do a lot for me." A relative said, "I see [person name's] smile and face light up whenever staff speak to them."
- People were at ease in the presence of staff, who had taken the time to get to know them well and who prioritised their needs and requests. A community professional told us, "Staff knew [person's name] very well, which was invaluable to me in getting a clear picture of their needs."
- Staff and management understood the need to promote equality and diversity through their work and consider people's protected characteristics. One staff member said, "It's an inclusive service. We always adapt to people's needs."

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

- People told us they had the support needed to express their wishes and be involved in decisions affecting them. One person said, "They [staff] ask me lots of relevant questions about the way I want things done, and they listen to the answers."
- We saw staff used their knowledge of people's individual needs to promote effective communication with each individual.
- The management team had a good understanding of the external services providing independent support and advice to people about their care, such as advocacy organisations. They supported people to contact these services as required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and promoted their independence. They described, amongst other things, how staff respected their wishes to spend their time as they chose, and how they took the lead in deciding what they were going to eat and drink for the coming week.
- 'Active support plans' had been agreed with people, aimed at developing their independent living skills. A community professional said, "They [provider] are very good at helping people to progress and promoting their independence."
- Staff met people's intimate care needs in a sensitive and discreet manner to protect their privacy and dignity.
- The provider had clear systems and procedures in place to protect people's personal information and staff adhered to these.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us the personalised care and support provided reflected people's individual needs and preferences. One person said, "I feel very happy. When I ask for something they do it. They [staff] listen to me a lot."
- People and their relatives confirmed they were involved in decisions about the care provided. A relative said, "We have regular medicines reviews and needs reviews. We are always invited to these meetings."
- People's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person. Staff confirmed they read and followed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication and information needs were assessed, recorded and addressed.
- The provider ensured people were given key information in way they could understand. This included accessible information on staying safe from abuse and raising complaints. Good use had also been made of 'display boards' on key topics, such as human rights, within the home.
- A relative described how staff had adopted different approaches to promote effective communication with their family member. They went on to say, "I am perfectly happy they [staff] are able to communicate with [person's name] within their [person's] capabilities. I am confident they understand their communication requirements."

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

- People had support to lead the lifestyle of their choosing. This included help to access the local community, participate in structured therapeutic, social and recreational activities and maintain valued relationships.
- People told us they spent time in ways they enjoyed, such as going to the cinema, shopping in town and meeting up with family for meals out.

Improving care quality in response to complaints or concerns

- People and their relatives were clear how to raise any complaints or concerns with the provider.
- The provider had produced an accessible guide to help people understand their complaints process.

- The provider's complaints procedure was designed to ensure all complaints were recorded and responded to in a fair and open manner.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- People's preferences and choices regarding their end of life care were explored with them and recorded.
- Staff and management had developed an improved template for recording and managing people's end of life care. This was based upon learning from recent experiences of having supported a person at this stage of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People told us they felt in control of their lives and listened to by staff and management.
- People, their relatives, staff and community professionals described a positive and inclusive culture within the service. They felt able to speak openly to an approachable management team, with confidence any significant issues or concerns raised would be listened to. A community professional told us, "They [management team] are second to none. From the ground up, they have instilled a good culture of empowering people." A staff said, "They [management] are both very approachable and open. I really do love this place."
- Staff spoke enthusiastically about their work for the provider and with a clear commitment to people's continued happiness and wellbeing.

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

- The provider had developed a duty of candour policy. The management team recognised their responsibility to be open and honest with people, and relevant others, if things went wrong with the care provided.

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

- Staff and management were clear what was expected of their respective roles.
- The management team maintained good communication with staff team and provider to ensure there was a shared understanding of any quality issues or new risks within the service.

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

- People and their relatives spoke positively about their relationship and communication with the management team and the overall management of the service. One person told us, "They [management team] are good; it couldn't get any better. They do a very good job." A relative said, "It seems to work absolutely brilliantly with the support [person's name] gets. We're delighted."
- Staff felt their work efforts were appreciated by the management team. A staff member said, "I feel valued; you are always thanked."
- Community professionals described positive and productive working relationships with staff and

management.

- The provider distributed annual feedback forms to people, their relatives and professionals involved in their care, and they analysed and addressed any feedback received on the service. We saw feedback on the service had been positive.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care and make improvements where needed. This included regular service audits by the provider's quality practice manager. Staff and management also completed audits and checks on key aspects of the service, including the management of people's medicines, standards of care planning and risk assessment and infection control practices.