

Liversage Trust Charity

# Liversage Court Residential Home

## Inspection report

Liversage Place  
Derby  
Derbyshire  
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Date of inspection visit:  
04 February 2016

Date of publication:  
17 May 2016

### 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

The last inspection of the home was carried out in November 2013. We asked the provider to make improvements in relation to the administration of 'as required' medicines and to deliver care in line with individual care plans. We found that these actions had been completed.

Liversage Court provides accommodation for up to a maximum of 40 people over two floors. It is situated near the centre of Derby City and is close to shops and local amenities. At the time of our inspection, there were 39 people living at Liversage Court Residential Home.

The service had a registered manager in place. 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.

People who used the service and relatives made positive comments about Liversage Court. They said the standard of care was good and the staff kind and considerate. They told us the staff, listened to their views, encouraged them to make choices, and treated them with dignity and respect.

There were enough staff on duty to meet people's needs. People told us the staff were caring and always had time to talk and listen to them. Staff were trained and knowledgeable about the people who used the service and knew how best to support them.

Staff helped to ensure people's health care needs were met, referring them to health care professionals where necessary. Medicines were safely managed at the service and given to people when they needed them.

People said they liked the food served and helped to choose the menus. They were encouraged to take part in a range of activities provided by the service. Regular residents meeting were held where people had the opportunity to share their views and make suggestions about the running of the service.

Records showed there were systems in place to assess and monitor the quality of the service and the focus was on continuous improvement. There was good leadership at the service from the registered manager and provider who promoted an open and inclusive 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.

People told us they felt safe and staff knew how to protect people and keep them safe.

People received their medicines as prescribed and when they needed them.

There were enough staff to meet people's needs. Staff were safely recruited to help ensure they were suitable to work with the people using the service.

### Is the service effective?

Good ●

The service was effective.

The provider was working in line with the requirements of the mental Capacity Act 2005.

Staff received training and support that provided them with the knowledge and skills to care and support people safely.

People enjoyed their meals and were supported to eat and drink enough.

People's health needs were assessed and their needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received and their needs were met.

We saw people's privacy and dignity was respected by all staff.

### Is the service responsive?

Good ●

The service was responsive.

People received support when they needed it and in line with

their care plan.

The service supported people to undertake activities and access the local community.

The provider had a complaints policy and process in place.  
People who used the service knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the provider used their feedback to learn and improve.

# Liversage Court Residential Home

## **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 4 February 2016 and was unannounced. It was carried out by two inspectors and an expert-by-experience in caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Liversage Court Residential Home is registered to provide care and accommodation for up to 40 people. At the time of the inspection there were 39 people living in the home. The home specialises in the care of older people.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), and other enquiries from and about the provider. We also received feedback from commissioners who fund care for some people who used the service.

We spoke with nine people who lived at the home, five visitors and seven members of the care staff team. We also spoke with the registered manager who was available throughout the inspection.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included four care plans, four staff personnel files, minutes of meetings and records relating to quality

monitoring within the home.

# Is the service safe?

## Our findings

At our last inspection on 23 November 2013 we found that the provider did not have protocols in place to help staff identify when to give 'as required' medicines and what it was prescribed for. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan on 27 January 2014 outlining how they would make improvements. At this inspection we found that the necessary improvements had been made. One relative told us their family member 'receives their medicines at an appropriate time'. Records showed that people were getting their medicines when they needed them and at the time of day they were prescribed. If a person refused to take their medicine, this was clearly recorded and the reason documented so that staff could take action as necessary to address the situation.

We looked at medicines administration records for three people who had been prescribed pain relief as required. These detailed what signs or symptoms a person might display when they were in pain. This enabled staff to identify when a person might need their 'as required' medicine so staff could administer it safely.

The medicines administration records documented when medicines entered the service from the pharmacy, it detailed when they were received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked these records against stocks held and found them to be correct.

The registered manager told us that only senior care staff administered medicines and that staff received medicines training every two years. The staff training and skills plan we looked at confirmed training had been undertaken. This helped to ensure that the staff team's skills and knowledge were up to date.

The registered manager also told us that medicines audits were undertaken by an external pharmacist. The audits we looked at recorded all aspects of managing medicines including the storage, administration and disposal of medicines. The pharmacist identified any shortfalls and advised staff what action they needed to take in response and the registered manager ensured actions had been completed.

People told us they felt safe living at the service. One person told us, "Safety is excellent because I have a call bell as I am less than mobile." This meant that should the person require help or assistance, they could easily summon a member of staff. They said they could sum up the home in one sentence which was, "its home from home." Another person told us they felt safe because, "Staff do look after me well". A visiting relative said, "There is nothing in this home that gives us any cause for concern."

We looked at how the provider protected people and kept them safe. The provider had systems and policies that ensured safeguarding which is protecting people from harm or abuse were in place. We saw concerns

were reported to the relevant agencies including us and the local authority).

Training records showed that staff had been trained in safeguarding. Staff were able to explain what abuse is and how they could report it and who to. One member of staff told us that, "I would report it to my supervisor" and if no action was taken they would, "report it to the manager." This was an example of a staff member knowing how to alert others if a person using the service was at risk.

Each person had a care plan that clearly reflected their individual needs. Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, we saw that on people's bedroom door there were coloured dots. Staff explained this was a 'traffic light assessment' in the event of fire to show the different level of support people needed.

One relative told us their family member was at risk of falling so staff had put a number of measures in place to help prevent this. This included a sensor in the person's bedroom to alert staff if they got up in the night and needed assistance. They also told us staff had ensured their relative had appropriate mobility aids and footwear to help them move about the home safely. This was an example of how staff managed risk so a person was protected and their freedom to move about the home independently supported and respected.

People could be assured that their support needs would be known by other healthcare staff in an emergency, such as admission to hospital. People had 'grab and go' documents in their room which detailed important information about them. This document was readily available and would remain with the person during an emergency situation. This was important as some people were unable to communicate verbally.

People received the care and support they needed in a timely way. People we spoke with told us there were staff available to support them and we saw this in practice on the day of our inspection.

One person told us, "There are 40 people in here and when I ring my bell they couldn't come any quicker, staff work very hard." The relatives we spoke with also said their family members received care and support when they needed it. One relative told us, "Staff are always around and visible."

The registered manager told us that staffing levels depended on the amount of staff needed for care, activities and appointments and this was regularly assessed using a 'dependency tool' to measure the staffing hours needed. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service and said that if they felt more staff were needed they were confident the registered manager would address this.

The provider had a thorough recruitment system in place. We looked at staff recruitment files; these included the staff file of a newly employed staff member. All files showed relevant checks which had been completed before staff began work. These included disclosure and barring service (DBS) checks, a DBS check is completed before staff began work as helps employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.



# Is the service effective?

## Our findings

People told us they were satisfied with the care and support the service provided. One person said, "I can't fault the staff at all, as far as I'm concerned they can't do anything better." One relative told us, "There's a lot of staff training and the registered manager is always encouraging staff to do more training so this is reflected in the skills here, lots of carers have NVQ's," which is a type of work based qualification.

Records showed people were supported by staff who had undertaken a thorough induction programme which aimed to give them the skills to care and support people effectively. The registered manager confirmed that the induction was delivered in line with the Care Certificate; this is a nationally recognised training programme for people working in care.

Two members of staff told us that they received regular supervisions and one staff member told us that, "the registered manager encourages us to undertake further training," and they are booked on to bespoke training for working with people with depression. Staff files that we looked confirmed that supervisions were regularly undertaken and staff competencies assessed to ensure their skills remained up to date.

Staff were knowledgeable about people's needs and could explain how people preferred to be cared for. One staff member told us, "All the staff know the residents and the care plans have the information we need in them too." The staff team was stable with many staff having worked in the home for a number of years. This helped to ensure that people experienced a consistent approach in the way they were supported.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff had a good understanding of the MCA and their role in relation to this. The registered manager had completed the required assessments to ensure that where people lacked the capacity to make certain decisions these were made in their best interests.

The registered manager demonstrated an understanding of DoLS and we saw they had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with people about the quality of food and they told us they had enough to eat and that they could eat whenever they wished to. They told us that snacks were available between meals and one person told us, "I could get snacks if I wanted them." A relative told us that they were impressed with the quality of the food. They said there was 'a substantial breakfast on offer, ranging from a full English [breakfast] to cereals'.

People's nutritional needs were assessed regularly and there was information in care plans detailing these. Food and fluid charts were used to record and monitor how much people ate and drank. Where staff identified potential concerns, these were raised to management who involved relevant healthcare professionals. Changes to people's diets were documented and communicated to the kitchen staff.

A relative told us their family member had swallowing difficulties which made it difficult for them to manage certain foods. They said that in response the staff had referred the person to a speech and language therapist (SALT) who recommended a specialist diet which reduced the risk of choking. The person's care plan included the information staff needed to facilitate this and kitchen staff were alerted so they could prepare suitable meals. If the person did not want what was on the menu, kitchen staff were able to offer suitable alternatives. This meant that the person was able to maintain a balanced diet and that their nutritional needs were met.

Records showed that people's health care needs were documented and met. Staff accompanied people to health care appointments as necessary. The staff we spoke with had a good knowledge and understanding of people's health conditions and knew how to address these and respond to changes in their conditions. Records also showed that the people who used the service had access to a range of health care professionals and that staff took prompt action if a person was in need of medical attention.

## Is the service caring?

### Our findings

People who lived at the home were positive about the staff and their attitude towards them. People told us the staff were kind, considerate and respectful. For example, one person told us they preferred to stay in their room for much of the time and staff respected their choice to do this. Another person told us, "That's what I've come here for because staff care and we get freedom of expression."

People also told us staff were caring and always had time to talk and listen to people. One person said, "I can talk to them about anything." Another person said the staff were, "Friendly and make a point of getting to know you".

The service also had a 'link worker' system in place where each individual was allocated a specific staff member who was responsible for overseeing their care. One person told us "I absolutely love my link worker."

We looked at care records of four people who used the service. We found evidence they had been involved in and central to the development of their care plans. Records showed people had signed care plans to indicate they agreed with the care and support provided to them. Four people we spoke with told us they were encouraged to express their views about how their care and support was delivered. Care plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described the daily support people received and the activities they had undertaken.

People told us they were supported to make decisions on a day to day basis. We observed people deciding how they spent their time. One person said, "I'm capable of making my own bed and I'm allowed to do that." This demonstrated that the home respected the person's decision which allowed them to maintain their independence.

People we spoke with and their relatives were happy with the care in relation to dignity and respect. One person who used the service told us that staff assisted them with their personal care and said "The staff allow me to do things for myself, such as using the control to raise and lower the seat into the bath, so I still have some control for myself." One person told us "We do have good relationship with all staff and dignity and respect is a two-way street, if I respect staff then they respect me, and they do."

People were encouraged to develop and maintain relationships with important people in their lives. We found literature displayed in the reception area that welcomed visitors and let them know what meal times were so they were aware staff might be busy at that time of day. People who lived at the home told us there was never an issue as to what time people could visit them. One relative told us that the home, "Positively encourages relatives to visit" and that they visited every day for most of the day."

# Is the service responsive?

## Our findings

At our inspection on 23 November 2013 we found that staff were not following the instructions in care plans when delivering care, providing care that met people's needs or ensuring the safety and welfare of people. This was a breach of Regulation 9 (1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 9 (3) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan on the 27 January 2014 outlining how they would make improvements. At this inspection we found that improvements had been made.

The registered manager told us in the PIR that all the people who used the service received an annual personalised review which looked at areas of care and support that were working, areas that might be in need of improvement, and looking at future goals. They told us that these were completed with families and external professionals. We saw that care plans were detailed and written in a personalised way, in that the information was tailored specifically to each person's needs and their preferences for being cared for.

Assessments of people's needs were completed by the registered manager or the assistant manager as well as the placing authority before people moved into the service. The assessments were used to develop individualised care plans which contained risk assessments to reduce and manage known risks. Care plans also contained 'life history sheets' which provided information regarding people's family lives, their work history, important events in their lives and their interests and hobbies. Personal profiles had been created to record people's likes, dislikes and preferences regarding their care and end of life wishes.

People were involved in planning and making choices about their care and support. People told us they had chosen how their bedrooms were personalised with their choice of furniture and possessions. Meetings were held for people to get involved in; to get people's views on what activities they would like to do. People's relatives were involved in their care and support. One relative commented positively that should their relation need anything that the staff would 'advise us on what might be useful.' This meant that the person received appropriate support when they needed it.

One person who used the service told us that they enjoyed music and liked to listen to it on their personal music player. The person said, "I get on very well with staff because they know when I need things without having to ask." And they explained that recently their headphones had broken and staff asked them where they had been purchased and then got them some more, without them needing to ask for a replacement. This demonstrated that staff knew what was important to the person.

People were encouraged to follow their interests and encouraged to take part in a range of activities. The provider had a wide variety of daily activities available for people to participate in. Each day of the week focussed on a specific theme for example, 'Touch Tuesday' was designed to stimulate the taste, smell and touch senses. There were activities such as baking and also the opening of in the in-house shop where people could purchase a number of items. Also the staff had organised for local retailers to attend with a

stall that people were able to explore and purchase items from it if they wished to.

The provider also had a 'sensory room' which was used to develop a person's senses through the use of lighting, music, and objects. Its purpose was to provide a calm and safe environment where therapeutic activities could take place.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the registered manager if they had a problem or concern. It was clear from discussions that people had a good relationship with the registered manager. One person told us, "I go to the registered manager and she sorts it [any issue] out." One relative said, "The registered manager is very approachable and would resolve any issues quickly." We observed people were comfortable approaching and speaking with staff and the registered manager.

The provider's complaints procedure was on display in the main entrance. This explained how a complaint would be assessed, recorded and responded to appropriately. The complaints procedure was also included in the 'residents welcome pack' which people received on admission to the service. The policy included information on how complaints could be escalated should the person remain dissatisfied with a response. This included contacting external organisations such as the local authority.

# Is the service well-led?

## Our findings

The provider had an inclusive and open culture. People and their relatives said the care was good and the registered manager and staff listened to them. One person told us, "I have settled in well here and am feeling better than I have in years." A relative said, "The manager is very approachable. The residents go to her office, she listens to them, and their door is always open."

Regular resident meetings were held to give the people the opportunity to comment on the service and make suggestions. One person who used the service told us they attended these meetings and at the last one had helped to choose new carpets for communal areas. We looked at the minutes of the last meeting. These showed that the registered manager had reminded people how to raise complaints if they needed to and also how to put forward any suggestions they had for improving the service.

The minutes also showed that people had discussed the meals and voted whether the menu should remain the same or not. People voted to keep the current menu. The registered manager had asked if people were happy with the care they received. All responded positively and one person had said "I like it here because my family can go away and not worry." These minutes were evidence of positive, personalised culture at the service that encouraged people to speak out and share their views

The provider sent out seasonal 'Residents Newsletters' to all the people who used the service. We looked at the latest edition. This included a photograph of the service's maintenance team and an article on the work they did to keep the premises in good order. There were also reports on recent social events at the home including a 'Wear it Pink Day' when the people who used the service had made pink jewellery and worn pink. The newsletter kept the people who used the service and their relatives informed about developments at the service and gave an insight into some of the events and activities that people could take part in if they wished.

There were regular staff meetings and this was confirmed by staff members we spoke with. We looked at the minutes from the recent staff meeting and saw relevant topics had been discussed. Staff signed to confirm they had read the minutes. Staff told us they had regular supervision from the assistant manager or the registered manager and were given feedback on their performance. This helped to ensure they were performing well and providing appropriate care to the people who used the service.

People who used the service, relatives and staff all said they got on well with the registered manager and thought she provided good management and leadership at the service. One member of staff told us 'The registered manager always makes sure that the residents are cared for.' We observed the registered manager interacting with people and we saw they knew them well and engaged with them in a positive manner.

We looked at the systems used for monitoring the quality of the service and these included audits for all aspects of the service. We saw the systems were effective in identifying where improvements were needed and the registered manager had action plans in place which were monitored by the provider to ensure the

improvements were being made.

We also saw the provider carried out regular quality assurance visits. During these the provider spoke with the people who used the service, relatives and staff to get their views, observed how staff interacted with people, and looked records and other aspects of the service. Following a recent visit, a report was given to the registered manager along with an action plan for improvement. We saw the registered manager was working through the action plan and addressing any shortfalls. This was evidence of continual improvement taking place at the service.