

Livability

Livability Hallgate

Inspection report

28 Hallgate
Hexham
Northumberland
NE46 1XD

Tel: 02074522000
Website: www.livability.org.uk

Date of inspection visit:
12 June 2018
13 June 2018

Date of publication:
11 July 2018

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

This inspection took place 12 and 13 June 2018 and was announced. This was because the service is a small service and we needed to be sure someone was in to help us carry out our inspection.

This was the first comprehensive inspection of the service since it had been acquired by the provider Livability.

Livability Hallgate 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.

The home accommodates up to five people in one adapted building. At the time of our inspection there were five people using the service.

The care service has been developed 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." Registering the Right Support CQC policy

The service had a registered manager. 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 using the service were kept safe by staff who understood the personal risks to each person who used the service including living in the home and accessing the community. Staff regularly reviewed these risks and engaged other professionals where people's behaviour changed.

Medicines were safely administered by staff who were trained and assessed as competent to do so. In keeping with a national initiative called STOMP-LD (Stopping over-medication of people with learning disabilities) staff had worked with people in a very positive way to reduce their need for mood stabilising medicines.

There were enough staff on duty. The registered manager had recruited more staff and were awaiting the completion of pre-employment checks before new staff could begin to work in the home. Prospective staff were required to detail their experience and learning on an application form. Three references were required by the provider to seek information on a person's character and suitability for the post.

In the absence of having a full staff complement agency staff had been employed in the service. Agency staff received an induction to the service. Staff employed in the service also underwent an induction process and

were supported to carry out their roles using supervision, training and appraisals.

People attended a house meeting and had meetings with their keyworkers to enable them to influence how their care was provided and their home managed.

Records showed regular checks were carried out on the building and its contents to ensure people lived in a safe environment.

People's human rights were protected by staff who promoted their right to family life and access to medical service to promote their health and well-being. Staff enabled people to play an equal part in their home and community.

The service had appropriate systems in place to protect people from harm. Staff had been trained in safeguarding and felt able to discuss any concerns with the registered manager.

The provider had a staff disciplinary policy in place to address any staff behaviour which was not acceptable.

People had their own menu's in place which reflected their personal tastes. Pictures were available for people to choose their menu for the week before they assisted with shopping.

The service had engaged professionals from different disciplines to support people's needs and included their advice in people's care plans.

Staff supported people with kindness and patience. They respected people's choices and encouraged them to be as independent as possible. When people had made choices, which were important to them staff had advocated on their behalf to their family members about what each person wanted to do.

The home is in the centre of Hexham and is an old building. Staff had made adaptations to the building to meet people's needs, and when necessary made arrangements for people's care to ensure the best use of the layout of the space available.

Records in the home were up to date and accurately reflected people's needs. Care plans and risk assessments provided guidance to staff on to provide each person's individual care.

Staff encouraged and supported people to be part of their community and continue relationships and activities that were important to them.

The service was well-led. Systems were in place and operated effectively to monitor the quality of the service. There was a culture of continuous improvement embedded in the service.

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 were cared for in a safe environment and by sufficient staff on duty.

Staff underwent a thorough recruitment process to ensure they were suitable to work with people with additional learning needs.

People received their medicines from staff who had been trained in medicines administration and assessed as competent to do so.

Is the service effective?

Good ●

The service was effective.

The service was located in an old building. The provider had made adaptations to the building to meet people's care needs.

People chose the meals they liked to eat and were supported by staff to do a weekly shop.

The service met the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff engaged people in conversations throughout our inspection. They used humour and positive language.

Relatives complimented the staff on their kindness and patience.

People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People engaged with their keyworker each month to monitor if their needs were being met.

Care plans with associated risk assessments were personalised, accurate and up to date.

There had been no complaints made about the service.

Is the service well-led?

The service was well-led.

Effective systems were in place to monitor the quality of the service and actions plans were designed to make continuous improvements.

People were able to access their local community and participate in the local events.

The registered manager held meetings to give staff up to date information, and share ideas and invite their ideas to support people living in the home.

Good ●

Livability Hallgate

Detailed findings

Background to this inspection

This inspection was carried out 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.

We gave the service 48 hours' notice of the inspection visit because it is small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity took place on 12 June 2018. We visited the regional office on 13 June 2018 to review staff records.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information available to us. This included notifications made by the provider to CQC. A notification is information providers are required under law to send to us. We contacted the local authority commissioning and safeguarding teams.

The provider submitted a provider information return. However, this was not received by the inspector prior to the inspection due to technical difficulties. Following the inspection, we received and reviewed the information to ensure we had covered the information sent to us during our visits to the service.

We spoke with five people who used the service and six of their relatives. We also spoke with five members of staff including the registered manager, senior carer and care staff. We carried out observations in the service. Following our on-site visit, we spoke with two professionals who gave their views about the service.

During our inspection we reviewed care plans and other documentation in detail for two people and looked at medicine records for everyone living in the home. We also looked at two staff personnel files.

Is the service safe?

Our findings

People appeared relaxed and happy around staff and in their home. Relatives confirmed to us they had no safety concerns. One relative described the service as delivering, "Good quality care." Another relative told us the family member was, "Very happy" living at Livability Hallgate.

Regular checks were carried out on the building and the environment to ensure people were safe. Fire checks were carried out on a weekly basis and fire-fighting equipment such as fire extinguishers were subject to annual checks by an external contractor. A fire risk assessment had been carried out to establish if there any unforeseen risks to people.

Policies and procedures were in place to protect staff. For example, the policies included waste management and infection control. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring. Accidents and incidents were documented and investigated to see if anything could be done to prevent a re-occurrence.

Personalised risk assessments for each person who used the service were also documented. These identified people's personal risks and what actions were required to mitigate the risks. For example, one person was liable to fall whilst using the stairs. Whilst staff told us the person could access their bedroom with assistance whenever they wished, staff had anticipated their needs and put a box downstairs containing personal items to reduce the risk.

Staff recruitment was carried out in a thorough and robust manner. Staff were required to detail their experience and learning on an application form before being selected for interview. Three references were required by the provider, one of these was expected to be character reference to ascertain if staff were suitable to work with people who used the service. The service also carried out Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

There were enough staff on duty. Rotas showed there were consistent levels of staffing to support people with additional needs. The service used agency staff when necessary. The registered manager explained new staff had been recruited.

The home was clean and free from odours. Staff undertook regular cleaning throughout the home. They added messages to each other on the handover records to remind their colleagues the areas of the home which needed cleaning that day. Personal protective equipment was available to reduce the risk of cross infection.

Medicines were safely administered. There was a process in place for the safe receipt, storage, administration and disposal of medicines. At the time of our inspection no one's medicines required refrigeration. The registered manager told us if any person was prescribed medicines which required cool

storage a lockable box was available which would be kept in the kitchen fridge. Controlled drugs are those which are liable to misuse. Records for the controlled drugs were accurate. We checked medicine administration records (MAR) and found there were no gaps in the records. The provider had a checklist in place to identify if there were any medicine errors whether there had been an impact on people. The registered manager gave us an example of a medicines error where a staff member signed a person's medicines but a second staff member had not double signed the MAR chart. Topical medicines are those which are applied to the skin. These were listed on the MAR chart. One person who had been prescribed a topical medicine applied it themselves and with the support of staff signed their own MAR record.

People were protected from abuse by staff who had undertaken training on safeguarding adults. Staff told us they felt confident in approaching the registered manager if they had concerns about people's welfare.

Staff spoke of learning lessons about people's needs and thinking differently when people's behaviour changed. For example, one person displayed behaviours which challenged the service. Staff sought advice from other professionals to no avail. A relative suggested changing their environment instead of trying to change the behaviour. Staff took the necessary steps to change their bedroom and their behaviour positively changed. The registered manager told us staff had learned to take a different approach to looking at behaviour which was challenging to them.

The provider had a staff disciplinary policy in place to address any staff behaviour which did not keep people safe. There were no staff disciplinary issues at the time of our inspection.

People's human rights were protected. We found regular communication between the service and family members to support people's right to family life. People's health and well-being were well supported to maintain their right to life.

People were protected from discrimination by staff who demonstrated values and attitudes which supported equal rights. We found people who used the service were being enabled to live the lives they chose supported by family members and staff.

Is the service effective?

Our findings

Staff worked effectively working with other professionals to meet people's needs. Relatives confirmed staff supported people to their appointments. The service involved professionals from other disciplines to support people's care, such as specialists in speech and language and Positive Behaviour Support (PBS). PBS is a method used to address behaviour which challenges the staff and improve the life of the person and those around them. Professionals confirmed to us they had worked with the service and staff had taken the advice and support on offer to meet the needs of people who used the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found staff had received training in the MCA and DoLS. Applications had been made to the relevant body to request authorisation to keep people safe. Where requests had been made and these were granted CQC had been notified.

Pictures of meals were available for people to choose their own weekly menus. Menus were planned each week before shopping was carried out. Two people had their own menus. One person chose their own menu because they had wanted to lose weight. During our inspection they went to a local pharmacy to be weighed. Staff praised their efforts for slowly reducing their weight. No one using the service was losing unnecessary amounts of weight.

The provider had a range of mandatory training in place. This was training they had decided was necessary for staff to be competent to carry out their role. The mandatory training included health and safety, fire safety, safeguarding adults and staff also carried out further training to enhance their knowledge and skills. For example, staff did training in Equality and Diversity and Confidentiality. Following new legislation coming into force in May 2018 known as the General Data Protection Regulation (GDPR) the registered manager told us they were sourcing additional training to meet the new requirements. GDPR sets new standards on data protection and privacy for all individuals. The registered manager maintained a training matrix which showed when staff had carried out their training and when they were required to carry out updates. Staff received an annual appraisal. Staff confirmed they received training and told us the registered manager seeks out new training to support their role.

People's needs were assessed before they were admitted to the home and their family members were a significant part of their on-going assessment needs. Each person had a communication assessment in place. The assessment considered how each person communicated.

Livability Hallgate is an old building. Staff spoke of ideally acquiring a large bungalow to meet people's needs as they grew older. In the meantime, staff had ensured the person with the greatest mobility needs occupied the ground floor bedroom. The lounge, kitchen and dining room were free from hazards and wheelchair accessible. The garden area was being re-developed. It allowed safe evacuation from the premises in case of emergency. Staff had adapted where possible the building to meet people's needs.

The provider had signed up to an initiative called STOMP. STOMP stands for 'Stopping over-medication of people with learning disabilities'. Although the registered manager had yet to complete the provider's new assessment we found the thinking had been embedded into the service. One person's medicines had already been reduced to good effect.

One person had displayed anxious behaviour and needed to have prolonged checks on their personal possessions. Staff had worked effectively with other professionals to reduce their anxiety. As a result, the person had minimal checks in place which in turn freed their time and allowed them to go out. Staff spoke with us about them developing a consistent approach to allow the person to feel less anxious, understand boundaries and develop a lifestyle.

Communications systems were in place which enabled staff to share pertinent information. Staff used a daily handover sheet to communicate with each other about what tasks needed to be done each day and when the tasks had been accomplished. Staff provided information in a communication book to enable one family learn about what their relative had been doing during the week.

Is the service caring?

Our findings

The atmosphere of the home was warm and friendly. People who used the service approached staff with confidence to chat and share a joke. Staff engaged people throughout the day in conversations about choices and their activities. Throughout our inspection visit staff gave guidance and explanations to people. For example, this included explaining to people why a shopping trip was taking place. Conversations were held about what was for tea and how outings could happen.

Relatives we spoke with during the inspection made positive remarks about the staff. They described them as, "Kind and friendly." One relative spoke about the patience of the staff and another relative told us the staff were, "Very good." Relatives spoke with us about the use of agency staff and said they did not always know who was on duty when they arrived at the home, however they had no concerns about the staff on duty.

Staff supported people with kindness, protected their dignity and privacy. Information about people was stored in a locked cupboard in a lockable office. Staff understood the need to protect people's confidentiality.

People, regardless of their learning needs were enabled to play an equal part in their home and community. Staff respected the people's home and encouraged their participation in meeting their own needs and in the running of the home.

People were encouraged to speak up for themselves. We observed staff listened patiently as people spoke. Advocacy services were available. An advocate is a person who speaks up for someone and helps them represent their views to other people including their family members and other team members. Staff had acted as advocates and represented the views of people to family members and other professionals. During our inspection one person wanted to discuss changes to their bedroom. Staff spoke with them about what they wanted to do and said they would speak to their relatives about making the changes.

Staff were able to give us detailed information about people's needs and preferences. They described their histories and actions they had taken when people became distressed. We found staff knew people well and how best to support them maintain their well-being. Staff spoke with us in warm tones about the people living in the home. People knew the names of their key workers. Relatives were also able to tell us who was the keyworker for their family member.

People and their relatives were engaged in the service. There were regular meetings for people to discuss the running of the household and what people wanted to do. At the time of our inspection relatives had offered to help in the garden.

People were involved in the service. Photographs of people were on the health and safety checks. When people assisted staff to carry out the checks their photograph was circled. People confirmed they carried out the checks.

People were supported to be as independent as possible and be involved in the service. We observed staff supporting people to prepare their own lunch. People were engaged in the domestic chores in the home such as preparing meals, cleaning away and washing and drying the dishes. Arrangements were in place to support people manage their own finances.

During our inspection one person raised the issue of not liking the pizza they had for tea the previous day. Staff told the person they needed to speak to them if they don't like anything and it would be changed.

There was a strong sense of belonging to Livability Hallgate. Bedrooms were personalised and families had been involved in helping people redecorate their personal space. Staff showed us pictures and arts and crafts people had done to make the home feel it was their own. These had yet to be put on display again following the decorating.

Is the service responsive?

Our findings

Each person who used the service had three files. The files held information on people's assessed needs and care plans, people's health care plans and correspondence. Staff had written a range of care plans which included person centred information. The care plans met the good practice requirements as outlined in the NICE guidelines on, 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges', NICE guideline [NG11] published in May 2015.

Advice from other professionals was incorporated into care plans. Staff had contacted services such as the Positive Behaviour Support team when they needed assistance to look at different ways of supporting people to avoid them from becoming distressed.

The registered manager told us people's care plans were reviewed every three months or sooner if a person's needs changed. Records showed people's care plans were regularly reviewed.

People had goal planners in place. These were developed each between people who used the service and their key workers to see what they wanted to staff. Staff documented and took photographs to remind people of when they had achieved their goals along with other things they had achieved. One person had wanted to go on day trip to Carlisle, they told us they had been on their visit. One person showed us their albums of when they went on holiday with staff. The registered manager showed us photographs of people achieving their goals.

Each month people had meetings with their key workers to review the service they were receiving and used pictures to express their views.

Each person had a diary in which staff documented people's daily activities. At the bottom of each daily page staff documented the experiences people had and the tasks they had accomplished. The diaries reflected people's needs and demonstrated how people were involved in the service.

The Accessible Information Standard was introduced by NHS England in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs had been assessed. As a result of the assessments, staff had documented how to communicate with people. This included if people were able to communicate verbally, used specific sign language, pointed to items they needed or used a combination of both. Easy read documents were available to people about safeguarding, making a complaint and understanding the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff were aware one person needed hearing aids. Without them their independence whilst out walking in the community was compromised. The person had agreed to wearing the aids and staff had made a referral for an assessment to be carried out.

The provider had in place plans entitled, 'When I die'. Staff had sought the views and opinions of people who used the service and those of their relatives who felt able to discuss the issue. Staff respected people's choice not to hold these sensitive discussions.

The provider had a complaints procedure in place. No complaints had been made about the service in the last year. People were given equal opportunities to make a complaint. We observed staff responding to people using a positive approach to any concerns people raised.

As the decoration of the home had just been completed staff had yet to put back on display people's weekly activity planners. People who used the service understood what they were doing on each day. The planners included a range of activities including swimming and bowling and attendance at a variety of clubs. There was also time set aside in people's planners for them to participate in activities of daily living. For example, the planners included the weekly, "Big shop" and baking. During our visit two people went out for afternoon tea. Staff were aware of local events such as festivals and included these on people's daily planners if people wished to attend. The registered manager explained one person came to the service with nothing in place. We saw they had a comprehensive programme of activities. The activities and plans met the National Institute for Health and Care Excellence (NICE) good practice guidance, 'Autism spectrum disorder in adults: diagnosis and management' which was first published in June 2012 and updated in August 2016'.

Relatives spoke with us about staff supporting people to enable to continue with relationships which were important to them. They confirmed the service had arrangements in place for people have weekend time with their families. Our inspection took place in the week before Father's Day. Staff supported people to obtain and send Father's Day cards.

Is the service well-led?

Our findings

There was a registered manager in place. They were also the registered manager for another service run by the provider, also located in Northumberland. Relatives we spoke with felt the registered manager was "Approachable." They had been nominated for and won a provider's award for the work they had carried out in driving improvement.

The registered manager had systems in place to monitor the effectiveness of the service. They carried out monthly audits and actions put in place to improve the service. The registered manager showed us the action plan and told us what actions had been carried out to improve the service. They showed us how the provider had put in place different audits each month around a key theme. These audits included subjects such as Mental Capacity and the Deprivation of Liberty Standards

Auditing also took place on incidents in the home. For example, if there was a medicines error in the home the manager used a tool to define the seriousness of the incident and if there had been any impact on people. At the time of our inspection there were no medicine errors which had impacted on people. The registered manager had documented incidents where staff had not signed a MAR chart, and showed they had taken appropriate actions to address the issue.

The provider's quality team and the regional manager carried out visits to the service to monitor the quality. Actions were agreed and added to the Service Quality Improvement Plan (SQIP) The initial visit from the quality team was followed up a visit known as a 'Validation' visit to check to see if the improvements had been made. A validation visit took place at Livability Hallgate in May 2018. The visit included observations on good practice, and the subsequent report stated, 'People supported have been busy choosing their decorations/paints and carpets for their bedrooms and have been busy being involved in the preparation and completion of this.' Services run by the provider using the quality systems were rated red, amber or green. At the time of inspection Livability Hallgate was rated as 'green' which meant it was a good service with no concerns.

People's views were sought by their keyworker monthly. Surveys were carried out each year to seek the views of people who used the service and their relatives. These views were aggregated. We found only positive comments were received by the service which meant there were no actions to be taken as a result of the survey.

Staff spoke to us about the cultural changes in the staff team since the current registered manager came into post. They spoke about being enabled to respond to people's needs more quickly since being given autonomy to contact for example people's GP's without first having to seek the permission of the registered manager. One staff member said, "People now have a better quality of life. The registered manager held staff meetings to include staff in the running of the service, give them information and invite their ideas.

During our inspection we spoke with the registered manager and the staff on several different topics. The registered manager was able to tell us in detail the values of the organisation. We found examples of staff

adhering to the expressed values of, 'Enabling – we think people are amazing' and 'Courageous – we are the best we can be'. Staff were motivated by enabling people to live the life they wanted and continually improving to give people the best opportunities.

People were engaged in their local community where they accessed facilities according to their needs and wishes. When people set their goals about what they wanted to do, the goals involved using local public transport. People had a stall at the local community events to tell people about Livability. Records showed people were involved in local church groups, attended the nearby leisure centre and popped out to the local shops to replenish food items. One person wanted to run in a local community event. Staff had put in the diary reminders to ensure the person was supported to carry out training so they could complete the run.

Livability is a registered charity. The charitable status enabled the registered manager to raise funds in conjunction with a local fundraiser employed by the provider. Money had been obtained from a national DIY chain to redecorate the home. In addition to working with staff employed by the provider, staff had access to a network of other professionals with whom they worked in partnership to meet people's needs.

Appropriate notifications had been submitted to CQC in a timely manner by the registered manager. The registered manager was accountable for their actions and was meeting their registration requirements.

Records held in the service were accurate and up to date.