

## Livability

# Livability Lifestyle Choices East Midlands

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 15 December 2015 and 7 January 2016 and was announced. The service is registered to provide personal care to people in their own homes when they are unable to manage their own care. At the time of the inspection there were two people using the service.

There was a registered manager in post at the time of our inspection. 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 told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

## 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 said they felt safe in their homes and appeared relaxed and calm with the staff around them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

### Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live a fulfilled life.

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## **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 15 December 2015 and 7 January 2016 and was announced and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

Before the inspection, we asked the provider to complete 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 completed PIR and previous inspection reports before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During the inspection we spoke with the two people using the service, two family members, three members of staff and the registered manager.

We reviewed the care records of the two people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People felt safe with the staff that supported them and looked relaxed and calm around staff. One person said "I feel safe in my house; the staff know how to keep me safe." The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse and information on who they would report any safeguarding concerns to was readily available to them. The service had liaised with the local community police officer to make them aware of the people living in their community who may be more vulnerable. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their epilepsy which provided staff with instructions about what to look out for and what to do if a person had a seizure. Risk assessments were also in place to manage other risks within the environment including the risk of using domestic equipment when preparing meals. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People said that there was sufficient staff to provide their care and support. One person said "The staff understand my needs and arrive on time." Another person told us how they and their family were involved in recruiting the staff that supported them. Each person was individually assessed and a care package was developed to meet their needs. We saw that the staff rota's reflected people's needs. People said they knew the staff that supported them and they met any new staff before they came to support them. Throughout the inspection we saw there was enough staff to meet people's needs.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on an annual basis. We observed that medicines were stored securely and that Medication Administration Record sheets had been correctly completed.

# Is the service effective?

## Our findings

People received support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People and their families felt the staff were all well trained and understood their responsibilities.

Staff were specifically selected and recruited to support person-centred care packages designed to help people live as independent a life as possible. New staff received a thorough induction which included classroom based learning, E:Learning and shadowing experienced members of the staff team. The induction included key subjects on medication, hygiene and person centred care planning. In addition specialist training was identified to support the individual needs of people, such as training in epilepsy. One staff member told us "The induction was very good and helpful; I completed all of the core training and shadowed other staff until I felt confident to work alone."

People's needs were met by staff that received regular supervision and received an annual appraisal. Staff told us that they felt very well supported and that if they had any concerns they only had to contact their manager who was always there to help and support them. One staff member told us "My manager is very approachable and supportive; Livability is one of the best company's I have worked for." There was an electronic call monitoring system in place which in addition to recording when carers visited people also enabled both staff and managers to communicate with each other on a day to day basis; this meant staff were kept up to date with any information which could impact on their daily work. Training was delivered by face to face workshop sessions and on-line; the providers' mandatory training was refreshed annually. During supervision staff had to answer questions following training they had received which ensured they had understood the training and enabled the manager to identify if there were any further training needs. Staff were provided with the opportunities to obtain recognised care qualifications such as a National Vocational Qualification level 3 and BTEC Qualification in Learning disability. The staff members we spoke with were positive about the training they had received and felt they were valued and listened to.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People told us they selected their own food choices and in some cases staff supported them in the food preparation. Training records showed that staff had received up to date training in food safety. People were encouraged to follow a healthy diet.

People's healthcare needs were carefully monitored. Care Records showed that people had access to community nurses and GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

## Is the service caring?

### Our findings

People were supported by staff that were passionate about ensuring they were enabled to live as independent a life as possible. One person said "The staff are all alright, I can do what I like." Staff showed a compassion for the people they supported. One relative commented that "[name of staff member] supported their relative well."

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. There was a calm and relaxed atmosphere and one relative commented "We were lucky to get this service; [name] is happy and cared for."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us they felt that their wishes were respected and staff were always pleasant. People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing.

People's privacy and dignity were respected by the staff. People told us that when they needed assistance with bathing the staff ensured the bathroom door was closed and came to support them when they were called. Staff also explained to us how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities.

There was information on advocacy services which was available for people and their relatives to view. No one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.



## Is the service responsive?

### Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The service provided bespoke packages of care tailored to meet individual needs. The staff were selected and recruited specifically to work with a person; attention was made to ensure that any new staff were compatible with the person they would be supporting. The people we spoke to and their families told us about being involved with the selection of staff. One person said "If I did not like someone they would not be selected." Staff told us that they knew that if the person they supported was not happy with them they would not have been recruited. This ensured that people needing support could feel confident and safe with the staff who supported them in their own home.

We saw detailed assessment information; this was used to build a person centred care plan detailing what care and support people needed to enable them to live as independent a life as possible. Care plans were reviewed on a regular basis with the people using the service and their relative to help ensure they were kept up to date and reflected each individual's current needs. We saw that the care plans had been regularly updated and details of any meetings with the people being supported were recorded. One relative we spoke to confirmed that they were involved in developing and reviewing the care plan with staff and their family member. One person said "They [the staff] see you as a person and treat you as an individual."

The staff we spoke to demonstrated a good knowledge and understanding of the person they supported. One relative commented "Staff have a lot of understanding about [name] and their disability and problems they face." One health care professional we contacted commented "I find Livability to be a very caring and responsive company." The care plans gave detailed guidance and instructions to staff on each individual's care needs; for example in one care plan we noted that the person had epilepsy, there were details as to what the staff should look out for if the person had a seizure and what precautions needed to be in place to ensure the person's safety. One person told us that they needed support in and out of a bath, however not all the staff were doing this. We spoke to the registered manager about this and they immediately ensured that the care plan detailed this and all staff were reminded via the electronic call monitoring system.

Daily records were up to date and reflected how the individual was, any concerns and what they had been doing each day. The communication between managers and staff was evident and everyone worked as a team to provide a consistent service.

When people started using the service they and their families were provided with a 'customer pack', this included information about what to do if they had a complaint and was available in different formats to meet individual communication methods. One family member commented that if there had been any concerns the service were quick to respond and sort things out. We were made aware that when it became evident that one of the staff employed was not as compatible as they needed to be with a person that the service had promptly replaced that staff member. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern.

## Is the service well-led?

### Our findings

Everyone we spoke with was complimentary about the management of the service. People told us communication was good and they had positive relationships with the management. One staff member said "Management are very approachable, supportive and open to ideas." A family member said "[Name of manager] is great, very efficient."

Communication between people, families and staff was encouraged in an open way. As staff worked remotely the electronic call monitoring system enabled both staff and management to keep in regular contact and ensured everyone was kept up to date with anything which may impact on the support they were giving. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. Meetings were held with staff on a regular basis and these were focussed on the care package the staff were supporting. If staff were unable to attend the meeting then minutes were circulated via email to ensure everyone was kept informed.. Staff told us they felt well supported and informed.

The registered manager spoke to us about how the service was initially set up; which involved local people in the community wishing to live as independently as possible, doing what they wanted to do in their own home and local community. Livability were passionate about providing good, person centred care which enabled people to fulfil their goals and potential; feedback from people who use the service shows that they do this in practice. One person said "I don't know of any other service which would provide what we have."

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Comments included "The staff respect my dignity; I get on well with all of them." Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

The service as a whole strived to provide a service which was tailored made to support a person to live as independent and fulfilled life as possible and was committed to providing well trained and motivated staff. The service had received Investors in People bronze award; this is awarded to organisations who are able to demonstrate what it takes to lead, support and manage people well for sustainable results.