

Livability

Livability Beaumont Court

Inspection report

Beaumont Court
Prudhoe
Northumberland
NE42 6JT

Tel: 01661520013

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21 June 2018

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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 13 and 21 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 Beaumont Court provides care and support to people living in supported living, so that they can live in their own home as independently as possible. 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.

The service is close to the centre of Prudhoe and had been divided into two houses separated by a central staff area used as an office and staff sleeping room. Each house could accommodate four people. At the time of our inspection seven people were using the service. One person had been identified to move into the vacancy and they were in the process of introductions to 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.

Staff had been trained and assessed as competent to administer people's medicines. The service had signed up to a national initiative called STOMP-LD (Stopping over-medication of people with learning disabilities).

There were enough staff on duty to support people needs. Staff underwent a robust recruitment process. Once in post they were supported using an induction process, training, supervision and appraisal. Agency staff who were employed in the service also underwent an induction.

Staff understood the personal risks to each person who used the service including living at Beaumont Court and accessing the community. These risks included information from other professionals to keep people safe.

House meetings were arranged by staff to engage people in the service. People had monthly meetings with their keyworkers using a pictorial format to review their needs and their satisfaction with the service.

Records showed staff supported people's tenancies and attended to repairs and redecoration of their homes.

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 access their community. They encouraged and supported people to continue relationships and activities that were important to them.

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 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.

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.

Systems were in place for the provider and the registered manager to 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.

There were sufficient staff on duty to meet people's needs and support them in their activities.

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

Staff had been trained in medicines administration and assessed as competent to do so.

Is the service effective?

Good ●

The service was effective.

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

Staff were provided with support through induction, training, supervision to carry out their duties.

Professionals told us staff in the service communicated well with them about people's needs.

Is the service caring?

Good ●

The service was caring.

Relatives spoke positively about staff. They complimented the staff on their kindness and patience.

People were supported to be as independent as possible.

Staff could describe people's preferences to us and tell us about what people liked to do.

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.

The provider had effective processes in place to monitor the quality of the service. Actions plans were designed and reviewed.

Staff enabled people to access their local community and participate in the local events.

During the inspection staff displayed the values of the organisation.

Good ●

Livability Beaumont Court

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 registered manager managed another service. We needed to be sure someone would be in.

The inspection site visit activity took place on 13 and 21 June 2018.

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.

We spoke with two people who used the service and six of their relatives. We also spoke with four 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 using the service. We also looked at two staff personnel files.

Is the service safe?

Our findings

People approached staff with confidence and demonstrated they felt safe being cared for by the staff on duty. Relatives told us they thought the service provided safe care. One relative said the service was a, "happy ship."

Staff ensured people were kept safe in their own home. Risk assessments for each person who used the service were in place to prevent accidents and incidents. Plans were in place to guide staff on what actions were required to ensure people as far as possible did not become distressed. Staff knew how to support people and reduce any risks to them.

The registered manager had spoken with local authority commissioners to ensure funding was in place for two staff on duty at night. One member of staff acting as waking night staff whilst another member of staff slept in the service. The latter member of staff could be called upon in an emergency. The registered manager explained due to the layout of the two houses this was to ensure people could be safely evacuated during the night. In the event of an emergency staff had access to an emergency file which listed management contacts and contacts for emergency services such as gas, electricity and water.

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.

Staff recruitment was carried out in a thorough and robust manner. Staff were required to explain their past working 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.

Policies and procedures were in place to support 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.

Staff supported people to take their medicines. The provider had a process in place for the safe receipt, storage, administration and disposal of medicines. Controlled drugs are those which are liable to misuse. Records for controlled drugs were accurate. We found there were no gaps in the medicine administration records (MAR). The provider had a checklist in place to identify if there were any medicine errors and whether there had been an impact on people. Topical medicines are those which are applied to the skin. These were listed on the MAR chart. PRN is medicine which is required on an 'as and when' basis. Staff had documented when it was appropriate to use and what signs and symptoms a person in need of PRN may display. Topical medicines (creams applied to the skin) were appropriately documented; staff had put labels

on each topical medicine to show the date they were opened and the expiry date.

Staff told us they felt confident in approaching the registered manager if they had concerns about people's welfare. Training had been provided to the staff on safeguarding adults.

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

People were protected from discrimination by staff who demonstrated values and attitudes which supported equal rights. For example, staff enabled people to have access to services. People live the lives they enjoyed supported by family members and staff.

Staff supported people to keep their personal finances safe. Records were accurately maintained in relation to people's cash.

We spoke to the manager and the staff about lessons learnt in the service. The service had changed its purpose from care home to a supported living service. During the transition the registered manager and staff told us they had learnt people were able to be more independent than they had previously thought. The new approach was therefore something they intended to build on. One member of staff described to us that staff are now reminding people to do things rather than doing things for them.

Is the service effective?

Our findings

We spoke with the registered manager and staff about the transition the service had made from a care home to a supported living service. They felt the approach had made a significant difference to the lives of people who used the service. They spoke of people being able to choose to go on holidays and people having easier access to purchase their own items. They give us an example of a person being able to buy a pair of shoes they wanted without staff having to go through administration processes to get the money. People who used the service now had access to their own vehicles. For one person this meant they were more able to enjoy going out for a ride in their car. One professional we spoke with told us the service had become more "enabling." A relative we spoke with said the change had meant more interactions between staff and people who used the service. As a consequence, their relative's communication had improved.

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. We spoke to the registered manager about people's care and treatment under the MCA and found the service was working within the principles of the legislation. They told us as people were living in their own homes conversations had been had with the local authority who were in the process of carrying out their assessments before applying to the Court of Protection to keep people safe.

People contributed to their household budget each week from which food and domestic items were purchased. Menus were planned on a weekly basis with people who were then supported to carry out their shopping. The registered manager showed us photographs of people in the supermarket. Staff told us people chose what they wanted to eat.

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. Staff confirmed they received training and an annual appraisal.

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.

People's needs were assessed by staff before they came to live at Beaumont Court. Staff continued to re-assess their needs and work with people to meet them. For example, one person no longer wanted to attend a day centre every day. The registered manager told us they had wished to spend more time in their home and the frequency of day centre visits had been reduced. Professionals told us staff gave them the required information to support their assessment of people's needs.

Livability Beaumont Court is built on a slope and divided into three areas. Two houses are separated by a central section which accommodates the staff office and a sleeping in room. This meant people could live in their own homes free from the management of the service. At the time of our inspection redecoration was taking place and new furniture had arrived. Staff made arrangements for the disposal of the old furniture to enable people to have easier access to their garden without any hazards blocking their way. Relatives commented on the re-decoration of people's homes and told us they had vastly improved.

The service had communications systems in place which enabled staff to share pertinent information. This included the use of a daily handover sheet to communicate so staff could share useful information about people's care requirements. One relative told us communication with the service was, "Good" and the improvement had been made with the reduction in the use of agency staff.

During their interactions with people staff observed if people's presentation had changed. For one person this had led to communicating with their care manager and liaison with different medical professionals to try to ascertain if there was an underlying cause. We found staff were effective in promoting the health care needs of people who used the service and seeking advice and support when needed. Arrangements were in place for people to have annual health check with their GP.

Is the service caring?

Our findings

Staff created an atmosphere in the service which was relaxed and friendly. Staff engaged people in conversations about their personal choices and their activities.

Throughout our inspection visit staff explained to people what actions they were taking to support them. For example, this included helping one person to prepare for horse riding. Staff demonstrated kindness and patience in supporting this person as they explained the steps they were taking to go on the activity.

Relatives and other professionals felt staff were caring. One relative told us the staff were, "Very good." Concerns were expressed to us by relatives who spoke about the use of agency staff and their feelings of leaving their family members with staff who did not know them well. They told us this had improved and they were feeling more confident about the consistency of staff working in the service. One relative told us they also told us they had no problems with the staff and said, "It has changed so much." They told us about how their family member, with the support of staff, had progressed. Another relative told us since the service had become a supported living service their relative was, "Much happier" and they were doing, "A lot more things."

A member of staff had initiated scrap books for people which contained photographs of their activities with a written description of each photo. This meant staff were able to engage people in conversation about their activities.

Staff understood the need to protect people's confidentiality. Information about people was stored in a lockable cupboard in a locked office.

The service had systems in place to support people, regardless of their learning needs, to play an equal part in their home and community. Staff respected people's home and encouraged their participation in meeting their own needs and in the running of the home. A professional confirmed this was the case.

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.

Staff understood people's needs and preferences. We found staff knew people well and how best to support them maintain their well-being. Each person had a rights and freedoms care plan which ensured their equal rights were respected and irrespective of their abilities their views were important.

People and their relatives were engaged in the service. There were regular meetings for people to discuss the running of their household and what people wanted to do. 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. Relatives talked to us about how the service promoted people's independence. One relative said, "[Person's name] has come on an awful lot". They told us about the person going on holiday and talking a lot more. Another relative spoke about the person using the service as being more involved in domestic tasks and helping to look after themselves. Arrangements were in place to support people manage their own finances. Staff ensured people had money available to them when they went out.

Staff supported people to personalise their bedrooms according to their own taste. One person showed us their room. Staff had supported them to have space and storage for their craft activities.

Is the service responsive?

Our findings

People who used the service had care plans in place which described their needs and provided guidance to staff on how to care for each person. The plans contained person-centred information. Care plans included guidance and information to staff about people's mobility needs, rights and freedoms, medicines and communication needs. 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.

Staff had worked in partnership with other professionals to meet people's needs. They had sought their advice and incorporated the advice into people's care plans. Professionals confirmed the service communicated and worked well with them.

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. 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. The daily diaries demonstrated how people's care needs were being met.

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 do. Staff documented and took photographs to remind people of when they had achieved their goals along with other things they had achieved. The registered manager showed us photographs of people achieving their goals.

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.

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. One person had expressed their wish to be buried close to their family members who had previously passed away. The registered manager told us where people had no relatives, work was being considered to put funeral plans in place.

No complaints had been made about the service in the last year. People were given equal opportunities to make a complaint and had access to an easy read complaints leaflet. Relatives we spoke with confirmed they had not made any complaints. One relative said, "I have no complaints" and another relative said, "I have no complaints at all."

People had plans in place for activities which staff adhered to. Diary entries included local events and people were given the opportunity to attend community events when they occurred. One person told us what they did each day. The service had adapted to meet people's preferences, so if people wanted to be at home during the day this was possible. One person had chosen to spend more time at home. The service was arranged to that staff were enabled to respond to people's needs.

Staff supported people to engage in social activities. For example, they took people to a nightclub in Newcastle. Photos were available which showed people had gone to the races and attended a football match.

The activity planners included a range of activities including swimming, horse-riding and attendance at a variety of clubs. Relatives confirmed people were involved in such activities. 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 shopping. 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 to have weekend time with their families. They also spoke about the registered manager having previously supported people to invite their families to their home for social events.

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. They had been nominated for and won a provider's award for the work they had carried out in driving improvement. Relatives spoke to us about the registered manager and commented that the recent services changes meant they had not seen as much of her as they previously had. They confirmed the registered manager attended review meetings. One relative told us they had no complaints about the registered manager and another relative told us she was, "Very good." Another relative said they, "Wouldn't have a complaint" about the registered manager.

The provider had effective systems in place to monitor and improve the service. Monthly audits were carried out by the registered manager. The registered manager showed us the agreed actions and told us what steps they had taken to make improvements to the service. The provider had developed themed audits to address specific service areas which the registered manager had also carried out.

The registered manager was supported in her role to monitor the quality of the service. The provider's quality team and the regional manager carried out visits to ensure a quality service was being delivered. As a result of their visits, actions were agreed and added to an improvement plan. After the visit from the quality team was made the service was monitored. A further visit known as a 'Validation' visit was carried out to see if the improvements had been made. Services run by the provider using the quality systems were rated red, amber or green. At the time of inspection Livability Beaumont Court was rated as 'green' which meant the provider's quality team considered it was a good service with no concerns.

Reviews were carried when incidents and accidents occurred. The registered manager was accountable for actions they had taken to reduce the risks of events re-occurring. These included medicines and safeguarding incidents. At the time of our inspection there were no medicine errors or safeguarding incidents which had impacted on people.

By changing the service from a care home to a supported living service the registered manager felt the culture of the service had changed. One staff member felt the service was much better and their intention to leave the service over a year ago had now changed. The manager felt staff had responded well to the change.

Surveys were carried out each year to seek the views of people who used the service and their relatives. Each month people's views were sought by their keyworker. The provider had arrangements in place for people who were unable to communicate verbally. People were able to contribute to the survey by staff carrying out observations of their presenting behaviour. This meant the provider had developed systems to be inclusive of people who used the service. We found the service had received only positive comments. This meant there were no actions to be taken as a result of the survey.

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. For example, one of the values was, 'Enabling – we think people are amazing'. The explanation of the value on the provider's website is, "Everyone has something to offer, if they are just given the chance. So, as well as helping with basic needs, we help people take part and be valued in their communities – because that is what makes life livable. We are ambitious to achieve real change." We found staff adhered to this value. They supported people to develop their independence and contribute to their households. They enabled people to engage with their local community where they accessed facilities to meet their needs and wishes. The manager held staff meetings with staff to provide support and guidance and ensure the values of the organisation were embedded in the service.

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.