

## Livability

# Livability York House Ossett

### Inspection report

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Livability York House Ossett is a care home that can accommodate up to 23 people who require support with personal care needs, some of whom have a learning disability. At the time of inspection, there were 14 people living at the service.

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

The provider was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right Culture

The environment was not well maintained to meet people's sensory and physical needs. For example, some parts of the premises were bare, there were no pictures fixed on walls, and we saw tape on some floor areas as a temporary repair and uneven surface on the floor in one corridor. We saw staining of ceiling tiles, damaged flooring and, carpets and a leaking roof.

People received good quality care, support and treatment because staff were trained to meet the needs and wishes of the people. People and those important to them were involved in planning their care. People were enabled to personalise their own rooms. Staff knew and understood people and were responsive to ensure their needs were met. Staff were knowledgeable and spoke confidently on how they supported people to lead an empowered life.

### Right Support

People were well cared for by staff that valued them. Staff communicated with people in ways that met their needs. The provider supported people to have the maximum possible choice, control and independence. We saw evidence of people having the opportunity to participate in community life that matched their interests and maintained good relationships.

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### Right Care

People received kind and compassionate care. People received care that respected their privacy and dignity. Staff protected people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had skilled staff to meet the needs of the people and keep them safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

We undertook a targeted inspection in January and February 2022 to routinely provide assurance in relation to infection, prevention and control. We inspected and found there was a concern with some areas of the infection prevention and control and the management of medicines, so we widened the scope of the inspection to become a focused inspection which included the key question of safe and well-led. We undertook this inspection to assess the service is applying the principles of right support, right care, right culture.

We found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not Well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Livability York House Ossett

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

Three Inspectors carried out the inspection.

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

#### Notice of inspection

This inspection was unannounced on both days

#### During the inspection

We spoke with eight people and six relatives about their experience of the care provided. People who used the service communicated through a variety of methods including assisted technology, pictures, photos, objects and their body language. One person used a communication booklet and made up signs.

We reviewed a range of records. This included two people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all the risks to the premise had been fully assessed. For example, the roof leaked during raining season and this may have had implications for electrical safety. The provider completed safe environmental checks and the leaking roof and electrical works was managed and addressed by maintenance as and when required. However, there was no record the leaking roof had been robustly risk assessed by a competent person.
- There were risks to parts of the premises identified within the home. For example, staining ceiling tiles, damaged flooring and carpets. Although these risks were identified by the provider, not enough action had been taken to address these issues. One person told us when the rain came down staff had to place buckets in parts of the building, including communal areas to catch the water. Staff confirmed this was what they had to do due to there being a flat roof in need of repair. After the inspection, the provider told us the roof was repaired and an electrician attend to check the wiring remained intact and safe.

At our last inspection, we found concerns around the safety of the premises and the provider had the opportunity to put things right and improve. At this inspection, not enough improvement had been made. This placed the people at risk of harm.

The above example demonstrates a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following feedback, the provider had made improvement.

- The service had systems in place to assess and mitigate individual risks to people. People's care records contained up to date risk assessments covering a range of areas including medicines management.
- Risk assessments were regularly reviewed to reflect people's changing needs.
- Staff showed good knowledge about people's individual risks and how best to support them. For example, we observed how a member of staff acknowledged one person was feeling sad and skilfully distracted the person to a topic of interest.
- Care records were stored electronically, and only relevant professionals had access to these. One person told us they sat with staff and read information about their care.
- Fire safety procedures were in place and followed by staff to mitigate the risks. Fire drills were regularly carried out.
- Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of an emergency, such as fire. We found people's evacuation plan

inside a fire bag.

#### Using medicines safely

- People received their medication when required, however some aspects of recording of medicines need to improve. For example, thickener for one person was not recorded or stored safely. There was no evidence the thickener that was prescribed was being given. We brought this to the attention of the registered manager who took immediate action. Following feedback, the provider sent us an example of a record sheet they had put in place.
- Staff had been trained in medicines management and their competencies were being checked. Staff told us they were confident with managing medicines.
- Medicines were securely stored.

#### Preventing and controlling infection

- At our inspection in January and February 2022, we found the premises did not appear clean and there were little evidence that general or deep cleaning had been undertaken. At this inspection, we saw improvement had been made in these areas.
- The provider had revised the visitor's practice as government guidelines changed. Visitors to the home were asked to wear appropriate PPE and follow the home's infection control procedure.
- A record was kept of visiting professionals' COVID-19 vaccination, so they didn't have to show this every time they visited.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received safeguarding training and understood their role in protecting people from abuse. People were provided with information about abuse. For example, people were provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern.
- People told us they felt safe and were happy living at Livability York House. one person told us, "I feel really safe here." A relative told us, "I will be gutted if Livability should close down." Other relatives expressed similar views and confirmed they felt their family members were safely cared for.
- The provider had safeguarding policies and procedures which were known by staff.

#### Staffing and recruitment

- People received staff support tailored to their needs.
- There were appropriate numbers of staff on duty to support people safely. One relative told us, "There's always enough staff and they are good."
- The service had a manager on call system to support staff when no manager was present, such as during the night.
- Staff were available when people needed them, and they responded to people's needs quickly.
- There was a system in place to ensure staff were recruited safely. Checks included applicants' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) were in place.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Staff understood the importance of reporting and recording incidents and accidents and lessons were learned to prevent the risk of reoccurrence. Lessons learnt were discussed at team meetings.
- The home's senior staff and team leaders completed a root cause analysis to analyse why things went wrong. These were reviewed as a means of learning and improving safety for people and staff.

# Is the service well-led?

## Our findings

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

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- At our last inspection in October 2019, we found the provider's quality assurance systems were not always effective.
- At this inspection we identified there were some continued weaknesses in relation to the effectiveness of quality audits.
- Quality checks were carried out, although these were not always effective. For example, the medicines audit had actions repeated for over a period of three months without successful action or completion.
- We undertook and IPC inspection in January 2022 and a targeted inspection in February 2022. At this inspection we found maintenance of the environment needed attention.
- Not enough improvement had been made at this inspection and there were still aspects of the environment in need of repair and maintenance. Although this had been identified by management, there had been insufficient action taken to drive improvement.

The above example demonstrates a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following feedback, the provider had made improvement.

- There was a registered manager in place who was supported in the running of the service by a service delivery manager and a host of team leaders. Staff were clear about their responsibilities and lines of accountability.
- Each shift was led by a team leader whose job included oversight of the service and management of staff. One member of staff told us, "I love my role and we give people the best we can. If I saw any signs of concerns, I would report to the manager or higher or to the local authority or to CQC."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care which was personalised to their individual needs and focused on their outcomes.
- One person told us, "Managers ask my views and they are all approachable." Relatives spoke positively



about the registered manager. Their comments included, "I very much can talk to the manager, [registered manager] is excellent" and [The registered manager] is more than happy to listen to us."

- One person told us the registered manager had supported them to complete a training course on Equality Diversity and Human Rights (EDHR). They told us they were the champion of EDHR and planned to deliver an information session at a residents' meeting.
- The registered manager had an open- door policy and encouraged people, relatives and staff to speak with them at any time. We observed people went into the office whenever they needed to speak with the manager.
- Careplans were regularly reviewed to ensure people received person centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. One relative told us, "They keep in touch with everything."
- The registered manager understood the importance of notifying CQC and the local authority about significant incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and relatives to seek their views. For example, there was a forum where people and senior leadership met to discuss issues about the home and asked for their feedback. We saw positive feedback from a recent survey. One relative wrote, "We are fully involved in all aspects of our [relative's] life." Another relative wrote, "They inform us about what's going on at all times."
- People were involved in their care and support. We saw a computer in use in the communal dining hall accessible to people to update their careplans. People told us, they saw their careplans and could add to these or change aspects of their care with staff input.
- People's equality characteristics were considered. For example, one person had lots of visual and sensory items in their room. The room was personalised and had their key family information displayed on a whiteboard in the room so staff knew who was important in their life.
- The provider used an interactive board to display the menu so people could visually see it and press play so they could hear what was available.

Working in partnership with others

- The provider worked with a range of healthcare professionals to help ensure people's needs were met. This included working the speech and language therapy team, occupational therapist and GP and referrals were made to them when needed.
- The provider worked in partnership with relatives. One relative told us, "They had been fantastic during COVID, we facetimed regularly. [Person] couldn't understand why they couldn't see their relatives. Staff supported them throughout." Another relative said "My [relative] is part of the friends' group, [the relative] did a lot of work in the garden and patio areas. This was stopped during the COVID but its starting again."
- The service organised an afternoon tea to commemorate the Jubilee celebration. One relative told us, "The home invited past and present residents and friends to the Jubilee afternoon tea and residents were awarded medals to commemorate the Jubilee."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>At our last inspection, we found concerns around the safety of the premises and quality assurance process were not always robust. The provider had the opportunity to put things right and improve. At this inspection, not enough improvement had been made. This placed the people at risk of harm.</p>