

Livability

Livability York House Shrewsbury

Inspection report

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Date of inspection visit:
15 March 2022

Date of publication:
09 May 2022

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 Shrewsbury, is registered as both a care home and a supported living service providing personal care to eight people at the time of the inspection. The service currently supports five people in the care home and three people in the community. We reviewed both aspects of the service as part of this inspection.

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

Right Support

People received a service which supported them with their faith. People maintained an active relationship with their church and were involved in activities in the community.

Staff completed care records, but we found some gaps in people's documentation and areas where action was required. For example, there were gaps in fluid records which meant we could not be sure if people were getting the right amount of fluid for their individual needs.

The building was being refurbished but more work was required to ensure all areas could be effectively cleaned.

People received their medicine from trained staff and action was taken to ensure there was clearer instruction for medicine given on an 'as required' basis.

The provider produced action plans outlining improvements they were going to make to the service, but more detail was required for the progress to be successfully monitored.

Right Care

Staff completed incident reports when something happened, but they did not always refer to the incident in the daily records of everyone involved. People impacted by the behaviour of others needed to have their wellbeing monitored.

New staff and agency workers were given an induction and time to read people's care plans to ensure they understood each person's individual needs.

The manager of the service worked with people and the staff team in a kind and considered way. People

responded well to this approach.

Right culture

People were supported by a growing team of permanent staff. Agency staff were well supported in the service and, all staff working in the community received increased monitoring and support throughout the day.

The provider had not always ensured information was handed over in a timely manner and care plans were updated when information was reviewed.

Families told us there had been reduced communication due to changes within the staff team. The provider was addressing this and actions taken included newsletters showing activities people had been involved in and plans for the future.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last last inspection.

The last rating for the service was good (published 15 August 2018). At this inspection we found the provider was in breach of regulation.

You can see what action we have asked the provider to take at the end of the full report.

Why we inspected

This inspection was prompted in part due to concerns about agency staff use. Also, in response to a serious incident involving an agency worker. The incident is subject to criminal investigation and as a result we did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of agency staff. This inspection examined those risks and the subsequent actions taken by the provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Livability York House Shrewsbury

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Livability York House Shrewsbury is registered as a 'care home' and a supported living service. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. CQC only regulates the provision of personal care in supported living services.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager was in the process of applying to be registered.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed intelligence we had already gathered on the service. This included contact with the supported living services and feedback from people, their families and staff. We also reviewed governance documentation and incident reports. We contacted the local authorities who commission the service for their feedback.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we observed the care people received at the care home and asked people their views on the home. We used verbal conversation and some sign language to support communication. We spoke with five members of staff including the manager, care staff and agency staff.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at four 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.

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 an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported by staff who had been trained in recognising and reporting abuse. However, when an incident occurred, we were concerned staff did not always report on everyone's experience. This could have a detriment to people's wellbeing.
- We found staff completed incident reports when something happened, and these were reviewed by the management team to ensure appropriate action was taken. However, we reviewed a recent incident where staff had only completed reports for a person who was expressing agitated behaviour towards another. The team had not ensured the reports for the person affected by the behaviour, also referred to what had happened. Although no apparent harm was caused, this had not been picked up by the provider. We discussed the need for improved record keeping to ensure everyone was appropriately safeguarded and lessons could be learnt. The manager told us they were in the process of implementing a review of the daily records to coincide with incident reports. This was to ensure there would be accurate monitoring and support for people.
- We reviewed the lessons learnt from a previous significant incident involving an agency worker and found the provider had taken action to mitigate the risk of future harm. We found the provider was now keeping more detailed records of agency staff and their qualifications. There was a more detailed induction. In addition, we saw evidence of daily telephone contact with staff working in the community and the provider was no longer supporting people outside of the staff team's current skill set.

Assessing risk, safety monitoring and management

- Risk assessments were completed, and plans were in place to mitigate the risk of harm. However, we found increased governance of care plans was required to ensure information remained accurate and risks could be effectively mitigated. For example, one person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place which had not been reviewed in line with best practice. The manager took immediate action and ensured the appropriate action was taken, the evidence of which was shared with us. The manager acknowledged the consequence of this could have been significant had it not been addressed.
- Staff recorded information such as people's fluid intake and weight changes, but it was not always clear when a person was at risk and what action was needed. For example, one person had experienced a sudden weight increase, but no action had been taken. Following our visit, the person was supported to the GP and a plan of care was developed.
- Staff managed the safety of the equipment used in the home, such as specialised baths. Regular servicing and checks were carried out to ensure the equipment remained safe to use.

Staffing and recruitment

- People were supported by staff who had been recruited following the implementation of safe recruitment procedures. The provider carried out checks of staff's qualifications, background and character. We noted one new member of staff had not fully completed their employment history, but the provider addressed this before the end of our visit.
- We discussed staff vacancies as we were aware the service had been experiencing high agency use. We were reassured the provider had now recruited to all vacancies and were waiting for the completion of the recruitment checks to be able to offer new staff a start date.
- Where agency staff was still being used in the service, we observed they were knowledgeable of people and could utilise the providers processes. We saw an agency induction being carried out for a new worker and how they were given time to read each person's care plan. This ensured people's needs were being explained prior to any care being delivered.

Using medicines safely

- People received their medicine from staff who had been trained in the safe administration of medicine and had their competency to administer checked by the provider. People who required their medicine to be given with food had clear protocols in place and controlled medicine was managed in line with requirements.
- Some people were prescribed variable doses of 'as required' medicine but were unable to decide for themselves what dose they needed. The provider confirmed after the inspection that the GP had reviewed people's prescriptions and clearer guidance was now in place.
- The manager and the provider's quality team had made improvements and now carried out medicine audits. This helped to ensure there was both local and national oversight.

Preventing and controlling infection

- We were not fully assured the provider was able to promote safety through the layout and the hygiene practices in the home. This was because some areas of the care home required further refurbishment. We observed some work had already been completed on the property and were told more work was scheduled to be completed in the coming weeks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to maintain relationships with friends and family. People were able to receive visitors at the home and people were supported to go out into the community with their family. One relative had told us, "We have been able to visit when needed, no concerns there." The local church had also began visiting the home again and completed the necessary COVID-19 checks when they arrived.

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 good. At this inspection this key question has deteriorated to requires improvement. 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

- The providers governance processes were not always effective. We found gaps in the processes which monitor incidents, weight gain, fluid intake and staff employment history. Although we found no direct harm to people had been caused, we were concerned there was the potential for harm to occur.
- The provider produced action plans to address any shortfalls in the provision of quality care. However, we found the actions being documented were at times vague or did not cover areas being worked on or needed. For example, the action plan stated there were plans to renovate the building, but there was no breakdown of what this entailed. There was also no mentioning of the care plans needing updating. This made it difficult to establish timelines and feel confident that all progress was being effectively monitored .
- We found the communication systems being used by the provider did not always ensure information was handed over. For example, we found the local authority had also asked for the DNACPR form to be reviewed. This action had not been handed over to the manager for them to complete so they were unaware. Furthermore, the manager later learned a formal review of the DNACPR had been held prior to the local authority request, but the care plan had not been updated. This meant the concerns raised by the local authority and CQC could have been mitigated had there been accurate records kept.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us the culture in the home had improved. We were aware there had been a turnover of managers and this had been difficult. One staff member told us, "There have been so many management changes that it has been hard to keep on top of all the work, but it's definitely got better, and we feel more supported." Another staff member said, "It was hard when we had so many agency staff as there was far too many tasks to get done. Thankfully we have regular agency staff now who know what they are doing and more new staff coming which is great."
- The manager was observed working alongside staff and role modelling good practice. We saw them giving people direction in a kind and considered way. People responded well to their approach and the

atmosphere in the home was positive.

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 provider understands and acts upon its duty of candour. We saw documented evidence of the provider speaking with families and discussing any incidents or concerns. One relative confirmed this for us and said, "Communication had been hard with so many changes, but we do always get told when something happens."

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

- People and their relatives were given the opportunity to share their view of the service via annual surveys. People were in the process of completing their surveys with staff support. We read one person's feedback and they reported they were happy with the service and enjoyed being with the church. A family reported they were happy with the care their loved one received but felt the turnover of staff had impacted on communication.
- We explored this further and found the provider had begun to increase the communication with families. The provider had produced a newsletter showing what activities had been enjoyed and what was being planned such as, holidays.
- Staff were observed discussing the service with the manager and sharing their ideas about what worked best and what changes they would like to make.

Continuous learning and improving care

- The provider could demonstrate an understanding of good practice in learning disability care and had an awareness of current topics of discussion. For example, the work around preventing closed cultures.
- The provider was in the process of reviewing the service and the internal structures to ensure it remained fit for the future. This included roles which would give greater oversight in the community.

Working in partnership with others

- The provider was able to demonstrate they were working with other agencies to ensure the service improved and people's outcomes could be met. For example, the provider had regular contact with the local authority and had formed strong relationships with the local community.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The governance processes being used were not always effective at monitoring people's changing needs.