Livability

Livability York House Shrewsbury

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 was carried out on 26 July 2018 and 1 August 2018. The first day of our inspection was unannounced. The second day was announced as we were visiting people in their own home and needed to be sure people and staff would be available.

This was the first inspection of the service since it registered with the Care Quality Commission in June 2017.

Livability York House Shrewsbury is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Livability York House Shrewsbury also provides care and support to people living in three supported living settings, 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 care home provides a service for up to 10 adults who have a learning disability, associated physical disability and/or autistic spectrum disorder. At the time of our visit there were six people living at the home. Four people were receiving a service in their own homes.

The care service has been developed and designed 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

There was a registered manager in post who ensured the home was well managed. 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 received a safe service. The provider ensured that people were supported by sufficient staff who knew how to protect people from the risk of harm or abuse. The provider's procedures for staff recruitment helped to ensure people were only supported by staff who were suitable to work with the people who used the service. People were able to live their lives with reduced risks to themselves. Staff followed safe procedures for the management and administration of people's medicines. Staff followed the provider's health and safety procedures which helped to ensure people lived in a safe and well-maintained environment. There were procedures to deal with foreseeable emergencies and these were understood and followed by staff. People were protected from the risks associated with the spread of infection because staff had received training and followed appropriate procedures.

People received effective care and support from staff who had the skills, training and knowledge to meet their individual needs. Staff understood the importance of ensuring people's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat well in accordance with their needs and preferences. People's health and well-being were regularly monitored.

People were supported by staff who were kind, compassionate and who took time to get to know what was important to people. Information about advocacy services had been produced in an accessible format for the people who used the service. Staff treated people with respect and ensured people could spend time alone whenever they wanted. People were supported to plan their day in accordance with their needs and preferences. Staff communicated with people in accordance with their needs and abilities which helped people make an informed decision. People were supported to maintain contact with the important people in their lives.

People received a service which was based on their needs and preferences and there was an emphasis on enabling people to be as involved in the planning and review of the support they received. People enjoyed a variety of activities and social events within the service and the local community. The service had not received any complaints however systems were in place to enable people to raise concerns. People were supported to practice their faith and attend religious services if and when they wanted. People's care plans detailed their preferences following death which helped staff to ensure their wishes were respected.

People benefitted from a provider and registered manager who promoted an open and honest culture, learned from mistakes and continually looked at how the quality of the service could be improved. People were supported by a staff team who embraced the provider's ethos and who felt valued and well supported. People's views were valued and responded to and people were enabled to be part of the wider community.

Further information is in the detailed findings below

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 numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

People's medicines were safely managed and administered.

People lived in an environment which was safe and well-maintained.

Is the service effective?

Good

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given and people's rights were respected.

Staff liaised with other professionals to make sure people's healthcare needs were met.

People were supported to eat well in accordance with their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by staff who were were kind, caring and compassionate.

People were supported by staff who they were able to build trusting relationships with.

People were treated with dignity and respect and their right to privacy was maintained.

People were supported to maintain their independence and to maintain contact with their family and friends.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

Information was produced in a format people could understand and staff understood people's communication needs and how to support them.

Staff ensured people were able to express their views if they were unhappy about the care and support they received.

Is the service well-led?

Good

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The provider, registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

There was an open and inclusive culture.

Livability York House Shrewsbury

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 was the first inspection of the service since it registered with the Care Quality Commission in June 2017.

This comprehensive inspection was carried out on 26 July 2018 and 1 August 2018. The first day of our inspection was unannounced. The second day was announced as we were visiting people in their own home and needed gain people's permission to visit them and to be sure people and staff would be available.

Prior to the inspection the provider submitted a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to help plan the inspection.

During our visits we met with six people who lived in the care home and two people who received a service in their own home. We met with the registered manager and five members of staff. We met with people in their home where we were also able to observe how staff interacted and communicated with people.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records for three people who used the service. We also looked at records relating to the

management and administration of people's medicines, health and safety and quality assurance. We checked two staff recruitment files and staff training and supervision records.

Good

Is the service safe?

Our findings

People felt safe living at the home and using the supported living service. One person said, "I like it here. I am happy." Another person told us, "I like the staff." Some people were unable to use speech to tell us about their experiences but we observed people looked relaxed and comfortable with their peers and with the staff who supported them. Some people actively sought staff attention and others smiled and gestured with good humour when staff approached them.

A person who received support in their own home told us staff had provided them with training about how to keep safe. The person had an excellent knowledge about the different types of abuse and how to report any concerns they may have. They told us, "I know what to do. I have a mobile phone and I would telephone [name of registered manager] or [name of staff member]. They would sort everything out." When we arrived at the home the person asked to check our identification. They also told us they were always informed of the staff who would be supporting them. They said, "I always know who is coming, it's written in the book. If there are new staff they [staff] arrange to bring them round to introduce them to me."

Staff received training on how to recognise and report any suspicions of abuse and those spoken with said they would not hesitate to report any concerns. A member of staff said, "I would definitely report any concerns. The residents come first." Staff were confident any concerns raised would be dealt with effectively to make sure people were protected. The provider's whistleblowing policy helped to ensure people were protected from the risk of harm or abuse. Where issues had been raised by staff the registered manager had acted swiftly to make sure people were kept safe.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with the people who used the service. Staff told us, and records confirmed, they had not been able to begin until all checks had been carried out.

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way. Examples included accessing the community, travelling in a vehicle, cooking and cleaning and participating in certain activities outside of their home. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

People were supported by adequate numbers of staff to meet their needs and to help keep them safe. We observed staff responded quickly to any requests and we saw staff spending quality time with people. A member of staff said, "Staffing is good. It is so relaxed for people and there is no rushing. We can help people do what they want when they want to do it." The registered manager told us, and staff confirmed, staffing levels were increased to support people to take part in activities in the community. There was an on-call system in place which meant staff always could always seek additional support from the management or

senior staff when needed. A member of staff told us, "The management are always available if you need them."

People received their medicines when they needed them by staff who were trained and competent to carry out the task. Where people were supported to manage their own medicines there were risk assessments in place to ensure the person remained safe and competent to carry out the task. We observed a member of staff administering medicines to a person during our visit to the home. They took time to explain to the person what each tablet was and how it helped them." Where people required medicines on an as required basis, there were clear protocols in place for staff to follow. This helped to ensure staff followed a consistent approach and that people received their medicines when required. Medicines were securely stored and people's medication administration records (MAR) showed when people's medicines had been administered or refused. Staff carried out regular stock checks and there was a clear audit trail of all medicines held at the home.

Staff carried out regular checks on the environment to ensure it remained a safe place for people. Checks included hot water temperatures, fire detection systems and alarms and visual checks on the environment and equipment used by the people who lived at the home. Assisted baths and profiling beds had been serviced by external contractors to ensure they remained safe to use.

There were arrangements in place to deal with foreseeable emergencies. Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff. Staff received regular training on fire safety and evacuation.

People were protected from the spread of infection because staff had received training regarding infection control. Staff had access to personal protective equipment such as disposable gloves and aprons and we saw these were used appropriately. All staff had received training about food hygiene. The home had received a four star rating from the Environmental Health Department.

A record of accidents and incidents were maintained and regularly analysed. This helped to identify any traits and actions needed to reduce the risk of reoccurrence. There had been very few accidents, however we saw the registered manager had taken appropriate action to reduce the risk of the incident happening again. This related to a person who had fallen out of their bed. Risk assessments had been updated and a crash mat was in place to reduce the risk of injury.

Where things went wrong the service learned from these mistakes and took action to make sure improvements were made and people were safe. An example included medication errors. The registered manager explained that where it was discovered that staff had failed to sign the person's MAR chart after they had administered a prescribed medicine, staff had been removed from carrying out the task until they had received further training and checks on their competency.

Good

Is the service effective?

Our findings

People were supported to make decisions about their day to day lives and how they wanted to be supported. A person who received support in their own home said, "I decide what I want to do and when I want to do it." During our visit to the care home we heard staff asking people what they would like to do and where they wanted to spend their time. Staff used objects of reference, photographs which assisted people to make choices and decisions. Each person had a care plan which detailed how the person communicated and how they made decisions. Staff knew people well. We observed them communicating with people in accordance with the persons needs and abilities.

There were effective procedures in place to ensure staff had the skills, knowledge and experience to support the people who used the service. New staff completed a thorough induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. Care staff also completed the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff felt confident they had the skills and training to meet the needs of the people they supported. One member of staff said, "The training is good. You don't support someone until you have had all the training." Training for people's specific needs included epilepsy, dysphagia, dementia and the management of actual or potential aggression (MAPA). Other training included health and safety topics, safeguarding adults from abuse, equality and diversity, moving and handling and emergency first aid. Staff training was monitored by the registered manager though the provider's computer systems which flagged up when staff were due refresher training.

People were supported to maintain their health and well-being. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals. Each person had a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital.

The people who received a service in their own home told us they chose what they wanted to eat. One person said, "Staff help me plan my meals but I do my own shopping and cooking." During our visit to the care home we observed people looked happy with the food provided to them at lunchtime. One person said, "I like the food it's good." Menus were created with the people who lived at the home and pictures were used to assist people who found difficulty in expressing their views verbally. The menu we saw gave the name of the person who had chosen the meal for a particular day. Some people's nutritional needs had been assessed by speech and language therapists and we saw staff followed the recommendations made. For example, one person's care plan we read stated the consistency which meals and drinks should be served. At lunch time we saw the person received an appropriate meal and drink. Another person required

their food and fluid intake to be monitored as they had been assessed as being at high risk of malnutrition and dehydration. The staff we spoke with were knowledgeable about the person's needs and of the target amount of fluids to be taken. There were clear records of the person's intake and regular checks on their weight.

People's legal rights were protected because staff worked in accordance with The Mental Capacity Act 2005 (MCA) The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make a decision for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interests decisions had been made. Examples included health care interventions and assistance with personal care needs.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority and authorisations were in place for the people who lived at the care home. The people who lived in their own homes and received support from staff with their personal care needs had the capacity to consent to the care and treatment they received. Therefore no applications to the Court of Protection had been required.

The care home was purpose built some 30 years ago and there are plans to develop the home to provide more spacious bedrooms with en-suite facilities and a more accessible kitchen. The home currently provides comfortable accommodation at ground floor level with assisted bathrooms and toilets. The home was divided into three units each with their own kitchen and lounge areas. One of the units was currently not in use in preparation for the planned refurbishment.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. One person said, "I like the staff. They are kind to me. I would report them if they weren't." Staff showed patience and compassion when supporting people. People looked calm and relaxed with staff who supported them. Some people actively sought staff attention and we heard staff sharing good humoured banter with people who smiled and laughed in response.

Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Information about local advocacy services were available and had been produced in an easy read format for people. A person who received support in their own home said, "I don't have an advocate as I don't need one at the moment, but I know I can get one if I wanted to."

Staff planned people's days with them to ensure routines met people's individual needs and preferences. For example, one person had requested a particular member of staff assisted them to have a bath later in the day. We observed the member of staff was available to support them at the agreed time. We heard another person planning a shopping trip with a member of staff for the following day. Staff took time to communicate with people using their individual chosen methods and ensured they understood as much as they could which enabled them to make decisions and choices. For example, in the home there were photographs and pictures of food and drink items and leisure activities.

People were treated with dignity and respect by the staff who supported them. A person who received support in their own home said, "The staff ring the door bell when they arrive. So they should; it's my home not a residential home. They are always reminding me." When the telephone
rang the staff member asked the person we were talking to if they wanted to answer it. The person said no and asked that the staff member deal with the call, which they did.

Staff had received training about the importance of promoting people's dignity and respect and our observations and discussions demonstrated staff actively promoted people's rights.

Staff interacted with people in a warm and respectful manner and staff respected people's right to privacy. Within the care home we saw people could access their bedrooms whenever they wanted and we saw staff knocked on people's doors and waited to be invited in. People had been able to personalise their bedrooms in accordance with their tastes and preferences.

Where people had relatives staff helped them to keep in touch. When we visited the care home we heard a member of staff chatting to a person who lived there about the arrangements that had been arranged for their relative to attend a garden party at the home at the weekend. We heard about another person who regularly telephoned their relative who lived overseas.

Good

Is the service responsive?

Our findings

People told us they received a service which was tailored to their needs and preferences. A person who received support in their own home told us, "I have a care plan and my keyworker meets with me to check I am happy with everything. I set my own goals and staff help me to make them happen." They were keen to tell us about a recent goal they had set which was to meet with a local MP to "fight for the rights of people with a learning disability."

Throughout the service there was a focus on providing person-centred care and support to people. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person. As far as they were able, people were supported to be involved in the planning and review of the care and support they received. One person said, "I have regular reviews with the social worker and staff. I get to have my say."

The care plans we read contained important information about people's preferences, the level of support they required and details about people's preferred daily routine. This helped staff to provide care and support which met people's needs and preferences.

We heard how the service was keen to remove barriers so that people were able to enjoy the things they wanted to do. A member of staff said, "If we go to a coffee shop and we couldn't access it with a wheelchair, instead of accepting that we would be looking at ways of making it accessible. For example, by offering to do some fundraising for the provision of a ramp." We heard about one person whose confidence and independence had grown and they were now able to use the bus service independently. A member of staff told us, "[Name of person] was terrified of going on a bus on their own so we set small steps where a member of staff would travel with them and
then reduced that to being there when they got on the bus and meeting them at the other end. After time [name of person] was able to use the bus without any support which was fantastic for them."

Staff recorded information about people during the day and at night. Records contained detailed information about the person's well-being and how they had responded to interactions. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

Information was provided in an accessible format for the people who lived at the home and for the people who received a service in their own home. For example there were photographs of the staff on duty displayed so people would know who would be supporting them. Information around the home, such as the complaints procedure, was displayed in an easy read format. The registered manager told us they were looking to introduce a voice control device for a person who lived at the home who was visually impaired. This would enable the person to play music, listen to radio programmes and get news updates. There were also plans to introduce other assistive technology such as handheld computers with programmes to assist people to communicate and to make video calls to their family and friends. This was positive and progress will be followed up at our next inspection.

People were supported to follow their interests and take part in a range of activities, trips and holidays. These included shopping trips, swimming, discos, trips to the cinema and places of interest. There were regular activities which were held at the home. On the day of our visit we observed people enjoying a music session in the garden followed by a craft session where people were making bunting for the home's forthcoming garden party.

The registered manager informed us they were not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences during their final days and following death.

People were able to see religious representatives, which enabled them to practice their faith even if they were unable to attend services or meetings outside the home. There were regular services at the home and at the church next door if people wanted to attend.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The registered manager was very visible in the home and it was evident that the people who lived there knew them well. A person who received a service in their own home spoke fondly of the registered manager and they told us they visited them regularly. The person said, "[Name of registered manager] comes to check that I am happy with everything. I have their telephone number so I can call them if I want to." During our visit to the care home we observed people responded positively when they saw the registered manager and enjoyed friendly banter and laughter. The registered manager told us about their commitment to the people who lived at the home and the quality of the service they received.

People were cared for by a staff team who felt valued and well supported. One member of staff said, "I love working here. The support we get is brilliant. [Name of registered manager and deputy manager] are just great and they are always there and very approachable." Another member of staff told us, "We are a very happy staff team now and the support from [name of registered manager and deputy manager] is really good. If you mention something it is taken seriously and dealt with straight away. Everybody is acting for the people we support and we all want the best." Staff had the opportunity to discuss their role, performance and training during regular one to one sessions with the registered manager or senior staff.

The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Performance management systems ensured staff performed to a high standard and to their best of their ability. The service provided a clear training and development pathway and all staff were supported to maximise their potential. The staff team met regularly to discuss aspects of their work and people's needs. Staff felt well supported and praised the team spirit and positive, supportive working environment.

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Regular audits were carried out by the provider and the management at the location. Audits carried out by the provider were randomised and we saw where shortfalls were identified, there were action plans in place to address these. The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns.

The service had strong links with the local community and were committed to ensuring people felt involved and part of their community. For example, the registered manager told us that, with the local church, they were in the process of setting up allotments which would serve the local community and the home. We heard how people who lived at the home were keen and would be involved in tending the allotments and delivering produce to local neighbours. After discussions with the local council people were involved in litter

picking within their local community and there were plans to further develop this. We met with one person who was very knowledgeable about safeguarding procedures and the registered manager told us the person was going to be provided with further training with an aim for them to share their knowledge with other people who used the service and also people with a learning disability in the local community.

People's views were important and valued. People were able to express their views through meetings, reviews of their care and through meetings with their key worker. Wherever possible, people were involved in the staff recruitment process. People were also provided with satisfaction surveys. The results of a recent survey had shown a high level of satisfaction with the service people received and we saw where people had made suggestions, these has been addressed. For example, more activities outside of the home had been introduced after people had requested this.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was good.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included epilepsy and continence specialists, GP's, dieticians, commissioners and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

In accordance with their legal responsibilities, the provider had informed us of significant events which had occurred in the home.