

Livability

Livability York House Ossett

Inspection report

New Street
Ossett
Wakefield
West Yorkshire
WF5 8BW

Tel: 01924271403
Website: www.livability.org.uk

Date of inspection visit:
01 October 2019

Date of publication:
14 November 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Livability York House is a residential care home providing personal and nursing care to 17 people with a learning disability at the time of the inspection. Livability York House was a large home, bigger than most domestic style properties. It was registered for the support of up to 20 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the varying types and styles of property in the residential area.

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

We found improvements could be made in the governance of the home to ensure standards did not fall below expected. For example, the internal audits conducted by the provider did not pick up on the issues we found at inspection. We have made a recommendation about the transcribing of medication on the Medication Administration Records.

People felt safe and found staff were supportive. Care plans and risk assessments were kept up to date and regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate induction, training, supervision and appraisal. Staff were supportive of people and encouraged them to be as independent as possible.

People, their relatives and staff found the management team to be approachable and supportive.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 3 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Livability York House on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Livability York House 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.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included two people's care records and multiple 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 information regarding quality assurance and complaints handling.

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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall medicines were managed, administered and stored safely. However, we found one person's topical gel, which was kept within their medication cabinet in their bedroom, had no date of opening and the dispensing label was worn and unreadable. This matter was immediately addressed. We identified a medication audit had not been conducted since March 2019. This was immediately done following the inspection. The audit was also updated to include the auditing of people's medicines stored within their bedrooms. This matter is addressed under the well-led section of the report.
- Medicines administration records (MARs) were fully completed, and checks were conducted to ensure safe administration. We recommend the provider ensures where handwritten MARs are required, these should be checked and countersigned by a second member of staff to reduce the likelihood of transcribing errors.
- Medication errors were investigated and followed up to prevent reoccurrences. Staff received training and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff were supportive. One person said, "Yes, I feel safe here and I can come and go when I want. The staff are mostly very nice." Another person said, "I have no problems whatsoever about living here. Everything is hunky-dory." A relative commented, "It's brilliant, absolutely great. Everyone there is nice, and I haven't a bad word for any of the members of staff I deal with. All the team are well trained, and I am confident in their abilities to care for my [relative]. They are all extremely patient and kind to [them]."
- Up to date policies and procedures were in place for safeguarding adults. These processes were followed, and any concerns were acted upon.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately, ensuring people were protected and safe.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified, assessed and reviewed to avoid possible harm.
- Risk assessments supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills and to enjoy accessing community services. For example, risk assessments and plans were in place to helping people to travel independently.

Staffing and recruitment

- Overall people told us there were staff available to support them. Some people felt staff did not always

have enough time to speak with them. One person said, "I would say that there are enough staff in most ways, but they don't get much time to talk with us really. They try their best but they always seem to be really busy." A relative commented, "My [relative] is one hundred percent safe there. If [they] weren't [they] wouldn't be there. I find there's always enough staff for [their] needs and most of them are really nice." Our observations and information gathered from relatives and staff showed staffing levels were appropriate.

- Staff were recruited safely. References were obtained and disclosure and barring service (DBS) checks had been completed prior to staff starting work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The provider was mostly following safe recruitment practices, however improvements were required in ensuring every new staff member's gaps in employment had been explored, as required. We noted one person had employment gaps in their employment history. Although these were over 15 years ago, the registered manager told us they did not ask about gaps in a person's employment. They recognised the importance of doing this and told us they would ensure this was completed in the future.

Preventing and controlling infection

- Staff prevented and controlled the risk or spread of infection. Staff received training on infection control and food hygiene awareness. We observed staff wearing personal protective equipment such as aprons and gloves.
- Cleaning schedules were in place for all communal areas and we observed the home was clean.

Learning lessons when things go wrong

- Records showed staff identified concerns and incidents and took appropriate action to ensure their concerns were addressed. Where appropriate accidents and incidents were referred to the local authority and the CQC.
- Investigations and actions taken were shared with the staff team at meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs, and preferences were completed before they moved into the home. The registered manager explained they involved the person, their family, social worker and other healthcare professionals. This ensured the service's suitability and that people's needs and preferences could be appropriately met.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, supervision, appraisal and training.
- Staff had completed or were working towards the Care Certificate, a nationally recognised programme for health and social care workers.
- The provider had made a recent change to the frequency of their refresher training. The registered manager had put a plan in place to ensure the provider's new training standards were met by the end of December 2019.
- Staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet were supported to be involved in choosing and preparing their meals. The cook had a good knowledge of all the people and any specialised diets. For example, they ensured halal meat was served to people to ensure their cultural and religious wishes were respected.
- We observed people had a choice of food and a choice of where they wished to eat their lunch. There was a pleasant atmosphere in the dining room for the duration of the meal. We saw a lot of interaction between people and staff. After lunch we asked people what they thought about the food. One person told us, "That stew was [removed] lovely!" Another commented, "It was nice. I have my apple for dessert but there is always a choice of puddings." One person said, "It was good. Well it has all gone anyway."
- Care plans documented people's nutritional needs, known allergies and any nutritional risks such as choking, weight loss or gain.
- The Food Standards Agency visited the service in September 2019, rating the service as a five, which is the highest rating a service can achieve.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together to ensure people received consistent, effective and timely care when people moved between different services.

- People's needs were assessed and documented in their care plans. Staff monitored people's daily needs and wellbeing to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, information and guidance provided by speech and language therapists, physiotherapists and occupational therapists were followed by staff.
- Staff supported people, when required, to attend medical appointments. The registered manager told us they had liaised with the local GP surgery to agree to have longer time slots to enable people, who were able to talk through their own concerns, instead of a member of staff doing it for them. This empowered people and gave them responsibility for their health.
- Records of health care appointments were retained in people's care records and were reviewed at the monthly keyworker meetings.

Adapting service, design, decoration to meet people's needs

- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.
- Care plans contained detailed guidance for staff on the use of equipment which was subject to regular checks and routine servicing.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and worked to ensure that any conditions placed on people's DoLS authorisations were adhered to. If there were any issues, the registered manager ensured these were flagged up to the relevant people.
- Staff were knowledgeable and aware of the need to assess people's capacity, if required and were aware how to support people to make decisions. One member of staff told us, "We seek consent for everything; before you enter a room, knocking on the door and ask if you can enter. We ask before we do any personal care. I even ask if they are alright with me assisting them because they might want someone else."
- The registered manager and staff empowered and supported people to make their own decisions. For example, how to decorate their bedrooms and the activities they wished to attend.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were happy with the care provided. One person said, "I do like the staff." Another told us, "The Staff are very supportive, and they always have time for me."
- People were treated well, supported and their diversity was respected. Staff had built respectful relationships with people. Staff valued people's individual needs, independence, and wishes. One member of staff told us, "Everyone here is unique and everyone has different needs. We regularly read each care plan to understand better the physical and mental needs of each resident."
- People were allocated a keyworker to support them to meet their expressed needs and goals. A keyworker is a member of staff who has responsibility for overseeing and reviewing a person's care plan, well-being and progress.
- People's diverse and cultural needs were respected and documented as part of their plan of care. For example, people's prayer time and cultural needs around food were respected.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were consulted about the care and support provided. One person said, "We can go to bed whenever we like. There is no one telling us what time to get up or go to bed. The staff always knock before coming in my room."
- During our inspection we observed staff communicated effectively with people. Individual's communication needs were assessed and documented in their plan of care ensuring staff could support and engage with people appropriately.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- We observed good interaction between staff and people. Staff were friendly and polite. People looked comfortable engaging with staff and expressing their wishes.
- Staff explained how they encouraged people to be independent. For example, ensuring an adapted kettle was in place to enable them to make their own cup of tea and encouraging people to pour milk on their cereal.
- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. One relative told us, "My [relative] does make [themselves] food with the support of the staff. They have helped [them] to gain skills and [they] put them to use often so that [they] don't lose them."

- People were supported to maintain relationships that were important to them. For example, we saw examples of where people were supported to visit family members who lived in different countries.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information relating to people's individual care and support needs. These included, people's oral health and foot health.
- Regular reviews of people's care needs took place and included information to ensure staff continued to meet people's needs and goals appropriately.
- People's life histories were brief and contained limited information. The registered manager accepted this was an area they would work on. They believed this had been overlooked due to the length of time most people had lived at the home and there was a regular team of staff who knew people well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs. Each person had a communication assessment to look at how information could be made accessible to them. It assessed how the person communicates, how they would like any information provided and what support they may require to aid their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were encouraged to maintain relationships with their friends and family. One person told us, "We do have family visitors and there are no restrictions on when they can come." Another person commented, "My [relatives] and other family members come to visit me, sometimes three times a week. I go to their houses too. They pick me up."
- People told us they visited the local market, went to the pub and had Sky TV in their room. Another person told us, "They are going to make a sensory garden for the non-verbal people. They do need some stimulation." One relative told us, "[My relative] has a better social life than me. [They] go shopping, bowling and to the cinema. The rugby club go in a couple of times a year and cook them a meal, which is a lovely link with the town. There are singalongs and they have film nights. There is always something going on at York House."
- Staff supported and encouraged people to pursue hobbies and interests inside and outside of the home. For example, some people regularly attended social clubs of their choosing. Other activities people enjoyed included, baking, arts and crafts, shopping trips, visiting family and friends and planning for and going on holidays.

- Although people were being supported to meet their social needs, we noted that at the last inspection the provider told us about their intention to recruit an activity coordinator. At this inspection the registered manager told us there had been a delay in recruiting this person but the post was now being advertised for 20 hours per week.

Improving care quality in response to complaints or concerns

- There were arrangements in place to respond to people's concerns and complaints. The provider's complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- We saw complaints were investigated and responded to appropriately.

End of life care and support

- The registered manager was aware of how to liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care if they choose to do so. The information was retained in individual care plans for reference.

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 now 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.

Continuous learning and improving care

- The provider's quality assurance systems were not always effective. For example, we found not everyone had a hospital passport in place and there was no system to ensure these were kept up to date. This may make it difficult for other healthcare professionals to understand the needs of people if they required hospital treatment. We also discovered a medication audit had not been completed since March 2019, despite the provider stating these are to be completed on a monthly basis.
- We saw there were quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care and make improvements where needed. This included regular service audits by the provider's quality practice manager. Staff and management also completed audits and checks on key aspects of the service, including the management of people's medicines, standards of care planning and risk assessment and infection control practices.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were processes and procedures in place to ensure people received appropriate care.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- The service had a registered manager in post at the time of our inspection. They were aware of the legal requirement to display their CQC rating and when to make notifications to the CQC.
- Staff were positive about how the service was run and the support provided by the deputy and registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys. However, the care records were electronic and no consideration had been given how to demonstrate people had agreed and been consulted about them.
- The provider also no longer had a newsletter but provided information via a social media instead. There was no alternative of receiving the information by other means.
- We observed a resident meeting which was well attended. Everyone was given a chance to voice their

opinion on any matter. Topics discussed included, flu vaccinations, friends and family visits, and thoughts on new staff members. The meeting was sociable and friendly, and each query was listened to and respected.

- People and their relatives spoke positively about the care and support provided. People told us they liked the management team and felt they were approachable. One person said, "The manager here is lovely. If I had a problem, I would go straight to her." Another person told us, "I can talk to the manager whenever I want to. She is very understanding and caring. I feel that we do get listened to and we get a chance to tell them of anything that is bothering us, either at meetings or privately." Relatives were complimentary about the management team. One relative told us, "The manager is very approachable. If they don't know something that I ask, they find out and get back to me."
- Staff were positive about the service. One member of staff commented, "We do focus on how we can improve the service. I feel like they listen to us." Another member of staff told us, "I think the management is really responsive to people's needs or complaints. I think they make sure people are well looked after – with staff training, staff supervision, a general chat. They look at ways to enhance people's lives."
- Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.
- The provider had clear values and held staff awards 2018 which celebrated staff and teams for outstanding achievements.

Working in partnership with others

- Manager's and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support and services were made available to individuals if required, such as places of worship.