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Liam House

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

Liam 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.

Liam House is registered to accommodate up to ten people. At the time of our inspection there were nine people living at the home in one adapted building in a residential area of Bournemouth.

People had lived at Liam House for a number of years. They were all supported to maintain regular contact with their families if they wished to. The service reflects the values that underpin the Registering the Right Support and other best practice guidance, except that it is larger than this guidance recommends. 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.

Liam House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they enjoyed living at Liam House and liked everyone who lived and worked there. We received positive feedback from relatives and health professionals who visited the home regularly.

People were supported by appropriate numbers of trained, experienced staff who knew the people who lived at Liam House very well. Staff understood how to identify and report abuse and were well supported in their roles. Staff received up to date training on all core subjects as well as ad hoc training for subjects that interested them such as dementia care and specialist medicine training.

People made their own choices about how they spent their day. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted people's independence and choice in their day to day living. Where people might lack capacity to make a specific decision staff acted in accordance with the MCA.

People were supported to take their medicines safely by staff who had received the appropriate levels of training.

People's health care needs were met and staff supported people to see healthcare professionals when appropriate.

People were encouraged and supported to take part in a wide range of activities, hobbies and voluntary work. People told us they really enjoyed their activities which promoted their independence and maintained

their sense of wellbeing.

People and relatives knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action straight away.

There were quality assurance systems in place to drive continuous improvement and ensure the home offered a safe, effective, caring and responsive service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely and stored securely. people received their medicines as prescribed.

Staff demonstrated an understanding of the signs of possible abuse. they were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good ●

The service was effective.

Staff received on going support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 and how this applied to their daily work.

People had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Care was provided with warmth and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in them to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed. Staff felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

The provider had audits in place to monitor the quality of the service provided.

Liam House

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 checked 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 comprehensive inspection took place on 22 and 24 August and 4 September 2018 the first day of the inspection was unannounced. On each day the inspection team was made up of one CQC Inspector.

Before the inspection we reviewed the information we held about the service including the 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 improvements they plan to make. We also asked the local authority who commission the service and the local safeguarding adults team for their views on the care and service given by the home.

During the inspection we met and spoke with the majority of the people living at Liam House. We observed and listened to how people interacted with the staff and following the inspection we spoke with two relatives and a health care professional. During the inspection we spoke with the owner, registered manager, deputy manager and two members of care staff.

We observed how people were supported and to establish the quality of care people received we looked in depth at three people's care, treatment and support records and all of the Medicine Administration Records (MARS). We also looked at records relating to the management of the service including staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, staff and resident/relative meeting minutes and a range of the providers policies and procedures.

Is the service safe?

Our findings

Everyone we spoke to told us they felt safe living at Liam House and likes the staff who cared and supported them. One person said, "Yes, I like it here." One relative told us they never had to worry and had every confidence their relative was always given safe care and support. Health professionals told us they felt the service and the support that was given to people was safe.

There was pictorial guidance on display for people if they needed to speak to someone about any issues that were worrying them. Staff demonstrated a good understanding about identifying potential signs of abuse and knew the process to take if they needed to contact the local safeguarding team.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. Risk assessments reflected people's independence and ensured people were able to maintain their independence in a safe way. Assessed risks included, meal times, emergency evacuations such as in the case of a fire, use of kitchen and associated risks such as knives and hot surfaces, community access, finances and medicines.

People had the correct equipment in place to support and maintain their safety. For example, air mattresses were set at the correct setting for people's weight to maintain their skin integrity and if people required pressure cushions these were available, clean and well maintained.

People had been individually assessed and plans made for their safe evacuation from the premises in an emergency situation such as a fire. The provider had a system in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

People, staff and health professionals told us there were enough appropriately trained staff employed to meet people's needs and care and support people safely. Throughout the inspection we observed staff were relaxed with people and supported them in an unhurried and friendly way. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. People told us there were always enough staff to support and assist them to take part in their hobbies and favourite past times. People's health needs were reviewed daily, for example, if people needed supporting to attend a medical or hospital appointment extra staff were brought in to ensure safe levels of staff were available on each shift. Annual leave or staff sickness absences were covered in the first instance by existing staff. If this was not possible agency staff were used. Wherever possible the same agency staff would provide cover to ensure consistency for people living at Liam House.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

We checked the stock and storage of medicines. Daily temperatures were recorded for the medicine cupboard. Due to the unusually high temperatures experienced this summer, the temperature had occasionally gone above the safe limit for medicine storage. Staff had confirmed with the pharmacy that there were no medicines stored that were at risk of becoming ineffective due to high temperatures. For some medicines if the temperature range goes outside of the safe limit it can mean the medicines become ineffective. We discussed the temperature ranges with the owner who confirmed they would be purchasing an air conditioning unit as soon as possible to ensure the medicine storage area operated within the safe range of temperatures.

The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately.

We reviewed the medicine administration records (MARS). These were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training. People had their known allergies recorded and there was a photograph of people on their MARs to help ensure medicines were administered to the correct person.

Some people required pain relief as required. Staff told us and records showed how people would present if they needed additional pain relief. If people could not verbalise their pain relief requirements, staff spoke knowledgeably about how the person would present. How they would show they were in pain and what specific body language they would use so staff could recognise their pain symptoms.

Some people had creams administered by care staff. We discussed with staff how they administered creams to people. Staff were very knowledgeable about how people liked their creams administered and where and how much cream was to be administered. The deputy manager showed us how they could use a guidance system of body maps for staff to administer creams to people. The service had recently stopped using the body map system when they changed their pharmacy, the deputy manager told us they would re-introduce this system straight away.

Staff spoke knowledgeably about the importance of infection control and how to avoid cross contamination. We observed staff wore their personnel protective equipment when it was appropriate to do so.

Is the service effective?

Our findings

One relative told us, "I can't fault them at all, the care is very good and they know [person] so well...the staff team are wonderful." A health professional told us, "They know all their clients very well and are very pro active with all health care needs and are quick to act if people have any changes to their health. I have no concerns at all."

People's needs were fully assessed and care plans reflected their current needs. Each person was assigned a key worker who spent time with them and ensured all their health and care needs were fully met. People's care plans were reviewed each month or earlier if their care needs changed.

People were cared for by staff who had been effectively trained and received regular supervision and on going refresher training. Staff spoke very positively about the training they had received. Some people living at Liam House were living with dementia and in response the service had recently arranged specialist dementia training for all of the staff to attend. One member of staff told us, "The dementia training was very useful for me. I found it very valuable because it is not an area I have a lot of experience in and I learnt a lot." All staff told us they felt very well supported by the management team and owner. They said there was always someone available to ask for additional support or guidance if they needed it. Relatives and health professionals told us the staff worked really well as a good team all together. New staff completed Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

We reviewed the training schedule for all staff. All mandatory subjects were covered and included, inclusion and equality, Deprivation of Liberty safeguards, The Mental Capacity Act 2005, health and safety, medicines, safeguarding adults and infection control. There was a programme of refresher training that ensured all staff received appropriate update training when required.

Staff received regular supervision sessions with their line manager. Supervisions were positive and supportive and checked staff's understanding around their job role as well as encouraging their on going development.

People told us they chose their meals and staff helped them to prepare their meals when they wished. Pictorial menu boards were clearly displayed in the dining area and people told us they were able to eat their favourite foods on a regular basis. One person told us, "I love burgers but I do like other food too." Staff supported people to maintain a healthy diet and helped people to prepare tasty, nutritious snacks when required. Fresh fruit, yoghurts and a selection of fruit juices were available for people throughout the day. The majority of people could eat their meals independently. If people required assistance with their meal, this was given in a sensitive, patient way by staff gently supporting and encouraging people to eat.

People's care records reflected their daily totals of food and fluid eaten and drunk. This ensured staff were aware of how much people had eaten and could guard against possible risk of malnutrition and dehydration. People were weighed regularly and records showed staff referred people to health

professionals and dieticians in a timely manner if their weight had fluctuated to a large degree.

The kitchen had been assessed by the local food standards authority during January 2018 and had been awarded on grade 4 score. Staff told us the kitchen equipment and appliances were well maintained and fresh produce was locally sourced to ensure people received fresh, nutritious meals.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us that the service regularly liaised with a range of health professionals such as, opticians, podiatrists, occupational therapists and GP's to assess and meet peoples' needs, records we reviewed showed this was the case.

People could mobilise safely and independently around the home. Staff ensured people were given support and assistance to walk around the home and people had their mobility aids close to them at all times. Bedrooms were highly personalised with people's furniture, photographs and personal mementoes which provided a friendly, homely atmosphere. People had chosen their own paint colour schemes for their bedrooms. One person told us, "I love my bedroom, it's very pretty."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for appropriately and the service was working within the principles of the MCA. Where DoLS had specific conditions attached to them these had been followed correctly.

The service used an independent advocacy service for people who required this support if they did not have any friends or relatives available to act as an advocate.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to be as independent as possible. One member of staff told us, "It's so important to ensure people are supported to be as independent as possible. We see people's confidence increasing each day, it's so good."

Is the service caring?

Our findings

There was a friendly, warm, relaxed atmosphere at the home. People actively sought out care staff to chat and laugh with. There was friendly banter between people and staff and people were happy and calm. People told us they enjoyed living at Liam house. One person said, "We are a big happy family."

A relative told us, "It's better than it's ever been. The staff team now are wonderful. Our daughter loves living there."

Staff told us everyone was treated fairly and equally and the provider had an equal opportunity policy that staff were knowledgeable about. People's care and support plans focussed on their wishes and choices and how they liked support to be given. Care plans ensured people were given as much independence as possible and able to make their own informed choices about how they wished to live their lives.

Staff communicated to people in ways they preferred. This enabled people to feel involved with everyone in the home and prevented them feeling isolated.

Relatives told us they were always made to feel welcome and free to visit whenever they wanted. The service used an independent advocacy service for people who required this support if they did not have any friends or relatives available to act as an advocate.

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their bedrooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed support.

There were lots of smiles and laughter between people and staff. Staff checked with people how they were feeling and if there was anything they needed. We saw genuine affection between people and the staff. Staff spoke warmly of the people they cared for and they said they wanted to be able to provide the best possible support for them.

Is the service responsive?

Our findings

Relatives told us they felt involved in and kept up to date about important matters that related to people's care and support. One relative told us, "They always keep me informed about the important things. I've no qualms at all about anything. We are very happy with everything." A health professional told us the service reacted responsively to all people's health needs and gave a professional and very caring level of care and support.

Staff were supportive, attentive to people and knew everyone very well. Staff told us communication within the home was good and handovers regarding all people were completed at the start and end of each shift. There was a handover diary and a communications book that staff told us worked well and ensured they knew what was scheduled for each person each day. For example, visits to dentist and opticians or assisting someone to go shopping.

People's needs were fully assessed and care plans reflected their current needs. People's care plans were written in a person centred way, gave clear direction and guidance for staff and reflected people's individual preferences whilst allowing them to maintain as much independence as possible. For example, one person's care plan included the following clear guidance for care staff, 'Make sure [person] can see your face and your lips. Use easy words and short sentences. Show objects to support what you are saying'. This person's care plan also included what was important to them and how they preferred their care to be delivered, for example, "I learn best from touching and doing rather than explanations. I will smile and laugh when I am OK and I may look at what I want." Care records gave clear guidance for staff on how people may present if they were becoming anxious or upset, for example, "I go pale, I look drawn and my mobility may worsen". Guidance was also included on how care staff could best support people, for example, "Use calm reassuring tones. Try offering a choice of drink or something to distract and engage them. Their likes include, western music, colouring and puzzles."

Care plans included people's life histories in a document which gave important information about how people had lived their lives and what was important to them. Staff knew about each person as an individual, what and who was important to them and how they liked to spend their time. What activities they enjoyed and how and when they preferred their personal support to be given.

People were supported to take part in a large range of varied and interesting hobbies, activities and voluntary work to maintain their independence and increase their well being and prevent social isolation. People spent time telling us what they did with their days, where they were going and how much they enjoyed their trips and visits out shopping and into town. Activities included, volunteering at a farm, taking part in woodwork classes, voluntary work in a café, taking drama classes, learning to play the drums, dancing, pottery classes, weekly gym classes, helping at garden nurseries, computer classes and enjoying walks out with their friends and families. People and staff told us the provider had hired a beach hut during the summer and everyone had loved spending the week at the seaside. A member of staff told us, "They all like to keep busy. It's most important to maintain their independence and they enjoy their activities immensely." A relative told us, "[person's] independence has really improved living at Liam House, it's been

fantastic."

We reviewed how the provider ensured people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Some people used Makaton to communicate with staff. Makaton is a sign language programme designed to provide a means of communication to people who cannot always communicate efficiently by speaking. There were pictorial communication cards available for people to use. The majority of people could communicate verbally. Staff spoke very knowledgeably about how each person communicated in ways that may be specific to them, for example, different use of body language and sounds and gestures that people may make and what it meant for them.

The service used technology to support people and maintain their health and wellbeing. One person had impaired hearing and the provider had arranged for a visual and sensory alarm to be installed in their bedroom that would alert them in the case of an emergency such as a fire. The service had investigated the use of a personal pendant alarm for people to use when they went out into the community. Call bells were available throughout the home and people had easy access to these when required.

People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority should people need to contact them in the event of a complaint or concern. The service had not received any formal complaints since registering in September 2017.

People had been sensitively supported to make decisions about their end of life care. Where possible people had been involved in compiling their end of life plans which included where they would like to spend the last days of their life, who with, any specific treatment they would prefer and what items they would like with them.

Is the service well-led?

Our findings

The home had 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.

Staff, relatives and people spoke positively about the owner and registered manager. There was a happy, open, friendly, supportive culture within the home with a clear management structure. One member of staff said, "We all work really well together. We get excellent support, I just love it here."

Staff told us and records showed there were regular staff meetings and handovers to keep staff fully informed about things at the home. Staff told us communication within the home was effective and they felt listened to and supported in all decisions.

People and relatives told us they were actively encouraged to give their views on the care and service they received from Liam House. Pictorial satisfaction questionnaires had been completed during September 2017 by all people living at Liam House. The questionnaire's covered a range of topics which included; food choices, communication, staff choices, medicines, whether people felt safe. Further satisfaction questionnaires had been completed by people's relatives and health professionals that had visited the home. Questionnaires had been positively completed, comments included, "I am very happy here", "I like everyone", "I am pleased that [person] has settled at Liam House...we are happy with you all", "High quality services, all in order, nothing to add great people" and "Staff members are trained, very good and residents are always given choice and alternatives."

We checked the notifications the registered manager had made to the Care Quality Commission. One notification over the Christmas period had not been sent in. We discussed the events concerning this incident with the registered manager. They showed us the system they had put in place to ensure all notifications would be correctly notified to CQC in the future. The registered manager had a good understanding of incidents that required a notification to CQC and explained they had made a genuine mistake when they forgot to send in the notification in question. They told us the new system would ensure this mistake would not be repeated and showed the service had learnt from this incident.

A range of audits to assess the quality of the service were regularly carried out. These audits included medication, infection control, care plans and health and safety checks.