Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hesketh House Care Home

Old Mill Lane, Liverpool, L15 8LN

Tel: 01517371680

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Community Integrated Care
Registered Manager	Mr. Thomas Joseph Clarkson
Overview of the service	Hesketh House is located within a residential area of Wavertree, Liverpool in the grounds of Olive Mount. There are fourteen single bedrooms available for people with a learning disability, who require assistance with personal or nursing care. A pleasant dining room and comfortable lounge are provided. Communal bathrooms and toilets are available, as well as, a sensory room. The service is on one level and car parking facilities are available.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 August 2013, observed how people were being cared for and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We found that Hesketh House was clean, comfortable and well maintained. Bedrooms were personalised and arranged in a way that met the needs of individuals. One person was able to let us know that they were happy. Another told us they liked their room.

We saw people's needs were assessed and care plans were personalised to the individual. Care plans contained information about individual preferences and promoted the person's independence where possible. People's progress was monitored monthly and relatives kept fully informed of any changes. We found people received the support they required and had agreed to.

During the inspection, we spoke with an independent professional who visits the service regularly, they told us that the service always had a lovely atmosphere and that staff really seemed to care for the people living there. The provider had a complaints procedure in place that was in easy read language and pictures.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

The majority of the people residing at the service had complex needs, which made it difficult for them to consent or make informed decisions regarding their care. At the time of our visit 14 people were living at Hesketh House.

We spoke to one person who lives at the service and one visiting relative during our visit. We also looked at six care plans and the daily written records relating to the day to day care of the people who live at the service.

We saw care files were personalised and outlined what people could do independently and when they needed assistance.. People's preferences in how they wanted to live their life while living at the service were clearly documented and were incorporated into their individual care plans. For example, preferences in daily routines, eating and drinking, hobbies/ interests and things that were important to the individual were clearly documented. All the care plans we reviewed had either been signed by the individual or their representative. This indicated to us that people and/or their relatives had been involved in the planning and delivery of care. A visiting relative we spoke with confirmed this. They told us that staff at the service had wanted to know about the person "right from the beginning" and had asked them about the person's life history, likes and dislikes and sought their advice on how best to care for them. The person we spoke with said they were kept fully informed on of the person's progress and were enabled by the staff at the service to make informed decisions about their relatives care.

In discussion with staff, it was clear that they understood how to assist people to make decisions, the importance of obtaining consent and people's right to refuse. Staff told us before care was provided they explained to people what they were going to do and verbally asked for their consent. The staff we spoke with were able to tell us how they under take personal care where a person lacks capacity to give consent or is unable to communicate verbally. Staff described to us how they observed and took into consideration the person's body language and behaviour at the point of asking in order to determine if the person consented. This suggested to us that a person's human rights

were respected in the delivery of care.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. During our visit we discussed issues around consent and capacity with the manager. Within these discussions the manager detailed the process used to ensure that where people lacked capacity to make an informed decision about their care and welfare, a 'best interest' meeting was held. The manager knew these meetings needed to include people who knew and understood the person using the service, or had legal powers to act on their behalf such as a social worker. This was to make sure any decision made on behalf of the person was done in their best interests. This process was also detailed in the care files we had reviewed.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected form the risks of inadequate nutrition and hydration.

Reasons for our judgement

We spoke with the cook about the dietary needs of the people living in Hesketh House. They told us the staff provided them with written information about each person's needs. For example, if they required a diabetic, low fat, low salt or a soft diet. Sometimes the speech and language therapy [SALT] team gave advice about the best way to prepare food for people, to ensure they could be fed safely. The cook told us that care staff always provided the kitchen staff with a copy of this information. The cook told us they cooked all meals using fresh ingredients. They also explained meals were served to people four times a day, breakfast at eight in the morning, lunch at twelve, afternoon tea at four and supper in the evening. We saw snacks and refreshments were available to people throughout the day.

People were provided with a choice of suitable and nutritious food and drink. We saw the cook plated the meals individually at lunch time, making sure they were attractively presented. This included meals which needed to be pureed, which were served with each individual item separate on the plate. In discussion with us the cook explained that this was done to allow the individual on a pureed diet the same opportunities to taste each bit of their meal and reject anything they didn't like. We saw the meals were hot when they were served to people.

People were supported to eat and drink sufficient amounts to meet their needs. We saw from people's care records that everyone had a detailed eating and drinking care plan. This recorded where the person preferred to eat and gave clear details about their preferences. We saw details such as "X loves coffee with sugar and also enjoys cranberry juice" and "Y has toasted fruit loaf which they prefer warm."

Each individual care plan contained a nutritional risk assessment and a chart to record the person's height, weight and body mass index [BMI]. The manager explained that where it was difficult to weigh people, for example those who were confined to bed, they were able to estimate their BMI through measuring their mid-arm circumference. These records enabled staff to identify any significant changes and take appropriate action where needed.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

When we visited we looked at communal areas in the service and some people's bedrooms. We found every area clean and free from unpleasant odours.

People were protected from unsafe or unsuitable equipment because the provider carried out regular checks to make sure the equipment used to help support people is safe. For example, bath water temperature checks were undertaken to make sure the water was running at a safe temperature and building temperature checks to make sure the environment was warm. Weekly checks of hoists, wheelchairs and bedrails had been undertaken to make sure these were in a good condition and working properly.

Records we examined showed that risk assessments were carried out, which were regularly updated and reviewed. These included use of slings, hoists and shower beds. We saw measures had been put in place to reduce any risks identified. These measures suggested to us that people were provided with safe, well maintained equipment which promoted their safety and independence.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs.

Reasons for our judgement

In order to judge this outcome we spoke staff and with people visiting the service. We observed care and looked at staffing rotas and staffing levels across the last two months.

People we spoke with told us that staff were available when they needed them. They told us there were always enough staff on duty to help them. People described staff as being caring and attentive. Their comments included; "The staff are very kind they'd do anything for you", another person commented "They look after him so well I'd give them an excellent if I could."

From our observations we judged there to be enough sufficient staff on duty to meet people's needs in a timely manner. There were 14 people residing at the service and 9 members of staff on duty. There were also domestic and kitchen staff on duty. During our observation, we did not see anybody waiting for assistance and staff did not appear to be rushed. We saw that staff had opportunities to spend time with people outside of providing direct care. During lunch staff took their time in assisting people with their meals. The overall atmosphere of the service was calm and relaxed.

We looked at a sample of staff rotas from the previous two months. These showed us that there had been a consistent number of staff on duty over this period which was the same number of staff we saw on our visit. During our inspection we saw that there were enough qualified, skilled and experienced staff to meet people's needs.

We asked members of the staff team to tell us about the staffing levels. Every person we spoke with told us they felt there was sufficient staff to meet people's needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints procedure in place, which was also available in easy to read format with pictures to try and ensure that people found the information easier to understand.

Records we reviewed showed that there had been no complaints made within the last year. The manager told us that everyone using the service had been informed about the complaints process, as details of how to complain were given in the service user guide. A copy of the service user guide was on display in the main reception area. The manager then went on to describe to us how they would ensure staff confirmed and evidenced that people had been given the information in a format they could understand. This indicated to us that people were made aware of the complaints system and that the information was provided in a format that that met their needs.

We spoke with one person visiting the service who told us that if they had any worries they would talk to staff or the manager. The person we spoke with told us they were very confident that the management would resolve any issues they had quickly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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