

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

Valmar Care t/a Locharwoods of Birkdale

45 York Road, Birkdale, Southport, PR8 2AY

Tel: 01704564001

Date of Inspection: 17 September 2012

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

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Valmar Care Limited
Registered Manager	Miss Heather Weekes
Overview of the service	Valmar Care t/a Locharwoods of Birkdale provides accommodation and personal care for up to 19 older people. Accommodation is provided in 19 single rooms, all of which have an ensuite facility. Communal space is provided in a lounge, conservatory and dining room. There is a small car park at the front of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 17 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People were satisfied with the service provided, one person told us, "Everything is very nice, the staff are lovely". People told us their rights to privacy, dignity and independence were upheld and respected.

People's care was planned and delivered in accordance with their needs. People had individual care plans which were supported by a series of risk assessments and daily care records. This meant people's care could be readily monitored and evaluated.

Staff had an understanding of safeguarding procedures and knew who to contact in the event of a concern.

Staff were provided with appropriate training and received regular supervisions and an annual appraisal of their work performance. This meant the staff were well supported in their roles.

We found there were appropriate systems to monitor the quality and operation of the service, which included annual customer satisfaction questionnaires and regular residents' meetings. This meant people were able to influence the operation of the home and the future development of the service.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People told us they were able to express their views and were involved in decisions about their care. One person said, "It's very good here and I only have to ask for anything and they are there to help me" and another person commented, "I couldn't wish for anything better, they help me all they can". A key worker system enabled staff to work on a one to one basis with people, which meant they were familiar with people's needs and choices.

People living in the home told us the staff talked to them about their care needs and we noted one person had signed and made comments on their care plan, to indicate their participation and agreement. People were also asked about things which were important to them and personal profile information was included in the care plan documentation to inform staff about people's interests and hobbies and likes and dislikes.

All people spoken with said they had a good relationship with the staff and confirmed the staff always respected their rights to privacy, dignity and independence. One person said "They are always very respectful". People described the staff as "very good", "helpful" and "friendly". People were consulted about the quality of the care on an ongoing basis. This was achieved by daily conversation, care plan reviews, residents' meetings and satisfaction questionnaires. People spoken with said they were able to express their views about all aspects of life in the home and felt confident their comments were taken seriously.

People were supported in promoting their independence and community involvement and were given the opportunity to go on walks in the local area, as well as visiting a nearby pub for lunch. A range of activities was also arranged inside the home, which people said they enjoyed.

People were given appropriate information about their care and support. Before people moved into the home they were provided with a service user's guide, which included information about the services and facilities available in the home as well as a leaflet which provided an overview of the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People told us they were satisfied with the care they received in the home, one person said, "I'm happy with everything, I don't think you could get better".

An assessment of people's needs was carried out before moving into the home and they were invited to visit so they could meet other people and the staff. We saw information was sought from a variety of sources during the assessment process including relatives and health and social care professional staff. People explained they had previously been invited on trial visits before they moved into the home. One person told us "I came for four weeks and liked it so much; I've been here ever since".

People confirmed they had been consulted about their care needs and we saw evidence one person had made an active contribution to their care plan review. People told us the staff were knowledgeable about their needs and things they required help with. We saw staff attended promptly to people's needs during the inspection.

People's care was planned and delivered in line with their individual needs. Each person had a plan of care, which had been developed from an assessment of needs. The plans seen were detailed and provided useful guidance for staff on how best to meet people's needs and preferences. We also noted a care plan summary had been developed to provide staff with a quick reference guide to people's needs. Staff spoken with told us the care plans contained useful information and they were easy to follow and understand. We saw written evidence to demonstrate people's care plans had been reviewed and updated on a monthly basis, to ensure staff had access to up to date information.

The care plans were supported by daily records, which provided information about changing needs and any recurring difficulties. The records were detailed and the residents' needs were described in respectful and sensitive terms. Risk assessments and risk management plans had also been developed in line with people's needs.

Staff were observed to interact with people in a pleasant and sensitive manner and they were respectful of their rights and choices. People spoken with said they felt happy and comfortable in the home.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People spoken with told us they were able to voice any concerns about the service to a member of staff or the manager and they felt confident appropriate action would be taken. None of the people spoken with had any concerns or worries about the service.

We discussed safeguarding procedures with members of staff in the home. (These procedures are designed to protect vulnerable adults from abuse and the risk of abuse). The staff members confirmed they had completed training on these procedures and they knew who to contact if they witnessed or suspected any abuse. We noted from the staff training records all the staff had received training within the last 18 months.

We saw there were detailed policies and procedures in order to minimise and prevent abuse occurring in the service, including the local authority's multi agency safeguarding policy. Staff also had access to booklets and leaflets produced by the Council, which explained the safeguarding procedures. The policies and procedures identified the types and possible indicators of abuse and how the manager and staff should respond in the event of any evidence or allegations of abuse or harm.

Detailed records had been maintained of all financial transactions and regular checks were carried out on money held on the premises. A random check of money deposited in the home corresponded accurately with the records.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

People spoken with made complimentary comments about the staff team and confirmed they carried out their role well and were good at their job. We observed staff were attentive to people's needs during the inspection and were well organised as a team.

Staff told us they had access to a range of training which they said was useful and informative. We looked at a training matrix for the staff team and noted the training included mandatory topics such as moving and handling, fire safety and safeguarding vulnerable adults as well as specialist training including dementia awareness. Records showed that the majority of care staff had achieved an NVQ (National Vocational Qualification) at level 2 or 3, which meant their work practice had been assessed and they had been deemed competent in their role.

Staff told us they had regular supervision meetings with the manager and staff meetings. We saw completed supervision records and minutes from staff meetings during the inspection. Staff said they felt well supported by the manager. According to the records of staff supervision a wide range of topics had been discussed including care of people living in the home and the operation of the service. Staff also confirmed they had an annual appraisal of their work performance.

New members of staff completed a probationary period and were supervised by an experienced senior member of staff. All new employees completed an induction programme which covered the Skills for Care standards. These are recognised standards for care workers. We saw copies of completed induction workbooks during the inspection.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People told us they were asked on an ongoing basis if they were satisfied with the care provided in the home. People were invited to residents' meetings, which were held on a regular basis. People told us they could talk about any issue concerning the home and were confident the management and staff would listen and act if necessary. We saw the minutes of the last meeting and noted a wide variety of topics had been discussed. The manager had devised action plans in response to any suggestions made by people living in the home.

People and their relatives were also given the opportunity to complete customer satisfaction questionnaires. These had been distributed in January 2012 and April 2012. We saw a copy of the results during the inspection and noted all the people who responded indicated the staff treated them with respect. Comments on the questionnaires included, "Everything's home from home, couldn't be in a better place" and "I like living here, the staff and manager are very nice to me".

The manager had established a number of ways of gathering and recording information about the quality and safety of the service provided. These included audits, which encompassed medication, health and safety, staff training and supervision and other aspects associated with the operation of the home. The audits included action plans where any shortfalls had been identified.

Whilst we found a series of audits had been carried out, the provider may find it useful to note that there was no overall report on the quality of the service. It was therefore difficult to determine the priorities and planned developments for the service.

Risk assessments had been carried out to gather information about the risks to people's health, welfare and safety. Individual risks associated with the care and support of people had been incorporated into the care plan documentation and was reviewed at regular intervals.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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