

Random inspection report

Care homes for adults (18-65 years)

Name:	Liam House
Address:	13 Spencer Road Bournemouth Dorset BH1 3TE

The quality rating for this care home is:	one star adequate service
The rating was made on:	21/05/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Heidi Banks	0	3	0	3	2	0	1	0

Information about the care home

Name of care home:	Liam House
Address:	13 Spencer Road Bournemouth Dorset BH1 3TE
Telephone number:	01202294148
Fax number:	01202789983
Email address:	liamhouse007@aol.com
Provider web address:	

Name of registered provider(s):	Mr Marvin Charles Stephens
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	11

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	11	11

Conditions of registration:									
The maximum number of service users who can be accommodated is 11.									
The registered person may provide the following category of service only: Care home providing personal care only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD Learning disability over 65 years of age - Code LD(E)									
Date of last inspection	2	1	0	5	2	0	0	9	
Brief description of the care home									
Liam House is a home for adults of both sexes who have a learning disability. It is a large, semi-detached house situated in a central area of Bournemouth close to Boscombe and Bournemouth town centres. The home is located near shops and other facilities and is not far from the sea. It has good access to public									

Brief description of the care home

transport. Accommodation is provided in seven single and two double bedrooms. Seven bedrooms are located on the first floor of the property and two bedrooms are on the ground floor. There are shared bathroom and toilet facilities on both floors of the home. The communal space is located on the ground floor and consists of a lounge, separate dining room and kitchen. There is a small office where confidential records are kept. There is a small garden at the rear of the property with a large storage shed which contains the laundry facilities and two large freezers. The front of the property provides some off-road parking. The home is staffed twenty-four hours a day. Most people who live in the home attend day activities organised by different agencies outside the home although this is flexible and people are also supported to spend time at the home during the day as required. From information provided to us in May 2009, fees for the service ranged from £450 to £1000 per week dependent on individual support needs and whether the provision of day care was necessary. Fees do not include personal items such as toiletries, hairdressing, cigarettes and sweets. For further information on fee levels and fair terms of contracts you are advised to refer to the website of the Office of Fair Trading: www.offt.gov.uk.

What we found:

This was an unannounced random inspection of the service which we did in response to concerns that we received. The concerns we received were in relation to the way the care home had responded to changes in people's health and welfare. There were also concerns that the home did not have a manager in post and how this might be impacting on communication with statutory services.

We visited the home for approximately three hours on one day for the purpose of this inspection. We were able to meet with the registered provider of the home, Mr Marvin Stephens, and speak to members of care staff on duty. We also spoke to some of the people who use the service. We looked at a sample of care records for two people which included daily records, appointment records, care plans and communication books.

We heard that one person who uses the service had recently experienced a change in their health. We looked to see how this had been responded to by the service and found that records showed that the person's doctor had been contacted and had visited them on two occasions. The records indicated that medication had been prescribed for the person. It was not clear from the records at the home how the change in their health had been noted as the first reference to this was 'She's still in pain' and that the doctor had visited. It was also not clear from the records whether the person had attended their day service that day or had been kept at home due to their ill health and how the decision to contact the person's doctor had been reached.

We heard from the registered provider and a member of staff that the person experienced symptoms of irritable bowel syndrome. The care plan gave some information about this including how staff should respond to their continence needs. Discussion with the provider indicated disparity between the way in which the person's continence was managed at home and at the day service they attended. We advised the provider to review the way in which communication takes place with other agencies to ensure that there is a consistent approach to their needs. Their health records indicated that medical advice had been sought with regards to incontinence issues and that there was a telephone consultation with their general practitioner in September which was followed by a telephone assessment with a community nurse. The content and outcome of these discussions had not been documented in the records so it was not clear what advice had been given to the home by the health care professionals concerned.

For another person who uses the service we looked at records about a fall they had sustained. A record had been made about this on the date of the fall indicating that they had bruised their ankle but there was no accident form to accompany this. The communication book in place did not indicate that the day service had been informed of the fall or the bruising before they had attended. A contact sheet detailed that medical advice had been sought that afternoon although there was no record to indicate how a decision had been reached for the doctor to be contacted. A care worker we spoke with told us that when the service user had left for the day service that day they had not shown any signs of injury.

We had received a concern that it was difficult to make contact with care staff at the home at times to discuss issues relating to people who use the service. We heard that the

person answering the telephone was often the cleaner with whom it was not appropriate to discuss confidential issues relating to people's needs. We spoke to Mr Stephens about this who told us that the cleaner has his mobile telephone number and therefore can relay any messages promptly. We suggested that the provider ensures that key agencies are in possession of his contact numbers so that they can contact him directly if they need to discuss issues as a matter of urgency.

We looked at the home's rota to identify whether staffing levels enabled people's needs to be met. The rota showed that there are always two care workers on duty in the home although, as is to be expected, they are often engaged in activities with people who use the service and so may not always be present in the home. There were two care workers working in the home when we arrived to start the inspection. One care worker told us that she often works additional hours to those indicated on the staff rota. However, it was evident that these are not always documented on the rota itself. We told the registered provider that the rota needs to be an accurate reflection of who is employed to work in the home each day. Mr Stephens agreed that this was something that could be reviewed.

Mr Stephens contacted the Commission shortly before our inspection to inform us that he has recently appointed a new manager who is due to start work in the home on 1st April 2010. We have told Mr Stephens that the new manager must apply for registration with the Commission at the earliest opportunity in order to comply with legislation. We talked to Mr Stephens about how the new manager could be instrumental in establishing channels of communication with other stakeholders including day services to ensure that the home is seen as communicating effectively with other agencies in the best interests of those who use the service.

What the care home does well:

This was a random inspection of the home that focused on concerns we had received about the service. The things that the service does well are identified in the last key inspection report dated May 2009.

What they could do better:

As a result of this random inspection we are making three recommendations.

The home should ensure that they communicate effectively with other professionals involved in people's care to promote consistency and continuity of support for them.

The home should ensure that clear and comprehensive records are maintained in relation to changes in individuals' health and well-being and the action taken to address their needs. This includes records relating to health appointments and telephone consultations with health care professionals.

The home should review the way they maintain the staff rota to ensure that it is an accurate record of care workers who were employed to work with people who use the service each day.

At the last inspection of the service three statutory requirements and seven recommendations were made. We did not review the home's progress in meeting these at this random inspection. However, we will look at these areas at the next key inspection of

the service in conjunction with the recommendations we are making from this visit.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	<p>The registered provider must ensure that the home complies with regulations relating to the storage of controlled drugs.</p> <p>The misuse of Drugs and misuses of Drugs (safe custody) (amendments) Regulations 2007 stipute that all care homes have a controlled drugs cabinet.</p>	01/09/2009
2	39	24	<p>The registered provider must maintain a system for reviewing and improving the quality of care provided at the home.</p> <p>People who live in the home must have their views listened to and acted upon as a fundamental part of the development of the service.</p>	30/06/2009
3	42	37	<p>The registered provider must give notice to the commission without delay of the occurrence of any event in the care home which adversely affects the well being or safety of any service user.</p> <p>We need to know about incidents in the home in</p>	30/06/2009

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			order to be assured that vulnerable people are safe and supported.	

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	18	You should ensure that you communicate effectively with other professionals involved in people's care to promote consistency and continuity of support for them.
2	19	You should ensure that clear and comprehensive records are maintained in relation to changes in individuals' health and well-being and the action taken to address their needs. This includes records relating to health appointments and telephone consultations with health care professionals.
3	41	You should review the way you maintain the staff rota to ensure that it is an accurate record of care workers who were employed to work with people who use the service each day.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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