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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 

### Overall summary

Liam House is a care home for 10 adults with a learning disability. At the time of the inspection there were nine people living at the home. The unannounced inspection took place over two days on 16 and 22 September 2015. One inspector visited the home on both days.

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.

In general, people were happy to be living at Liam House, although some people said they sometimes got a bit bored. One person we spoke with said, "I am happy here, it's a good place" and a member of staff told us, "It's a lovely house". Another staff member said, "It's nice to come here and support the residents".

# Summary of findings

People told us they liked the care workers. They said they were kind and throughout the inspection we saw staff had a compassionate, kind and fun approach with the people they were supporting.

People told us they felt safe at Liam House and could talk to staff if they were worried about something. Staff had been trained in safeguarding adults and knew how to raise a concern.

People felt well supported by staff who knew what they were doing. Staff told us they were supported through training, supervision and appraisals to ensure they understood their role and knew how best to support or help people.

People told us they made their own day-to-day decisions. Staff confirmed they sought consent and promoted choice to make sure people could make their own

decisions. Where people might lack capacity to make a specific decision staff acted in accordance with the 2005 Mental Capacity Act. This ensured people's rights were protected.

People's healthcare needs were met and staff supported people to see healthcare professionals when they needed to.

There was an activities programme in place. However, this was an area of improvement for the home to make sure people had greater opportunities to participate in a wider variety of activities, both within and outside of the home.

The home was well-led by a registered manager and deputy manager. People and staff felt listened to and said the manager acted on their suggestions to drive improvements. There were quality assurance systems in place to make sure the home offered a safe, effective, caring and responsive service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff understood what to do if they were concerned or worried about someone and had received training in safeguarding adults.

Medicines were managed safely.

The home made sure the staff employed were suitable to work with vulnerable adults.

Good



### Is the service effective?

The service was effective.

People told us staff had the right knowledge and skills to support them and we saw a training plan that showed staff had received the training they required to effectively support people.

The home sought consent before they supported people and acted in accordance with the Mental Capacity Act 2005 where people lacked capacity to make a specific decision.

Good



### Is the service caring?

The service was caring.

People told us they were supported by staff who were kind and who they felt they could talk to.

Staff had received training in equality and inclusion. They made sure people's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

People were supported to access healthcare professionals as required to make sure they maintained their physical and emotional health.

People were supported to access the community. However, these activities needed to improve to ensure people had the opportunity to participate in a more varied programme of activities both within and outside of the home.

There was a complaints procedure in place and staff acted on concerns raised to improve the service.

Good



### Is the service well-led?

The service was well-led.

People, staff and relatives were supported to express their views and the home acted upon these to make sure the service continuously looked for improvements.

The home had systems in place to ensure the service it provided was safe, effective, caring and responsive.

Good



# 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 was planned to check 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 inspection took place on 16 and 22 September 2015 and was unannounced. One inspector visited the service on both days.

There were nine people living at Liam House at the time of the inspection and we spoke with five people to learn about their experience of living at the home. Some people did not verbally communicate so instead we listened to, and observed how staff interacted with these people. We

spoke with two relatives who were complimentary about the care and support provided to their family member. We also spoke with a social care professional and five members of staff including the manager.

We looked at one person's care and support records in full and sampled aspects of six other people's care and support records. These included daily monitoring records, Medicine Administration Records (MAR) and care plans and risk assessments. We also looked at documents relating to the overall management of the home including staffing rotas, recruitment, training and supervision records, and audits and maintenance records.

Before our inspection, we reviewed the information we held about the service including the Provider Information Return (PIR), which the provider completed before the inspection. 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 looked at information about incidents the provider had notified us of, and information from the local authority.

# Is the service safe?

## Our findings

People told us they felt safe at Liam House. They said they could tell staff if they didn't feel safe or if they were worried about something.

Liam House had a pictorial mission statement that explained how people's right to equal opportunities would be respected. Our conversations with staff showed they were aware of people's rights and sought to empower people and protect them from harm. One member of staff told us, "One of the most important things is people not being excluded from society". Staff had received training in safeguarding adults and understood the signs of abuse and what action they needed to take if they were worried or concerned about someone.

Risks to people were assessed to make sure they were protected. For example, people had risk assessments in place for evacuation in the event of a fire. There was a range of other risk assessments in place including accessing the community, using the kitchen or bathroom and specific health risks such as choking. We saw that staff supported people in accordance with their risk assessments.

Staff told us there were always enough support workers on duty to meet people's needs. We observed throughout the inspection that staff were unhurried and relaxed with people.

We reviewed three staff recruitment records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home.

Medicines were managed so that people received them safely. There was a locked medicine cabinet and the medication administration records (MAR) were well maintained with no gaps. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. There were also cream charts in place to help staff understand how and when to apply prescribed creams. Where medicines needed a date of opening on the packet these were in place. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering medicines and the home had a system in place to check their competence to administer medicines periodically.

# Is the service effective?

## Our findings

People told us staff had the right skills to support them. One person told us, “Everybody helps me”. We spoke with one social care professional and two family members. They told us they felt staff had the right skills and knowledge to support people. One relative also commented that the staff were, “All really good”.

Staff told us they had received the right training and felt confident in their role. There was a range of training staff had undertaken including manual handling, infection control, first aid, diabetes management, epilepsy support and equality and inclusion. The manager kept a training plan to ensure they knew when further training was required. One member of staff had been supported through an apprenticeship. They told us they had also just completed their NVQ L2 and had been well supported by other team members and the manager to achieve the qualification and feel competent in their role.

Staff told us they could always get support and guidance informally, from either other members of the team or the manager. One said, “If you have a problem you can go to her, she is really approachable”. There was a supervision and appraisal programme in place and staff told us these meetings further supported them to understand their role.

People told us they made their own day-to-day decisions. Staff confirmed this and said they always sought people’s consent before they supported them. For example, one staff member said, “We always ask them what they want to do” and another told us, “You ask them, you give people options”. Staff also confirmed that they respected people’s wishes when they didn’t want to do something. Where people might lack mental capacity to make a specific decision assessments and best interests decisions were undertaken in accordance with the Mental Capacity Act

2005. For example, one person lacked mental capacity to make a specific decision about the use of bed rails. Staff had worked with the individual and with health and social care professionals to decide on the least restrictive option that met the person’s needs. This meant the home could be sure that the decisions they made for this person was in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. Some people living at Liam House were not free to leave and subject to continuous supervision, which is the test for a deprivation of liberty. One person had a DoLS authorisation in place. The home had adhered to the conditions contained in the authorisation and had systems in place to make sure they knew what to do when the authorisation expired.

People were supported to see a range of healthcare professionals as they needed to including, their GP, nurse, dentist and the optician. Where people required specialist support, for example from dietitians, audiologists or community learning disability specialists, staff supported them to access these services. Where people had specific healthcare conditions, there was additional guidance for staff in the care plan to ensure they understood the condition, and how best to support the individual.

Liam House provided a homely environment, however, at the time of the inspection some communal areas of the home had décor that was worn including damage to paintwork and skirting boards. The manager told us they had a program of improvements in place to make sure people were cared for in safe environment that met their needs. People’s bedrooms were highly personalised to their hobbies and interests and people told us they liked their home.

# Is the service caring?

## Our findings

People told us staff were kind and caring. They made a range of comments about the staff team which included, “Kind”, “Very Kind” and, “Nice”. A relative also commented on this telling us that “The staff are lovely”.

Staff knew people well and cared about their welfare. One staff member told us that what made them proud was knowing, “residents are happy” and another staff member said, “The guys are really happy”.

Staff told us they had time to read people’s care plan and that the plans helped them to understand the person. There were life histories in place that supported staff to understand an individual’s history that better enabled them to understand what support or help, including emotional support, a person might need or want. We saw staff had good relationships with people and knew people’s preferences and needs. People approached staff readily to ask for help, chat or spend time with them. We saw that all the staff approached people in a warm, caring and compassionate manner. People responded positively to the staff approaches and made choices, for example over what they wanted to eat or drink. Where people made a choice staff listened to them and acted on it.

People were supported to be involved in their care or support. People had monthly reviews with their keyworker

that supported their involvement in planning what they wanted to do or discussing any problems they had. People also freely sought staff out to ask for help or chat through something. For example, one person was going on holiday and was wanted to know what they would be doing. A staff member took the time to read the person’s holiday itinerary with them. They frequently checked the individual had understood what they were telling them and was happy with the plan. Later the person explained to us about their holiday and what they would be doing.

We noted that staff always had time to listen to people and make sure people felt that mattered. At the time of the inspection the manager was thinking about how they could elicit the views of people living at the home who did not verbally communicate. This showed a sensitive approach to making sure people were listened to, felt involved and knew they were respected as an individual.

People had keys to their bedroom to protect their privacy and dignity and we saw staff knocked at people’s doors and waited for permission before entering. People told us that staff respected their privacy but also helped them, for example with tidying their bedroom when they needed them to.

One person had an advocate in place to ensure their voice was heard. The home also had posters telling staff and people how they could get an advocate if one was required.

# Is the service responsive?

## Our findings

People told us staff were responsive and always helped them when they needed support. We spoke with a social care professional and they said staff understood people's needs and responded to these in a timely way. We also spoke with two relatives. They were very happy with the care and support their family member received. They both said that staff supported the person in a very responsive way.

People's needs were assessed before they came to live at the home so that staff could be sure they could provide care that met their needs. From people's assessments and risk assessments the home developed detailed care and support plans to guide staff in how the person wanted or needed to be supported. The care plans were person centred and written from the individual's perspective. For example, one said the individual liked to look very smart and wear their jewellery and we saw staff had acted on this. Another person's plan talked about their personal care needs, and what staff told us reflected the guidance in their plan. One individual had a diabetes care plan and staff were able to tell what they needed to do to make sure this person remained healthy. This showed staff followed people's care plans and that people were supported in the way they wanted to be. Where required other records such as monitoring people's weight were kept. This enabled the service to monitor people's health and where people had lost weight we saw they had taken action. There were also

daily records of the support people had received including handover documents. This meant staff could easily see how the individual had been, and what further support they required on a daily basis.

The home had some activities people could participate in. Some people went out into the local town independently and there were indoor activities every day. People had some opportunities to spend time doing activities in the community, however this was limited. The last local authority monitoring report noted that the home needed to improve activities to make sure people had access to a wider variety of activities both within and outside of the home. This was also commented on in the citizen checker report (a self-advocacy group for people with learning disabilities). People did not have enough opportunity to try new experiences and participate in activities they had expressed an interest in. This is an area for improvement for Liam House.

The home had a complaints policy that was displayed in the home in both written and pictorial format. The use of pictures meant people could understand the policy better. People told us they could raise concerns and felt they would be listened to. A family member confirmed this. They said that the manager was good and they felt they could approach them. They also added that they had no complaints about the service their relative received. The home had received one complaint since the last inspection. The manager told us about this and explained the action they had taken. We could see they had acted in accordance with their complaints procedures.



# Is the service well-led?

## Our findings

People told us they liked the manager and that staff listened to them.

Regular resident meetings ensured people were actively involved in developing the service. For example, we saw that people had been consulted about what sort of meals they enjoyed and then saw a pictorial example menu staff had developed to take back to the next meeting. This was to make easier for people to understand the food choices on offer. People also discussed house maintenance issues and we could see their ideas had been acted upon.

People and relatives were invited to complete an annual questionnaire about the quality of the service. We saw the results of these were mainly positive and that any issues identified were addressed by the service.

Our observations and discussions with staff showed they had a clear understanding of the home's values of involvement, independence, respect and equality and these were reflected the home's mission statement.

There was a registered manager in post who worked part time, and a full time deputy manager.

Staff told us the manager was open, accessible and approachable. One said, "The manager is very transparent. She is very nice and good at her job". Other staff told us that when they had ideas or suggestions these were listened to and acted upon wherever possible. For example, one staff member had a specialist skill and interest in a specific area and the manager had supported them to share this skill with people living at the home.

There were a variety of checks and audits in place so that the home knew the service they offered was safe, effective, caring and responsive. Checks included the health and safety of the building, the fire detection systems, infection control and checks of people's records to make sure they were up to date and that people's needs had been met safely and responsively. The manager checked on accidents or incidents every month. They were developing a formal system of checking these to ensure they could detect any patterns or trends and take action to mitigate the risk of a reoccurrence.