

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

## Liam House

Liam House, 13 Spencer Road, Bournemouth,  
BH1 3TE

Tel: 01202294148

Date of Inspection: 31 October 2012

Date of Publication:  
December 2012

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

**Requirements relating to workers** ✓ 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	Marvin Charles Stephens
Overview of the service	Liam House is a care home for people with learning disabilities. The home is registered to provide personal care for ten people. On the day of the inspection there were nine people living at Liam House care home. The service does not offer nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 October 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 and talked with staff.

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### What people told us and what we found

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During this unannounced inspection we used different methods to help us understand the experiences of people using the service. People using the service had complex needs which meant they were not always able to tell us their experiences. Therefore, in addition to speaking with two individuals, we gathered evidence by observing care; reviewing records and speaking to three care workers and the manager.

We noted that care workers were polite and respectful. Care workers discussed their awareness of dignity and rights, and described how they maintained people's privacy.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were person centred and regularly reviewed. A care worker told us "we try as much as we can to support people with their independence".

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.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. All the care workers we spoke with told us they felt supported to undertake their role. One care worker said "it's a lovely home", and another said "I like my job and the people are lovely".

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who use the service were given appropriate information and support regarding their care or treatment. Care plans contained pictorial information, as did information such as consent for medication administration, and minutes from house meetings. This showed people living at Liam House were supported to understand their care and treatment options.

People's diversity, values and human rights were respected. We found that bedrooms were highly personalised and reflected people's needs, hobbies and interests. We saw some people had keys to their bedroom. The manager told us they were assessing other individuals' choice to hold keys for their room, although for some people this might not be appropriate. Bedroom doors had pictorial information about whose room it was, and 'do not enter without permission' signs. Individuals told us that care workers always knocked and requested permission before entering people's bedroom. A care worker told us "everybody has the right to their privacy".

The two individual's we spoke with said they were happy living at Liam House. They both liked their rooms. One person who had a self contained flat within Liam House said their room was too hot. We drew this to the manager's attention on the day of the inspection. Both the people who showed us their bedroom told us about how they had planned their decoration and furniture.

People were supported in promoting their independence and community involvement. For example, on the day of the inspection people were preparing for a Halloween party. A care worker told us "everybody is involved in activities". The manager told us that they had promoted greater access to activities and the community recently. We saw people had been supported to attend pottery classes and their work was displayed around the home. A care worker said "we recently went on holiday and people had a great time, and so did I".

The activities board described a range of activities which included visits from 'caring canines', dancing and the cinema, attending a local club. Most people had a bus pass. One individual told us they enjoyed horse riding and going to church on a Sunday. On the

day of the inspection most people stayed at home to prepare for the party and we saw individuals engaged in activities of their choice throughout the day. Some people went out for coffee or completed their shopping. Others were involved in catering for the party. One person chose to do some colouring and care workers facilitated this.

One individual we spoke to said they were able to make choices. They explained they could get up in the morning and go to bed at a time of their choosing. They told us they chose their clothes and what they wanted to eat. We asked this person what they liked best about Liam House; they said "everything is the best here".

We observed a lunchtime meal and saw people were involved in preparing the dining room for lunch. We noted a happy atmosphere with people chatting amongst themselves and with care workers. We observed care workers supporting one individual to ensure their nutritional needs were met. After lunch people congregated in the kitchen for coffee and we noted examples of positive engagement and laughter between individuals and care workers, which included care workers checking people had enjoyed their meal.

We noted throughout the inspection that care workers were polite, respectful, patient and sensitive. Care workers were able to discuss their awareness of dignity and rights and described how they maintained people's privacy.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We discussed independent living with a care worker who told us "that is our main concern, encouraging people to do as much as they can".

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were drawn up from detailed assessments and were person centred and regularly reviewed.

We looked at care plans and other relevant records for three people. They described what help people needed, how it was provided and how any risks to their welfare that had been identified were managed. Support plans were person centred. For example, one part of a plan detailed 'things that are really important to me that I must have in my life', 'things I really like' and 'things you need to know to support me and keep me healthy and safe'.

Most care plans were reviewed regularly and covered areas of development such as communication, personal hygiene, allergies, weight, mental health, mobility, community access, money management, social and leisure and relationships. At the time of our inspection the manager was in the process of updating all the care plans. They informed us this would be completed by the end of November 2012.

We also saw that people had a 'my book' written by the individual and their key worker. This was in both written and pictorial format and included people's life history and information to help care workers understand how the individual wanted to be supported. All the care workers we spoke with told us care plans were easy to use and up to date.

Records showed us that most risk assessments had been reviewed regularly. We noted Liam House assessed risk in areas such as mealtimes and drinks, using the kitchen, medication, accessing the community and bathing. At the time of our inspection the manager was in the process of updating all individuals' risk assessments. They informed us this would be completed by the end of November 2012.

Daily care records were completed, signed and dated and reflected the support people had received.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. For example, we saw evidence of involvement with health and social care professionals such as speech and language therapists and psychiatry support, and noted people were supported to attend appointments with their physiotherapist, doctor, optician, chiropodist or dentist.

People's records did not include a personal evacuation plan to support individuals to leave the building in the event of an emergency such as a fire. We discussed this with the manager on the day of the inspection. They immediately rectified this to ensure people had individual evacuation plans. They also told us they would liaise with the local fire service to ensure they were aware of individuals who might require additional support in the event of an emergency.

We looked at three Medication Administration records (MAR's). We found people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We found that medication was recorded accurately, and guidelines ensured care workers had the right information to support people with their medication. Each record had a photo and care workers responsible for the administration of medicine had been appropriately trained.

People were provided with a choice of suitable and nutritious food and drink. Records demonstrated menu planning was discussed at house meetings.

The home had a range of policies underpinning the support offered to individuals. These included policies and procedures to support risk assessing, confidentiality, hygiene and food safety, infection control, and health and safety.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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.

Two people we spoke with told us they felt safe living at Liam House. The manager told us Liam House was "a safe place to live in, and lead a positive and active lifestyle". We noted posters describing adult abuse and advocacy were prominently placed on the office door.

We spoke with three care workers who were able to demonstrate some understanding around what constituted abuse and knew what to do if they suspected or knew a person living in the home was being mistreated. Two of the three care workers told us they had received training about safeguarding vulnerable adults. We saw records that confirmed some care workers had received appropriate training; the manager told us all care workers would have updated training on safeguarding vulnerable people by end November 2012.

The home had a whistle blowing policy although it required review. Some care workers we spoke to were aware of the home's whistle blowing policy and how to act upon it. Other care workers were not aware of the guidance. We brought this to the attention of the manager on the day of the inspection.

Liam House had policies on adult protection and the prevention of abuse. The home also had local authority guidance on safeguarding.

The home did not hold power of attorney for individuals but looked after small amounts of money for people. The manager described the procedure in place for safeguarding people's money and confirmed that records are audited regularly.

The home had not had any safeguarding concerns raised in the past twelve months.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at four staff files, including a care worker who had been recruited recently.

Each file was clearly set out and information easy to find. Individuals living at Liam House were involved in interviewing prospective care workers. We saw that prospective staff had undergone checks on their suitability to work, such as Criminal Records Bureau checks. References had been obtained from their previous employers and there were details of their employment history. Each person had evidence of their identity and a recent photograph of the staff member was on their file. This meant there were effective recruitment and selection processes in place.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We looked at the records for four care workers and found staff received appropriate professional development.

Two of the four care workers were new and therefore had not yet had a supervision meeting. The other two files contained evidence of appropriate supervision.

We spoke with three care workers as part of the inspection. All the care workers told us they felt supported to undertake their role. One care worker told us "the staff team is good and friendly". All of the care workers said they felt mostly listened to and able to share ideas for good practice or service development.

One care worker said they thought "staff were happy" working at Liam House, adding the "staff and residents feel at home here".

The home held quarterly staff meetings which care workers told us they found helpful. Care workers told us they could seek support from their colleagues or the manager informally and that all the staff team tried to help one another. This meant people were cared for by staff who were supported to deliver care and treatment safely to an appropriate standard.

All the care workers said the training they had undertaken meant they felt skilled to support people living at Liam House. Records evidenced care workers had undertaken training in mandatory areas such as fire safety, moving and handling, first aid, and infection control and food hygiene. In addition some care workers had completed training in more specialised areas including total communication, supporting people with epilepsy and the safe management of medication. There were some gaps in people's training records. The manager told us a training schedule would ensure care workers had up to date training by the end of November 2012.

The manager told us they were planning a staff survey in December 2012.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The manager had various systems for monitoring and auditing the quality of service provided to people living at Liam House.

Individuals who used the service and their representatives were asked for their views about the service provided and their views were acted on. People living at Liam House were involved in quarterly house meetings. The minutes demonstrated they were involved in making decisions about the service, for example, discussing menu's or holidays, and feedback from the manager about an interview for care workers people had been involved in. The minutes were written up and included pictorial aids.

People were involved in monthly reviews of their care which most individuals and their key workers completed together.

The manager told us they were planning to complete a resident, relative and involved health and social care professional survey in December 2012, which would lead to a service development plan for the following year.

The home had a complaints policy which included external contacts, and a complaint and compliments file which did not contain any recent information.

We saw daily cleaning schedules, although there were a few gaps in their completion, and daily fridge and freezer temperature checks. Weekly checks included fire tests.

Monthly audits included checking the first aid box, a medication audit and an audit of incidents or accidents enabled the manager to establish any trends or patterns and promote preventative ways of supporting people. The manager had completed an infection control and environmental audit in May 2012.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

## 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 dentists 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 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. 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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