

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

Liberty House Care Homes Limited

55 Copeley Hill, Erdington, Birmingham, B23 7PH

Tel: 01213270671

Date of Inspection: 02 November 2013

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November 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Liberty House Care Home Limited
Registered Manager	Mrs. Sonia Parnell
Overview of the service	Care home providing accommodation, care and support to a maximum of six adults who may have a learning disability.
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

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 November 2013, 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.

What people told us and what we found

No one knew we would be inspecting that day as our inspection was unannounced.

Six people lived at Liberty House at the time of our inspection. However, only five people were available for us to meet and speak with as one person was staying at their parent's house for the weekend.

During our inspection we spoke with two people who lived there, three staff, and the manager, who was also the owner of the home. All staff we spoke with told us that the people were well looked after and were safe. One staff member said, "I think that people are very well looked after". Another staff member said, "People are safe here".

We spoke with two of the people who lived there. They told us positive things about the service they received. One person told us, "I have lived here for a long time. I like it here it is good. I would not like to have to live anywhere else". A second person said, "I do like it here".

Other people who lived there had communication and other needs and were not able to tell us about the experiences of the care and support that they received. To address that during our inspection we used different methods to help us to understand people's experiences, including observation. We observed interactions between staff and people who used the service. We saw that people were smiling and were confident to approach staff when they wanted something.

We determined that people were shown respect and their dignity was maintained. Staff supported people wherever possible to be independent and to make choices. People's needs had been assessed to ensure that their health, personal care, and safety needs were monitored and met. We found that there was ample opportunity for people to participate and engage in meaningful and interesting hobbies, activities and outings.

People had been provided with varied food and drink options that prevented malnutrition and dehydration and met their preferred needs.

We found that processes were in place to safeguard people from the risk of abuse.

We saw that the premises were adequately maintained, clean, comfortable and safe.

Although initially we had some concerns about staffing levels, we determined that generally staffing levels were adequate to ensure that people's needs were met in the way that they preferred and that they were safe.

We saw that complaints processes were in place for people or their relatives to use if they were not happy with the service provided.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

All staff we spoke with told us that they enjoyed their work. They used words such as "Good" and "Very good" to describe the care that the staff team provided to the people who lived there. One person who lived there said, "I am very well looked after and I would not want to live anywhere else".

We found that people were treated with respect and dignity. All staff we spoke with gave us a good account of how they promoted privacy and dignity in everyday practice. One person who lived there told us, "The staff are not rude. They knock on my bedroom door before they go into my bedroom".

We saw that people who lived there wore clothing that was appropriate for their age, gender and the weather. Staff we spoke with and records that we looked at both confirmed that the people who lived there were encouraged to select what they wanted to wear each day. We saw that people's hair was trim and tidy. One person said, "I like my hair like this". Written comments we looked at that had been made by a relative about the care of one person who lived there read, "They are always clean and tidy". This meant that adequate steps had been taken by staff to ensure that people's preferences and needs were met concerning their appearance.

The majority of the people who lived there had some contact with family or friends. Records we looked at confirmed that staff communicated with people's families about important issues and their care. This meant that processes were in place to ensure that people were being cared for safely and in a way that they preferred.

We found that people's needs had been assessed and their care and support had been delivered in line with their assessed needs. We looked at the records of four people who lived there. We found that generally records were reviewed and updated where needed to reflect people's current needs. For the majority of people their care records highlighted what their needs were and how they should be managed. When we asked staff about the

needs and care of individual people living there they all gave us a good account of what they had to do.

We found that staff referred people to external health care professionals for advice. These included specialist nurses, dieticians, dentists and opticians who had checked and assessed people's health care needs in attempt to promote their wellbeing. This meant that steps were in place to ensure that people's health was checked so that any underlying health needs could be identified and treated and illness prevented.

Our inspection was unannounced and started on a Saturday morning. When we arrived we saw that all of the people who lived there were already engaged in activities. One person was doing a big jigsaw. Another person was doing some cross stich. Records we looked at confirmed people's individual leisure interests. For example one person liked to listen to their music. During our inspection we saw that a staff member played some music for the person. When listening to the music we saw that the person looked happy and was relaxed. We saw that an allotment was in use within the garden. We saw photos of the fruit and vegetables that the people who lived there had harvested. One person who lived there said, "We all enjoy planting and growing the food". We found that the people who lived there had opportunities to go on trips and activities outside of the home. A number of people had been on a weekend break to London in August 2013. One person said, "I really enjoyed going to London. It was great". On the evening of our inspection all of the people who lived there were going bowling. One person told us, "We all like bowling". All staff and people who lived there told us that a number of people attend day facilities. One person said, "I go to cross stich classes. It is really good". It was clear from speaking to staff, the people who lived there and looking at records that the activity provision offered to people was very frequent and what they enjoyed. This was also reflected in our previous inspection report of May 2012. This meant that steps had been taken to ensure that activities were planned and provided frequently for the 'individual person' to meet their personal needs and preferences.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at food stocks and found that they were plentiful. All staff and people we spoke with confirmed that menus were decided upon jointly by the people who lived there. We saw that menus had been produced in word and pictorial formats. We saw that menus were displayed in a place that could be easily accessed by the people who lived there so that they could see what meals were offered each day. The people who lived there, staff we spoke with and records we looked at all confirmed that people's dietary likes and dislikes had been identified. One person said, "The staff know what food I like. I can choose what I have. The food is very tasty". We found that people could choose from a range of food options every day. During the breakfast and lunch time we saw that people were given food options. This meant that steps had been taken to ensure that people were given food choices and were provided with the meals that they preferred.

We saw a current certificate to confirm that a score of five (the highest score possible) had been awarded by the local environmental health department regarding the food hygiene systems that were in place. Records we looked at highlighted any allergies that people may have to prevent them being given food and drink that would make them unwell. We saw that hot and cold drinks were offered to people regularly during the day to encourage them to drink adequately to prevent dehydration. We randomly looked at weight monitoring records for four people who lived there and spoke with staff about weight monitoring. We found that where concerns had been identified regarding weight loss referrals had been made to appropriate healthcare professionals. Records that we looked at highlighted that staff had encouraged one person to lose some weight and the outcome of that had a positive effect on the person's health. This showed that steps had been taken concerning food safety and monitoring regarding hydration and nutritional to prevent risks to people's health and wellbeing.

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

We found that the majority of people who lived there had on-going support and contact from their families who spoke on their behalf and had supported them in decision making where they were not able to do so themselves.

We saw that information was available which gave the contact details of who to report to if staff, relatives or people who lived at the home had any concerns. Information provided was in both a written and pictorial format which would make it easier for people to understand. Minutes of meetings that had been held for the people who lived there confirmed that they had been reminded where the information was kept in case they needed to access it. This meant that steps had been taken to make the people who lived there, their relatives and staff aware of what action they could take to help keep people safe and protect them from harm.

All staff we spoke with told us that the people who lived at the home were safe. All staff we spoke with gave us a good account of what they would do if they were concerned or witnessed abuse. Two people who lived there told us that they felt safe. One person said, "I am safe. All staff are kind and gentle". All of the staff we spoke with and records we looked at confirmed that staff had received safeguarding training.

We looked at the systems in place for the administration of people's money that was held by staff for safe keeping. We found that the systems in place were robust enough to give the people who lived there assurance that their money would be kept safely. We found that the money was kept in a locked facility and that there were checking processes in place for staff to check the amount of money that should have been available against what was available. We also found that there was a verification process, for example two staff signatures, to confirm any expenditure. We saw that there was a balance sheet showing what the balance of money for each person should be. We checked two people's money against the records of what should have been available and founds that it was correct. The systems in place to manage and monitor people's money held in safekeeping meant that there was less risk of error or misappropriation of people's money.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We saw that all bedrooms were single occupancy which promoted people's privacy and dignity. We looked at two bedrooms and saw that people had brought items into their bedrooms including, pictures and televisions. People we spoke with told us that they liked their bedrooms. One person who lived there showed us their bedroom. They said, "Look, my bedroom is very nice. I have got everything I need. We can stay in our bedroom to listen to music or read when we want to". This meant that the bedrooms provided met people's personal preferences and privacy needs.

We observed that there was one lounge and one dining room. Both rooms were of a good size. This gave people a choice of where they wanted to spend their time. We saw that the premises were well maintained, comfortable and clean. We saw that the gardens were adequately maintained.

We randomly checked certificates to ensure that fire fighting equipment was safe and in good working order. The certificates that we saw confirmed that the equipment was safe.

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

We spoke with two people who lived there about the staff. It was clear that they knew the staff well and thought highly of them. One person said, "The staff are very nice and kind".

We saw that staff and the people living at the home had good relationships. We saw staff communicating with people non-verbally by using hand gestures and eye contact. We saw that people understood what the staff were communicating to them and staff understood what people wanted. For example, although the person did not speak a staff member knew that one person wanted to listen to their music. We saw that the person smiled and sang when the staff member played their music for them.

When we arrived at the home we found that there was only one staff member on duty to support five of the people who lived there. We were told that the staff member had been due at work at 09.00 hours but had phoned to say they were going to be late. At 11.15 hours the staff member had not arrived. Rotas we looked at highlighted that for the evening of our inspection and the evening following (Saturday and Sunday) there was only one staff member named to be on duty. We asked the staff member on duty to contact the registered manager who was also the home owner as we wanted them to explain to us why the home was short staffed. The manager came to the home to talk to us and by that time the delayed staff member had arrived to work. The manager told us that staff had not followed procedures as they had not made them aware that there was a staff shortage. We spoke with staff, people who lived there and sampled previous staff rotas. This determined that the home being short of staff was not a regular occurrence. By the end of our inspection the rota showed that adequate staff were to be provided Saturday and Sunday evening. The manager told us that they would produce a written protocol for staff to follow to inform them if there was a staff shortage.

All staff we spoke with told us that adequate staff were provided. One staff member said, "I think that the staffing numbers are adequate". Another staff member said "There are usually enough staff to be flexible in being able to take people out. If we need extra staff for an activity then extra staff are brought into work." One person who lived there told us, "There are always two staff sometimes three or four". This meant that staff were available to meet people's needs and to keep them safe.

All staff we spoke with told us that they had received training on a range of subjects to

equip them with the knowledge they needed to look after people in the way that they wanted to be looked after. We looked at training certificates for the staff on duty at the time of our inspection and found that they had been trained in subjects that included food hygiene, moving and handling and safeguarding. This meant that staff had been given training so that they could look after people safely and in the way that they wanted to be looked after.

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 a complaints system available.

Reasons for our judgement

We had not received any complaints about this home from the people who there, their families, or health care professionals. The manager confirmed that they had not received any complaints.

Records we looked at and the people who lived there confirmed that regular meetings were held to enable staff to determine if they were happy and satisfied with the service that they received. Records we looked at confirmed that individual reviews had been undertaken or for each person who lived there and/or their family. The completed review documents that we looked at highlighted positive comments about the service provided. This showed that steps had been taken to ensure that the people who lived there and their families had systems to highlight any concerns or dissatisfaction.

We saw that complaints process documents were available for people who lived there and their relatives to use. We saw that the complaints process documents had been produced in words and pictures which made them easier for the people who lived there to understand. The complaint process documents told people what they should do if they were unhappy with the service and gave names and contact details that people could use.

We saw that a system was in place for handling complaints that would allow any themes or trends to be identified and acted on. People and staff we spoke with were aware of complaints processes and what they should do if they or the people they cared for were not happy. One person said "If I was not happy about something I would tell the manager". This meant that systems were in place for people and their relatives to follow if they had any concerns or complaints.

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.

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