

Review of compliance

Speciality Care (Rest Homes) Limited York Road	
Region:	North West
Location address:	73 York Road Southport Merseyside PR8 2DU
Type of service:	Care home service without nursing
Date of Publication:	November 2012
Overview of the service:	<p>The service at 73 York Road is a large semi detached, converted property, which is located in a residential area of Southport. The home can accommodate up to five people with a learning disability.</p> <p>A new manager has recently been appointed.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

York Road was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 October 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Due to the different ways that the people who lived at the home communicated we were not able to directly ask them all their views about their experiences. One of the people using the service who was able to tell us said that they were happy living in the home and that the staff were nice.

We did observe good communication and understanding between the members of staff and the people who were receiving care and support from them. We also observed people being supported with their daily life activities.

The people we met with appeared relaxed, comfortable and at ease with the staff. It was evident staff had a good understanding of what was important to each person and how to care for them.

What we found about the standards we reviewed and how well York Road was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were being cared for by staff members who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. They 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.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We did not receive any direct comments in respect to the degree in which consent is obtained from individuals during this visit.

Other evidence

We sat in the main lounge with three of the people living in the home. We saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. We observed people being supported with their daily life activities for example helping to prepare the evening meal. The people we met with appeared relaxed, comfortable and at ease with the staff. It was evident staff had a good understanding of what was important to each person, for example, preferred clothes, preferred meals and social arrangements.

We looked at four people's care files; they contained the relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, being responsible for their room key, preferred social activities and social contacts, people who mattered to them, dates that were important to people and ways in which they wished to remain independent. The information was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We

saw recorded evidence of the person's consent to the decisions that had been agreed around their care. There was also written evidence to show that if necessary family members had been involved in making decisions.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people using the service who were able to tell us said that they were happy living in the home. Comments included; "The staff are nice."

Other evidence

Anyone moving into York Road would receive a pre-admission assessment to ascertain if their needs could be met. This assessment was done at their own home or in another care setting such as a respite centre or a hospital. As part of this process the home would also get the person's family, social worker or other professionals to add to the assessment if it was necessary. Additional training would also be undertaken if this was appropriate. We looked at some of the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments were thorough and included information about personal preferences and choices such as what the person preferred to be called.

Each person using the service had a care plan that was written from the information gathered during the assessment.

We looked at all four of these to see what support people needed and how this was recorded. We saw that each plan was detailed, personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. Where necessary plans were completed using an easy read pictorial format. All of the plans we looked at were well maintained and were up to date. Visits

from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. The reviews were detailed, as were the daily records, so staff knew what changes, if any, had been made. Managers and staff made every effort to ensure that the person understood the arrangements made for their care and support and knew about the choices and opportunities open to them.

Activity records showed what each person had chosen to do during the day or evening and the level of support provided by the staff so that they were able to take part safely.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with the person and, where appropriate, their representatives. This ensured that the management of risk was balanced against safety and the person's rights to live a fulfilling lifestyle without unnecessary restriction.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not receive any direct comments in respect to the degree in which people felt they were being protected from abuse.

Other evidence

We saw policies and procedures at the home regarding the safeguarding of vulnerable adults. This included local procedures which staff followed for reporting an alleged incident to the correct authorities. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

Staff training records showed that the staff members received training in recognising abuse and how to report an incident of abuse or a suspicion of abuse. This was confirmed by the staff members on duty during our inspection.

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.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We did not receive any direct comments regarding staff training during this visit.

Other evidence

All new staff members completed an induction training programme so they had the skills they needed to do their jobs effectively and competently. This induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised, [shadowing is where a new staff member works alongside either a senior or experienced staff member]. This process was confirmed by a newly appointed staff member.

We looked at staff training records. These contained evidence of the training provided to help ensure staff had the knowledge and skills to care for people safely. The new manager explained that because of the recent management changes some staff training may have lapsed. In order to address this, a senior manager from the organisation had been checking the records in order to ensure staff training was up to date. Any gaps in an individual staff members training would then be addressed. The manager explained that most of the training courses undertaken are done through the organisations 'Foundation for Growth' computer electronic learning system.

The staff members had annual appraisals and regular one to one supervision meetings, [these are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this usually included a discussion of ongoing training needs]. Staff meetings were held regularly.

Our judgement

The provider was meeting this standard. People were being cared for by staff members who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not receive any direct comments regarding quality assurance during this visit.

Other evidence

Information about the safety and quality of service provided was gathered on a continuous and ongoing basis from feedback from the people who used the service.

Because of its small size the manager and staff members are able to react quickly to any issues that arise. These could include care needs, medication issues, falls or any problems with the facilities.

York Road had a variety of quality assurance systems available to assess the quality of the service it was providing; these included internal quality monitoring reports covering areas such as: quality of care and support practice, records and documentation, quality of the environment and an additional quality focus theme. We were shown a copy of the most recent report which had participation and involvement as the theme.

The organisation also had its own quality monitoring system in place; this included audits of the services it operates.

Our judgement

The provider was meeting this standard. They 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.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA