

**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: 21 June 2013

Date of Publication: July 2013

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

|  |   |                   |
|--|---|-------------------|
| <b>Care and welfare of people who use services</b>               | ✓ | Met this standard |
| <b>Safety and suitability of premises</b>                        | ✗ | Action needed     |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ | Met this standard |
| <b>Complaints</b>  | ✓ | Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Marvin Charles Stephens  |
| Registered Manager      | Ms. Lisa Pitcaithley   |
| 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 eight 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   |

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*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 21 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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At this scheduled inspection there were eight people living at Liam House. We spoke to four people about their experiences of living at the home. We also spoke with three members of staff including the manager.

People we spoke to told us they were happy living at Liam House. Staff we spoke with said, "It's homely", and "Everyone is happy and that's the most important thing".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People had been fully involved in planning the care or support they wanted or needed.

People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises because the home had not been adequately maintained.

Liam House ensured people were able to express their views about the home, and acted on suggestions made by individuals or staff working at the home.

There was an effective complaints system and information about making a complaint was provided in a suitable format.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 28 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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

### 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

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### Our judgement

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

People we spoke with told us that they received support from the home's staff and that they liked the staff team.

We talked to people about the things they liked to do and looked at records of activities. These showed people were supported to participate in activities they had chosen to do. One person showed us photographs of some of the activities they enjoyed. They told us they were very busy and liked living at Liam House.

We observed how people and staff interacted throughout the inspection and saw that staff supported people in a relaxed and caring manner. We saw people were able to make decisions such as what they wanted to do, where they wanted to sit or what they wanted to eat or drink. We noted a lot of humour and laughter between staff and people who lived at Liam House. We saw that staff communicated with people in a way the individual wanted. This included verbal communication and the use of Makaton, which is a type of sign language. We saw that people were comfortable with staff and happy to seek staff out to talk about what they wanted or needed.

We talked to staff and what they told us showed they knew people well, and they understood how to support them. Staff we spoke with talked about the home's focus on promoting independence. One member of staff told us, "We make sure they do as much as possible for themselves, to encourage people". Another staff member said, "We go out a lot with residents", and "We always give them choices".

We pathway tracked two people. This involved observing people's experience within the home, reviewing their records, talking to them and the staff involved in their care.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records showed people's needs had been assessed to inform their plans of care. Care and treatment was planned and delivered in a way that

was intended to ensure people's safety and welfare. People had been fully involved in planning the care or support they wanted or needed. For example, one individual had a 'my book'. This had been developed by the person and staff at the home. It contained important information on how the individual wanted and needed to be supported. This helped staff to better understand people's needs and behaviours.

Care plans were person centred and highly detailed. They included the support people needed in areas such as communication, health, personal care and mobility, community access, relationships and sexuality and social leisure and recreation. One member of staff we spoke with told us the care plans were, "Simple and accurate". The provider may wish to note that for one person recent reviews had not been completed in accordance with the homes policy on care planning and reviews. We drew this to the attention of the manager on the day of the inspection. The manager wrote to us following the inspection and told us that the outstanding care plan reviews would be completed by early July 2013.

Records showed risk assessments had been carried out to minimise the risk of harm in areas such as safe eating, evacuating people in the event of a fire, bathing, community access and night-time needs. These were relevant to people's needs. The provider may wish to note that some risk assessments had not been reviewed in accordance with the document guidelines. We drew this to the attention of the manager during the inspection. The manager wrote to us following the inspection and told us that, "All risk assessments have been reviewed and updated where necessary".

Daily care records were completed, signed and dated. They were a detailed account of the individuals day and night and reflected the support people required.

Other records such as what people had eaten, weight monitoring or detailing what activities people had taken part in were completed appropriately.

We looked at the Medication Administration Record (MAR) for one of the people we were pathway tracking. The other individual was not supported to take medication. We found the provider had appropriate arrangements in place to manage this individual's medicines. We found their record contained a photograph of the individual and noted any allergies. We saw the medicines given to people were fully recorded. We noted body maps had been completed for the application of creams. PRN (as required) medication care plans were available to support staff to understand when the individual might need to have additional medication.

Records showed people were supported to see healthcare professionals such as their GP, physiotherapist, optician or dentist when required. Records showed that people were supported to access specialist healthcare services such as their hospital consultant or community learning disability team when they needed to. This showed that people's healthcare needs were promoted. We also saw that people had seen social care professionals such as their social worker or advocate when this was required.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. At the time of the inspection no one who lived at Liam House was subject to Deprivation of Liberty Safeguards.

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

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**Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises because the provider had not adequately maintained some areas of the home.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed. However, we identified maintenance issues during the inspection.

Liam House is an older converted building covering three floors.

Liam House had a lounge and dining area on the ground floor. We observed that some areas had communal walls that required attention as plastering repairs had not been completed. Throughout the home we noted that harder to reach areas were dusty or had cobwebs. We also noted windows around the home were dirty. Following the inspection the manager wrote to us and told us they had completed a thorough clean of the home. They also confirmed they had arranged for the windows to be cleaned.

We noted Liam House had window restrictors in place throughout the home. We saw the restrictors prevented some windows from opening. We drew this to the attention of the manager on the day of the inspection. The manager wrote to us following the inspection and told us they had checked all the window restrictors in the home and had arranged maintenance to be carried out to three sets of windows that had been permanently fixed as shut.

We saw that some radiators were covered to reduce the risk of scalding to people. We asked the provider to check whether radiators that were uncovered had controlled temperature settings. The manager wrote to us following the inspection and told us the, "Radiators are currently all off and maintenance has been arranged to fix restrictors or put covers on them".

During the inspection we looked at a sample of bedrooms on each floor. We found bedrooms were personalised to people's tastes and reflected their interests or hobbies. We spoke with three people about their rooms. One person said their bedroom was a bit small but they were otherwise satisfied. Another person was very happy with their

bedroom, the third person wanted to redecorate their bedroom and asked us to tell the manager, which we did.

Some bedrooms required maintenance work to ensure they were safe and suitable for people. For example, one bedroom had a cracked mirror attached to the wall, and cracks in the ceiling plaster. The manager told us the individual was not currently using the bedroom. Following the inspection the manager wrote to us and told us they had arranged for the mirror to be replaced.

As part of the inspection we looked at all communal bathrooms and toilets and some bedrooms which had either en-suite bathroom or a sink within their bedroom. All the communal bathrooms and toilets had hand cleansers, paper towels and pedal operated bins to ensure people's health and safety was maintained. However, we found some of these areas required attention to ensure that people were protected from the risks associated with unsafe or unsuitable premises. The communal bathrooms we looked at required cleaning to high reach areas and to the tile grouting which was stained. There were cracks in the plaster on the walls and ceiling that required attention to ensure the bathrooms did not pose risks to people's health or safety. There was also a small amount of mould present in one bathroom.

One person we spoke with had an en-suite bathroom. They told us about some problems they were experiencing. We inspected their bathroom. We found that their bath was cracked and the plug in their sink did not work. We noted their sink taps were chipped. We felt their hot water supply to the sink and found this was running at a high temperature. We drew this to the attention of the manager during the inspection. The manager wrote to us following the inspection and told us they had arranged to replace the bathroom suite. They confirmed that the water temperature to the individual's bathroom needed to be regulated to ensure it was safe. They confirmed the individual was happy to use a communal bathroom until they had replaced the bathroom suite.

We checked water temperatures to the sinks in communal bathrooms and toilets. We also asked the manager to provide us with information about the measures they took to reduce the risk of scalding. The manager wrote to us following the inspection and told us they had found eight hand basins were over the correct temperature of 44 degrees. The manager told us these had been labelled as out of order until the home could ensure that hot water would be at a safe temperature for people who lived at the home. The manager also confirmed that people affected by this were happy to use other communal bathrooms in the home until the maintenance work had been completed.

The home's laundry was located in an external garage. Some people who lived at Liam House completed their own laundry and others required support from staff. Liam House had a system to promote effective infection control. However the laundry was dirty and had a large amount of cobwebs. The wall paint was peeling in places and areas of the floor had chipped surfaces. This might impact on the homes ability to ensure effective infection control within the laundry area. Following the inspection the manager wrote to us and told us they had cleaned the walls, ceiling and the floor of the laundry of cobwebs and dirt. The manager told us they were planning a deep clean of the laundry and had disposed of rubbish that had been housed in the room. The manager also told us they planned to add a laundry check to their weekly audit of the environment.

Liam House undertook some checks or audits to ensure the home was safe for people living there. However, the above issues showed that these were not always effective.

## 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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We talked to people but what they told us did not relate to this inspection.

We talked to staff and they told us the home's manager was approachable and supportive. Staff said they felt able to make suggestions and that these would be acted upon.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Records showed people living at Liam House had completed a pictorial questionnaire in December 2012. The results showed people were happy with the service they received. The home was part of an external audit called 'citizen checker' to elicit their views of the service provided by Liam House. The manager told us they were planning to seek the views of relatives and involve health or social care professionals in the near future.

We asked the manager how they checked whether people were happy with the support they received. The manager showed us copies of house meetings. These were in written and pictorial format to ensure people understood them. It was evident from the records we saw that people were involved in planning the service; we did not see any concerns or comments raised by people.

Individuals were also involved in the recruitment of new staff. This ensured they were able to influence decisions the home made.

The provider had an effective system to regularly assess and monitor the quality of service that people received. Records showed the home undertook a range of checks to ensure the quality of service people received. Daily checks were carried out and documented. These included checking people's medication records, and care paperwork and visually checking the home was clean and tidy. The home also carried out weekly checks of the fire alarms and audited people's personal money to ensure people's finances were protected.

Monthly checks ensured care workers training was up to date and checked practical

issues such as ensuring the first aid boxes were well stocked and maintained.

The home completed quarterly and twice yearly audits. These included auditing medication, health and safety, infection control and care practices within the home.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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One of the people we spoke with told us if they were not happy, or were worried about something they would tell the manager.

Staff we spoke with understood what to do if somebody wanted to raise a concern or complaint about the home.

The home had a complaints policy and procedure. We saw a complaints poster in the lobby of the building which showed people were made aware of the complaints procedure. The complaints information was provided in both written and pictorial format to ensure people would understand what to do if they were unhappy about something.

People were given a service user guide when they moved into Liam House. This was located in people's care files. We saw this was in written and pictorial format and included a section on making a complaint. Following the inspection the manager wrote to us and told us they had updated the service user guide to ensure it contained details for the current manager.

People were given support by the provider to make a comment or complaint where they needed assistance. The manager told us the home had not received any complaints since the last inspection. The manager told us the home had received some compliments but these had not been recorded. During the inspection the manager updated the home's monthly review document to include a section of any comments, concerns or complaints an individual might have. We have not been able to test that this compliance has been sustained.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b><br><b>Safety and suitability of premises</b>  |
|  | <b>How the regulation was not being met:</b><br>People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises because the provider had not adequately maintained some areas of the home. Regulation 15.1(c) |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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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

### 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)

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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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