Inspection Report

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

The Brothers of Charity Services - 9 New Hutte Lane

9 New Hutte Lane, Halewood, Liverpool, L26 9UD

Tel: 01512919139

Date of Inspection: 10 September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ 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	The Brothers of Charity Services
Registered Manager	Mrs. Kathleen Mary McCarthy
Overview of the service	New Hutte Lane is a domestic type property situated in Halewood, in a quiet residential area of Liverpool and it provides personal care for up to three people with Learning Disabilities. There are amenities near by, such as, shops, a park, public house and day centre. A bus link to the city centre is close to the home. Two parking spaces are available to the front.
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'.

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 10 September 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke to people about the home this included the coordinator and two members of staff (one in person and another by telephone). We also spoke to relatives of 2 of the people who lived at 9 New Hutte Lane by telephone.

Relative's comments included:

"Well I think the staff there are really good. Since he's been there he's come on leaps and bounds".

"I'm involved in everything they do with him…if I do have any queries they do address them".

There are 3 people living at in the home and they all had complex learning disabilities. On the day of the inspection two of the people who live at 9 New Hutte were at a day centre. We observed interaction between the other person who lived at the home, who was unable to contribute to our inspection, and staff on duty.

We asked staff what it was like working at 9 New Hutte Lane comments included:

"I enjoy doing the work, it's a fulfilling role because I work directly with people…at the end of the day you know you've helped somebody, you get that kind of satisfaction".

"I have always been interested in caring, like to make someone's life bit better".

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at the personal files of all the people who lived at 9 New Hutte Lane and they included detailed information that described their preferences and choices about how their care/support was delivered. Staff we talked with told us that although people who lived at the home had communication difficulties they were encouraged to express their choices and staff had learnt how to interpret noises they made or actions, always gave them time and listened to them.
When we asked staff how they would know the people at the home weren't happy they told us that they knew the residents well (had lived there for over 10 years) and their wishes were respected. This was evident in the care plans we looked at.

We saw an example in the records of one of the people who lived at the home. There was a list, compiled by the staff, of a range of actions and what the person meant e.g. standing at the kitchen meant he was hungry or frowning and turning away meant he was sad. Whilst communication was very limited one member of staff we spoke with told us "We go by them, I know they're non-verbal (but) they do give facial expressions, we use instinct and judgement...if they don't get in the wheelchair (they) want to stay at home".

The coordinator told us that appointees were used if the person needed treatment or there were major decisions to be made about care. Family representatives were also involved. One relative we spoke with told us "I'm involved with everything to do with him". The provider acted in accordance with legal requirements for the people who lived at 9 New Hutte who had complex communication problems and lacked capacity to consent.

Staff we spoke with demonstrated good understanding of the importance of respecting the human rights and involving people who use the service in decision making about their care and treatment. They had training in relation to the Mental Capacity Act 2008 and deprivation of liberties.

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

Reasons for our judgement

Each person who lived at the home had a comprehensive personalised plan that included information and details of their health and medication, mobility, hobbies, likes, dislikes, the way they liked things doing and what they enjoyed or needed support with. The plans we saw were person centred and had been regularly updated.

From the personal files it was evident that the people had lived at the home for a long time (over 10 years) and their care needs were well known to the staff. One of the staff we spoke with who was providing cover at the home on the day of our visit told us the care plans gave a good picture of the residents' individual preferences and how support was best delivered.
She told us staff had learnt to interpret signs, sounds and actions from the people who lived at the home so and this worked well and ensured the peoples need were met.

There were policies and procedures in place in relation to equal opportunities, decision making, choice and maintaining people's privacy and dignity, so that staff were aware of the need to promote these important aspects of care and support. When we asked if people who lived at the home were treated with respect and their dignity maintained one relative told us "yes, always".

Records included things people who lived at the home liked to do in the community. The coordinator told there were a wide range of activities, trips and holidays that service users took part in, for example going to a day centre, shopping, meals out and visits to a local shopping centre were they had become familiar to the shop assistants.

Staff we spoke with told us that care plans were reviewed annually or if things change. This was confirmed by both of the relatives we spoke with whose comments included: "Whatever is going on (a meeting) they always send me a letter, ask do I want to go".

"We sit and have a chat about his care plan. (We) meet every year and any changes then we have a chat about it and if I have any queries they do address them".

Staff we spoke with were confident and knew what to do in the event of an emergency. They told us they had received formal training and were supported by policies and

procedures in place.

A wide range of assessments were in place within a risk management framework, such as moving and handling, infection control, so that any potential hazards were identified and strategies introduced to protect people from harm.

Safety and suitability of premises ✓ Met this standard

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

On the day of inspection we looked round the home. It was clean, comfortable and there was plenty of space for residents. There were no offensive odours.
The coordinator confirmed the home had recently undergone renovations with new wardrobes for the people at the home, new flooring and new office furniture. The second phase of the refurbishment was due next week. This, she told us, included redecorating, new furniture and fittings. The work had been planned to coincide with a holiday to Wales for the people at the home in order to minimise disruption. We saw a comprehensive risk assessment for the planned work.
On the ground floor there were two large communal bathrooms one with a bath and the other with a shower with wheelchair access. There was a communal lounge area that the coordinator we spoke with told us will be refurnished as well.

The entrance was secure and grounds were suitable for wheelchair access.
On the day of our visit there were workmen cutting back trees in the garden which was accessible by wheelchair. There were satisfactory risk assessments in place for the gardening work.

There were details that showed us there were contracts with suitably qualified contractors to maintain gas, electrical and fire at the home. Staff we spoke with confirmed they regularly had a fire drill and there were fire evacuation plans for each person who lived at 9 New Hutte Lane.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

During the inspection process we spoke with the coordinator and two people employed at 9 New Hutte Lane and looked at 3 sets of personal files. Recruitment procedures adequately protected those using the service; because relevant checks had been conducted before new staff provided care and support to people at the home. In one of the files however, there were no references. The coordinator explained this was because the employee had left and returned to work at the home and references were held at the provider's central office.

One member of staff had been employed by the provider for 12 months. In relation to induction she confirmed it was satisfactory and told us it was followed by a period of shadowing of two weeks that could have been extended until she felt confident. After the initial in house induction training there was a three month probationary period.

The training matrix we looked at showed staff were able to undertake a range of training including food hygiene, safeguarding, first aid, infection control and administration of medicines, Mental Capacity Act and a proactive approach to conflict and de-escalation. Staff we spoke with confirmed they received sufficient amount of training, gave us good examples of courses they had completed and details of training was seen in their personal files.

Staff received appropriate professional development. We saw from the personal files we looked at that staff members received an annual appraisal which included discussions in relation to their training needs, performance and achievements. Staff confirmed they had regular supervision with their line manager.

Staff we spoke with told us they were well supported by the management team of the home. One staff member told us "our manager is really good supported you very well and if you've got any problems she's there for you. It's a really good supportive service".

During our visit the coordinator shared the annual Health & Well Being Survey that all staff received. The aim was to improve staff work life balance. She told us results were cascaded to staff via team meetings. The providers had achieved a silver Investors in

People award. This was considered good practice.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Representatives of people who use the service and staff were asked for their views about the service provided annually. The coordinator we spoke with told us all surveys were sent to people's homes or could be completed on line. Results were analysed by the provider's central office and shared with relatives and staff. She told us action plans were developed as necessary and monitored by the area director.

Whilst there are there had been no formal surveys of people who lived at the home, because of their communication and capacity issues, staff we spoke with confirmed they were involved in decisions about their daily care at the home as much as possible. Relatives we spoke with told us"since he's been at the home he seems more aware of what's going on" and another commented "since he's been in there he's come on leaps and bounds…I think they are brilliant with him".

In relation to monitoring and maintaining the quality of care staff that we spoke with told us managers regularly pop in and conduct spot checks.

The coordinator told us there were staff meetings every two months and we saw evidence of the agenda and minutes of the last meeting.

There were effective systems in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others. Appropriate risk assessments were in place for all aspects of the service, including legionella risk and general environmental factors such as the use of equipment.

During our visit the accident and complaints books were seen and there were no entries. There were details in the personal files of people who lived at the home of incidents that had taken place. They had been recorded accurately and included what action had been taken to minimise the risk of reoccurrence.

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.

Contact us

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