Inspection Report

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

York Road

73 York Road, Southport, PR8 2DU

Tel: 01704567592

Date of Inspection: 22 August 2013

Date of Publication: September 2013

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
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Speciality Care (Rest Homes) Limited
Registered Manager	Ms. Carol Gambale
Overview of the service	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. At the time of our inspection, a temporary manager was in place whilst waiting for the newly appointed Registered Manager to take up post on 02 September 2013.
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 22 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At the time of our inspection we were aware that a permanent Registered Manager had not been in place at the home for some time. This had caused concern to some staff and relatives of people living at York Road. The provider gave assurances that a new Registered Manager was due to take up post on 02 September 2013. In the interim period a suitably experienced manager from another service had been spending two or three days each week at the home. The provider had appointed a quality development manager to review systems in place at the home. We understand this person will provide initial support to the Registered Manager when they take up post.

We spoke to two relatives of people living at York Road. One person described care delivered to their family member as "very good." They said they had been concerned about the lack of a permanent manager at the home but were relieved that this issue had been addressed by the provider. Another person told us their family member was very much at home at York Road and praised particularly, two of the carers who provided day to day support to their family member.

We observed staff providing care and support that respected people's wishes and promoted their independence. Staff assisted people in preparation of meals which were nutritious. We noted healthy food options were encouraged, whilst respecting a person's right to exercise choice. Although we found the home to be clean and tidy, there were no formal cleaning schedules in place. We did note that all staff had received training in infection control.

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

When we made checks to ensure the provider was meeting this standard we spoke to people receiving care and support. We reviewed how people had consented to care and any planned treatment. We also made checks to see how people's relatives were involved when appropriate. Where any person had been identified as unable to make decisions themselves, we checked the provider had followed best practice to ensure that decisions made were in a person's best interest.

At the time of our inspection there were four people living at York Road. We found that care plans were signed by the person they related to. This indicated that people's daily care had been discussed with them and they had consented to the care planned.

We looked at one person's care plan in detail. From this we could see that visits to other clinicians had been organised. In the case of visits to a dentist, the person had been involved in discussion on the importance of the treatment required, how any dental treatment would be carried out, where it would be performed, and whether the person may prefer to be sedated for that treatment. Records of these discussions were held in the care plan. Letters relating to appointments for treatment were addressed to the person concerned, indicating their involvement in any planned treatment. Notes added to those letters confirmed a support worker had explained options available for receiving the treatment.

We reviewed notes in respect of a person who had been assessed as being unable to make decisions on a variety of things, for example, administration of their daily medicines. We noted this person's care file did not hold a copy of the original mental capacity assessment regarding this. We could see from care records held that a review of this person's care had taken place recently, that relatives had been involved in the review and that the person concerned had signed the updated care plan. However, there did not appear to be any formal review of the mental capacity assessment. We discussed this with the temporary manager of the home and with the Operations Director. Both agreed that a

formal review of the mental capacity assessment was something that should have been done as part of the care plan review. We were assured that the review would be organised immediately and that a copy of the original assessment would be located and held with the care plan for future reference. At the time of our inspection, the provider's quality development lead was also working at the home. They had recently conducted an audit of people's care records and were aware of the missing paperwork and evidence of review of this person's mental capacity. As a result, training on the Mental Capacity Act 2005 and associated guidance on best interest decisions and supporting paperwork was being delivered to staff at the time of our visit.

We spoke to one person at York Road about their care and support. They confirmed they were happy with their care. In our observations of care and support of people at the home, we found that consent was sought by staff, for example, when offering support to complete a task. This meant that people received the support they needed and it was delivered in a way that protected their welfare and supported their independence.

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

When we reviewed the care files of people living at York Road, we found that thorough assessments had been carried out in relation to people's care needs and daily support. Details of health conditions, medications required and their wider support network, for example social worker details, where all recorded.

We looked at daily routines of people living in the home and the support they received to take part in activities in the wider community. When we spent time talking to people, they told us how weekly shopping was done and how each person had a responsibility in relation to the task. For example, making a list of items needed, packing of groceries when paid for and putting groceries away when they arrived home. From this we could see that autonomy and independence was encouraged by staff and enjoyed by people living at York Road.

When we looked at care and support files, we noted that people's medium and long term goals were recorded. For example one person wanted to be more involved in cooking meals. They had expressed interest in a cookery course, which they had attended. This demonstrated that the provider listened to people when seeking their views on how they could be supported in everyday life.

We looked at how each person's daily support was planned. Information on a person's interests and hobbies was taken from their support plan and set out in a weekly calendar of events. We found there was a regular disco that people attended and a coffee shop visit on a weekly basis, where people would meet with their friends. Some people took part in community walks in the area. There was also involvement with a local church group, which people said they enjoyed.

The provider may wish to note that whilst we found evidence of planned activities for people, adherence to plans was inconsistent. When reviewing people's calendars we noted that some planned activities were not being undertaken. For example, the calendar of one person described how they would go swimming on a weekly basis, yet the person had not attended this activity for some weeks. When we asked the temporary manager about this it was apparent there was no real reason as to why the activity had ceased. On

the day we visited the home, we found people were due to go horse riding, but the activity had been cancelled in advance due to the stable owners being on holiday. No substitute activity, or alternative provider of an activity had been sourced for people. This meant people living at the home were disappointed and their routine was disrupted. At the time of our inspection, the provider's quality development lead was reviewing how care plans were put into practice by support staff. We highlighted the above findings and were assured that this was something that was being addressed.

Meeting nutritional needs ✓ Met this standard

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

Earlier in the year, we had received information that food budgets for the home had been reduced. During our inspection we looked at food budgets, the preparation and cooking of food and weekly meal menus. We also talked to people at the home about their food choices.

A staff member at the home showed us the weekly menus. We could see there were a variety of meals offered to people. There was also a commitment from this staff member to cooking fresh foods which gave people a nutritious and balanced diet. Healthy food choices were promoted and encouraged; we were able to establish from the way groceries were purchased that fresh fruit and vegetables were bought on a regular basis. People were allowed to indulge in one "fun" meal each week, which allowed them to exercise a choice around their favourite foods. This meant that whilst healthy food options were encouraged, a person's right to choose was still present.

From people's weekly calendars, we could see that a visit to a local pub for a meal was listed as an activity. We asked the provider for assurances that this meal was paid for from the weekly food budget and that people living at the home were not expected to pay for this from their personal allowances. The provider told us that if the meal was one of the three meals a day provided for people, then the expense was met by the weekly food budget. We explained that information of concern we had received around food budgets indicated that this did not happen in practice. We were told this could have happened when a person went out for a meal in the community that was not scheduled as an activity in their weekly calendar. We referred the provider to inconsistencies we had found adhering to activities planned for people. The provider told us they would look into this matter further and provide assurances that people were not expected to pay for planned meals out.

When we spent time talking to people at the home, they told us they enjoyed the meals prepared for them. One person told us that they were planning to make a risotto dish and were buying ingredients for the meal that day. We found there was nobody at the home that had specific dietary requirements but staff were aware of one person whose milk intake required monitoring. We found that people had access to drinks throughout the day, including fresh fruit juices.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We had previously received information of concern regarding the standards of cleanliness and disposal of waste at a sister home of this service. For this reason, we made checks to ensure that standards of cleanliness, hygiene and infection control were being met at the home.

The acting manager of the home was able to confirm that a contract was in place to deal with controlled waste and that this was collected on a regular basis. At the time of our inspection, we observed there to be no build-up of controlled waste and that this waste was correctly disposed of in the appropriate yellow sacks. From speaking to staff and checking of staff records we were able to confirm that all staff had received training on infection control.

At the time of our inspection, we found the home to be clean and tidy. Bathrooms were clean and there were sufficient cleaning products and materials available for staff use. We observed these were securely stored and found there were supplies of plastic aprons and gloves for use by staff. The provider had recently conducted an internal infection control audit. From this it was highlighted that the washing machine was not equipped with a sluice cycle, that body fluid spill kits were not available, and bins which operated on a foot pedal were broken. The provider showed us the action plan drawn up to address these matters by way of purchase of new bins, a new washing machine and body fluid spill kits. We noted that posters on the importance of hand hygiene were to be replaced following re-decoration and that cleaning and maintenance of window blinds was being organised.

The provider may wish to note that when we asked to review cleaning schedules for the home, we found that these were not formalised. We were told that staff on night duty did most of the cleaning. We understand that the quality control lead for the provider would be addressing this, as well as the appointment of a person with overall responsibility for maintaining cleanliness of the home and taking the lead on any infection control issues.

Staffing ✓ Met this standard

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 qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection there were four people living at York Road. We looked at staffing levels across each shift and talked to staff about their training and understanding of the needs of the people living at York Road.

On the day of our inspection we found there were three staff on duty. A staff member we talked to told us there were always three people on duty during the day, plus the manager of the home. At night time two staff were on duty. At the time of this inspection, the manager was spending two to three days each week at the home. We understand that a new manager will be taking up post on 02 September 2013 and their time will be split between York Road and two other support services close by.

Staff were able to demonstrate a good knowledge of the people they provided support for. Staff confirmed they had received training on medications, safeguarding, infection control and basic life support techniques. One staff member said they needed to have some of this training updated. Staff we spoke with said they felt they would benefit from more specific training, for example, on autism and other learning disabilities.

When we observed staff providing support to people at the home we found they were calm and confident in their role. One staff member we spoke with described the support they provided for a person in detail, displaying a good knowledge of the person's support needs and how communication methods used promoted the person's understanding of what was expected of them in a given task. This demonstrated that staff had the skills required to support people safely, in a way that ensured their welfare and protected their rights.

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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