

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

## Ash Street

23 Ash Street, Southport, PR8 6JE

Tel: 01704534433

Date of Inspection: 02 October 2013

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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>Meeting nutritional needs</b>                                 | ✓ | Met this standard |
| <b>Safety and suitability of premises</b>                        | ✓ | Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ | Met this standard |
| <b>Records</b>   | ✓ | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Speciality Care (Rest Homes) Limited  |
| Registered Manager      | Mr. Mark Musselle   |
| Overview of the service | 23 Ash Street is a student residence for Arden College owned by Specialty Care (Rest Homes). The home provides accommodation for up to four people aged between 16 and 25 with with a learning difficulty. The home comprises of individual bedrooms, bathrooms/wetroom, two lounges, dining kitchen areas and a large rear lawned garden. A registered manager is in post. |
| Type of service         | Specialist college service  |
| Regulated activity      | Accommodation and nursing or personal care in the further education sector  |

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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 2 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and talked with commissioners of services.

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### What people told us and what we found

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On the day of our visit we spoke with a staff member and head of care within the organisation. We also had responses from external agencies including social services. This helped us to gain a balanced overview of what people experienced living at 23 Ash Street. No other staff were on duty at the time of the inspection. The four students/residents were not available as they were attending Arden College.

During the inspection we viewed the environment including the kitchen area and looked at care and maintenance records. We also saw records of how the service sought the views of residents, families and staff.

The staff member we spoke with had an awareness of the residents care needs and support plan. A staff member said, "Each care support plan is person centred and worked through with the student."

The member of staff told us students were responsible for the cleanliness of the building and were supported by staff members. "Each student has a planned routine of domestic tasks, with oversight from staff. We do this to promote life skills and independence."

Prior to our visit we contacted Sefton contracts monitoring team. They told us they currently had no concerns with the service being provided by the home.

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

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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 using the service experienced safe, appropriate care and support to meet their identified needs.

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### Reasons for our judgement

We looked at the care records of people who lived at the home to see how their needs were being met and monitored. The care records we saw were in picture format to assist people's understanding and involvement. Records were set out in a way which informed staff of people's needs and choices. They contained a range of assessment information including managing mental health, social, education and healthcare needs. This meant staff had the information they needed to support people's welfare and promote independence.

Risk assessments had been completed to identify the potential risk of accidents or harm to the students. This meant staff were aware of any risk in the home and the community for individuals in their care. Risk management was reviewed and updated on a regular basis. One staff member said, "We ensure risk assessments are completed for students when out in the community, attending activities of their choice and cleaning and cooking tasks."

We saw visits to General Practitioners and other healthcare professionals had been recorded. This confirmed good communication protocols were in place for people to receive continuity with in care and treatment.

Monitoring the needs and choices of the students was seen as essential in making sure care, support and guidance was centred on the individual. There was evidence care plans and weekly routines were reviewed and changed where necessary.

Each student had a daily programme of attendance at Arden College and activities for weekends and nights. Copies were on display in the hallway for students to follow. The staff told us they discussed the programmes with the students to ensure they followed their choices. One staff member said, "Everything is discussed with the student to ensure they follow their chosen activity." One student survey we looked at said, "I enjoy the college and lots of activities."

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People who used the service were provided with appropriate food and drink to meet their nutritional needs.

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**Reasons for our judgement**

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The students/residents were able to make their own breakfast and snacks throughout the day. We were told staff supported residents to prepare meals and provide oversight as part of their independent life skills. One staff member said, "We provide supervision and support as part of their health and safety to ensure they are safe when preparing food."

There was a weekly menu on display and in picture format, staff told us this was put together by residents. Alternatives were offered if people chose not to have the selected meal. On the day of our visit the main meal was provided at tea time as the residents attended college during the day. A staff member we spoke with said, "The menu is not set in stone and people may choose something else on the day. That is not a problem."

Care records we looked at included a nutritional assessment and a healthy eating plan, which identified any risk and information on nutritious foods. This meant the nutritional needs of people were being monitored and action taken where necessary.

**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 meeting this standard.

People were living in safe, accessible surroundings that promote their wellbeing.

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**Reasons for our judgement**

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We found the home had been maintained and decorated for the comfort of the people living there. There were two floors with sufficient toilet and bathrooms to meet the needs of the four residents. One staff member told us there was a rolling programme of maintenance and redecoration.

The provider had a system for dealing with any repairs or maintenance that required attention. Records we looked at identified any repairs, what action was required and the outcome signed off. "We report any repairs to the main office and the maintenance people or contractors attend to them."

The residents were responsible for keeping the building clean and tidy as part of their independent living programme. We saw from our walk around the premises they were clean and maintained. Risk assessments were in place, for supporting people to maintain the cleanliness of the home. Risk assessments provided guidance for the staff on how to support people safely. This meant staff were able to help residents to be as independent as possible. A staff member said, "Each student has a planned routine of domestic tasks, with oversight from staff. We do this to promote life skills and independence."

We found equipment in use by the home was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements.



## 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.

Systems were in place for monitoring the quality of the service people receive.

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### Reasons for our judgement

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The providers had procedures in place to monitor the quality of the service. Regular audits were being completed by the provider. These included monitoring the homes environment, care plan records, medication procedures, and maintenance of the building.

Service contracts were in place confirming the building was maintained and a safe place for people to live.

The staff member told us they felt part of the decision making processes and the management team were supportive and approachable.

Informal discussions with residents took place to seek their views on how the service could improve. Comment cards were available in the hall way in picture format for students, relatives and friends. People could say how they felt the service was performing. We were told any negative comments would be discussed and acted upon.

We saw copies of minutes of staff and student meetings. These were in place to seek the views of people and support the continuing development of the service.

We looked at a selection of questionnaires' completed by the residents, all were positive and included, "The staff are nice and always help." Also, "No problems, really like it here." We were told the manager would analyse the surveys and any comments of concern would be looked into and acted upon.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

Records relevant to the management of the service were accurate and fit for purpose.

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### Reasons for our judgement

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We looked at a number of records and documents in relation to the care and welfare of people using the service. We did this to see what evidence there was of recording information used to identify the needs of residents.

Records we looked at were complete and up to date. They included evidence of how people's needs were being recorded and reviewed. This included care planning, maintenance and quality assurance records.

Staff we spoke with told us they were involved in updating and reviewing records so that information was accurate and used to monitor people's needs.

Confidential information was stored securely in a locked facility to ensure personal information was kept safe. "Staff personal information is kept at the main office"

## 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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