

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

Choices Housing Association Limited - 17 Norton Avenue

Stanfields, Stoke-on-Trent, ST6 7ER

Tel: 01782819870

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2013

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

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	Choices Housing Association Limited
Registered Manager	Mrs. Rosanna Zacune
Overview of the service	17 Norton Avenue provides accommodation and care for up to six people with learning disability needs.
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

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 4 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During the inspection we spoke with six people who used the service and also the three staff on duty. We checked six health records and three care plans.

We found that health records were well maintained by staff and that the people who used the service said they were involved with contents of their own care plans.

One person told us that the "Staff were their friends", another person told us "That they felt safe here". Staff told us that there was enough staff on duty to look after people properly.

The home was comfortable and felt relaxed, people were given choices of activities to do when we were there. We saw staff help people carry out activities such as sewing, cleaning and reading. Staff helped and assisted people to eat when they required it.

The people who lived in the home communicated in a positive way with the staff. Staff showed that they understood the people who they cared for because they talked and communicated in a way which prompted positive signals and responses from the persons' using the service.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the inspection we spoke with each of the six people living at 17 Norton Avenue. Not everyone was able to be fully understood however, one person said "They liked it here", and others demonstrated their approval of the service through their body language by touching and smiling at the staff who worked there.

We reviewed the care plans of three of the people who lived there; their choices were documented regarding the care they wanted and received. For example one person had said they liked to get up early and have a bath everyday, this was then planned into their care for the day.

Activities were planned throughout the week for each person who lived at the service. We asked people about these activities we were told by one person "That they liked going out with their friends", another person said "They had friends who they saw each week".

We saw that staff had written the choices made into their activities plans and that these had been followed.

The physical and support needs of the people who lived at the service were identified as complex and staff acted in a way that promoted privacy, dignity and independence in a positive way.

We saw staff who asked people if they were comfortable or if they wanted help with their personal needs such as hygiene, eating and drinking.

One person wanted to sew, staff gave them equipment so they did this in a safe and independent way.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with three staff who told us that they made a full written assessment of peoples' needs who lived at the service; these were reviewed at least every three months. We saw three of these assessed plans of care they contained a full and appropriate assessment of individual needs including risk assessments.

We spoke with people who told us that they got everything they wanted. One person said "I can go out, I like it here, I really do, honest, I don't like being upset I am never upset here". Another person told us they "Got up at about 7.30 a.m. each morning had a nice bath and then go to bed at about 8.30pm; because that what I wanted to do". Another person told us "We get choices in the dining room, salads and everything".

We spoke with three staff and were told that they had involved people with their care plans. They said we need to find out what people like and let them choose as much as possible as we know everyone is different.

Staff told us that they had arrangements in place for unforeseeable emergencies and they had contact details of people to help them if these situations occurred.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the safeguarding information in the provider's policy manual. This described the procedures that staff were expected to follow and the safeguarding processes.

Staff told us that they had safeguarding training at induction and they understood what safeguarding meant. We looked at the training schedule and certificates of attendances of staff which showed that all staff were up to date with this training.

One member of staff told us that they used special equipment for one person to prevent them from developing pressure damage. Another member of staff told us that care plans reflected local safeguarding practice and that they felt able to discuss any concerns with the home manager.

We asked two staff about the Deprivation of Liberty Safeguards they told us that they knew about this process and procedure and that they had also had been trained regarding the Mental Capacity Act 2005 and its implications for people who lived at the service. They told us that 'Choices' the organisation they worked for supported them in this area and if they had concerns that they would be confident that they would be managed in line with the local policy and processes.

We spoke with all people who lived at the service, one person told us "I like it here, I feel safe, I have friends here", another person said "Nobody is nasty here".

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

There were three staff on duty during the inspection. We were told by staff that there was always three staff on duty each morning. This had increased from two staff previously and was due to the increase complex needs of people who lived at the service. Recently the night staff had increased in number from one to two as the needs of one of the people at the service had increased due to a temporary injury.

Staff told us there was enough staff on duty to care for people in the right way. A member of staff who was new to the service told us "Training and support was good at the home, " another member of staff said "It was a good company to work for".

One person living at the service told us that "Staff were always friendly" another person told us that staff helped them when ever they needed it.

We looked at the duty rota for staff which confirmed that staff number's had increased to meet the changed requirements of people in the service. We also look at the training matrix for staff to confirm that they were released for training as planned. Staff told us that they had supervisions and appraisals carried out by the manager. We saw the schedule for this to occur on an ongoing regular basis, dependant on staff 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

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

We reviewed three care plans each of them had review dates for updating risk assessments and care plans, these had been completed and checked by staff. We were told by staff this was one of the regular checks that they did to ensure quality of care was maintained.

We saw the book where a record of complaints and 'grumbles' were logged when raised, people told us that they knew how to raise a concern and that they were listened to by staff. There were no grumbles in the book or complaints documented in the past six months.

There was also a meetings book and a communication book; staff had written in these. They included comments and experiences had by people in the service on a day to day basis. These included both negative and positive events such as a good shopping trip or nice lunch out for a person, or a disagreement between people at the service and how these events can be learnt from and added into the plans of care if required..

We saw evidence that equipment such as hoists and slings were checked and recorded as safe for use. Risk assessments and training for the use of this equipment was also seen. There were cleaning schedules which were monitored at least weekly and often daily. Staff told us that medications audits were also undertaken on a monthly basis, we saw the documents to support this ongoing monitoring.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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