

Review of compliance

Choices Housing Association Limited
Choices Housing Association Limited - 17 Norton
Avenue

Region:	West Midlands
Location address:	Stanfields Stoke-on-Trent Staffordshire ST6 7ER
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	A care home without nursing providing accommodation and support for up to six people who have learning disability needs.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Choices Housing Association Limited - 17 Norton Avenue was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Choices Housing Association Limited - 17 Norton Avenue had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 17 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review to check on the care and welfare of people using this service as we had not visited for some time. We needed to assess whether the service had been meeting the essential standards of quality and safety.

Six people who have learning disability needs live in this detached house with good access to the Potteries towns.

One person was in hospital at the time of our visit but we saw and spoke with the five people at home. Two people had high dependency needs and need a high level of input from staff to meet their personal care needs.

We spoke also with staff on duty and observed interactions with people using the service. It was clear that staff understood people's needs and that those needs had been met.

There is a very relaxed atmosphere and people were keen to tell us about life at Norton Avenue. Everyone had an individual activity programme with a range of internal and external activities. People told us they enjoy going out into the community to meet people, they went to social events and parties and had many friends they meet regularly.

We spoke with a visiting physiotherapy team who told us that staff worked closely with

them, following established programmes and improving people's mobility and daily life.

What we found about the standards we reviewed and how well Choices Housing Association Limited - 17 Norton Avenue was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive the care and support they need based upon their individual needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Arrangements are in place to monitor the quality of service and ensure that people are safe.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Some people were having breakfast when we arrived. They told us they liked to get up at the same time after waking. They had made different choices for breakfast and told us they always choose a fruit drink they like and either tea or coffee. One person said "I always have porridge I really like it." This demonstrated choice.

Two people were still rising and staff were assisting them in their bedrooms. They had high dependency needs both requiring use of a hoist (two staff only to assist) and one ultimately needing total assistance with feeding. Both had a wheelchair for mobility.

There were only two care staff on duty who were overseeing the three people having breakfast. They were also assisting two others, each needing two staff for personal care. Staff dealt well with the demands of the situation and continued to do so throughout our visit, working very hard but meeting the needs of the people using the service. Throughout staff were calm, patient, responsive and totally supportive.

We later discussed staffing levels with the manager who arrived mid-morning to assist with the inspection. We looked at staff rosters and saw that there had been generally three or four staff on duty from 7.00 am but there had been some occasions when there had been only two. The Manager felt that due to the increased dependency needs of the people using the service a minimum of three staff were needed. She intended to arrange this on an ongoing basis.

We were able to speak with all five people living at Norton Avenue during our visit.

We asked them how they spent their day and how often they went out.

People told us they enjoyed going out into the community and had been out often. They also told us about the things they had done at home.

Someone told us they liked going to a hotel for a "Young at heart evening where there is a singer and we have a meal". There are links with other homes of the provider where people meet for social events and parties.

It was clear that people had established lasting friendships and relationships. Some had been days previously, to a regular social gathering in the community arranged by people from another home, where they meet, play music, eat and dance. Several people told us they had really enjoyed this.

Each person had a weekly activities programme, with some arranged activities and some spontaneous ones. Activities included visits to local market and shopping, meeting in town with friends, cooking, crafts, walks, exercises, meeting relatives. This demonstrated varied and individualised activities for people.

We looked at two activity records that were pictorial and discussed these in detail with each person involved. It was clear that they had been involved in activities of choice both inside and outside the home.

People told us they made choices about what they liked to do. There were two examples -one person said "I like to do my cleaning everyday" and said to a member of staff "can I have my duster please" and then continued to dust the handrails throughout the building from her wheelchair. Another person after finishing breakfast said "I want to have a smoke now" filled his pipe and went onto the patio in his wheelchair to smoke. He told us that he liked to smoke after each meal.

We saw people being given choices - an example was: a member of staff said "(name) I am going to give you your tablets is that ok?"

People's dignity was respected. Whilst we were talking to someone in their bedroom that had a view onto the street a member of staff came to close the door saying "I hope you don't mind but I am going to close the door we are bringing someone to the bathroom and want to protect their dignity" This was clearly usual practice.

We looked at care plans. Two people invited us to see their bedroom. Care plans are kept in bedrooms so that people can readily be involved with them. We talked to one person at length about their care plan that outlined in pictorial form what care and support they needed. We read and checked this with the person who confirmed all the information was correct and included such things as likes and dislikes, rising and retiring times, and objectives in their personal care plan

Two people told us that they had boyfriends and saw them regularly. One told us that she meets her boyfriend in town for coffee. One person showed us a valentine's card received a few days previously.

Staff clearly support and encourage personal relationships.

Other evidence

Each person had a health care plan. This is also pictorial and we talked to them about it using the information as a prompt. It was clear the contents had been discussed with people and we were able to confirm the information given was correct. Medication and health checks had been carried out regularly with the GP. Someone had a diabetic management file identifying when checks were due and how blood sugar levels were monitored and this included visits from the diabetic nurse specialist. We looked at related medication records and found that medication had been administered as prescribed for people.

We spoke with a visiting physiotherapist and her team. We were told that an early referral had been made because of concerns about mobility. The team were visiting twice weekly and told us "We visit regularly and have a plan in place that staff follow. We feel comfortable visiting the home and have very good relationships with staff who are always keen to discuss any aspect of care and treatment".

We saw that all people using the service were well-dressed with colour co-ordinated clothing and were well groomed. Each person had jewellery including a watch. This indicated staff awareness of the importance of individual presentation and self-image.

We spoke with a person who has very high dependency needs, talked to staff and looked at the care information. There had been many instances of emotional outbursts presenting quite challenging situations. The GP had been consulted and prescribed anti-psychotic medication to be given as needed. . This had concerned staff who continued to deal with the challenging situations by other means identified in a behavioural management plan. Staff were pleased that over a long period they had been able to manage the behaviours without resort to the prescribed medication.

Social histories were available, some limited by a lack of historical information. It was positive to see that the manager had made an appointment to view records still available for someone who had been a long-term patient in a learning disability hospital. The information was many years dated but gave an insight into past life and how this could be made relevant to the current life of the person. This had been integrated into the care plan.

The lack of previous information had been further restricted because the person had no verbal communication. We asked to see the person's communication plan and saw a good example of a range of alternative methods of communication that had been used by staff. We saw and spoke with the person who we observed to engage well with both staff and other people using the service. She indicated to us by various means that she was happy at Norton Avenue.

Our judgement

People receive the care and support they need based upon their individual needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The provider has 17 other service locations in Staffordshire, all providing services to people with learning disability needs and has an established and proven process in monitoring the quality of service.

This service had provided weekly and monthly audits of quality in the home that include incident reporting, health and safety, moving and handling, person centred care planning, staffing levels, restrictive interventions and compliments and concerns.

We saw evidence of this documentation including some daily reporting of incidents that had been notified to the provider's office by telephone and in writing. These had been reviewed by senior managers to see if any changes were needed to avoid similar future situations.

A quality manager is allocated to the home to visit regularly and carry out audits and checks as well as monitoring overall compliance with the standards of quality and safety. Managers had visited at least monthly to provide support and supervision to the registered manager of the home. The manager told us that the quality manager had visited the previous day and they had discussed the need to ensure that at least three staff should be on duty from 7.00 am and this was being pursued.

There had been regular meetings at the provider's office of registered managers and quality managers, where individual reported incidents and concerns had been discussed. This meant that each service could benefit from pooled information

exchanges and learn from adverse events, incidents, errors and near misses that happened across services. Minutes were available to support this.

We saw individual risk assessments in care plans covering all aspects of daily living. These had been reviewed on a regular basis and actions taken where controls needed to be changed or put into place to further protect the person.

We saw minutes of regular staff meetings, indicating that staff were encouraged to raise any areas of concern or make suggestions about changes to the service. This was also confirmed in our discussions with staff.

There is a meeting with all people using the service each Sunday and we saw minutes for those meetings. People using the service told us about the meetings and that they liked talking about food, what activities they would like and "We can talk about anything we like, we do this every Sunday". They told us they were asked if there was anything they would like "to improve life at Norton Avenue"

Other evidence

The service had recently introduced a system for a staff member to spend time with each person individually and complete with them a summary of their discussions. We saw the pictorial document for this included: I make choices very day. I make important decisions about my life. People treat me with respect. I have friends and relationships. I take part in everyday activities. People listen to my family's views or of those important to me. I am safe from bullying and abuse. What is working for me and what is not working and what would I like to see happen differently?

The service had been keen to see the results of this from the viewpoint of a person without verbal communication and whether personal care plans were being successful, by putting the member of staff in the position of the person concerned and checking if outcomes met stated objectives. This had been quite successful in monitoring the quality of service for that person.

Our judgement

Arrangements are in place to monitor the quality of service and ensure that people are safe.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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