

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

74 Sir Evelyn Road

74 Sir Evelyn Road, Rochester, ME1 3LZ

Date of Inspection: 08 October 2012

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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	Solor Care Group Limited
Registered Manager	Mr. Alfred Guzha
Overview of the service	74 Sir Evelyn Road is a care home owned by Voyage Care. The service provides accommodation and care for up to 6 adults who have learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 8 October 2012, 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

People living in the service had a limited ability to communicate with us but we were able to speak to some people and communicate with others with the assistance of staff. People told us that they were happy living in the home and that they liked the support they received. One person said, "I enjoy cooking meals with the staff. I get to choose my own food and they help me to cook it". Another person indicated that they were happy in their home and showed open affection to the staff supporting them. We found that the care and support that people received was well planned and sensitively delivered. People were supported to eat a balanced and healthy diet, they were given choice and had their preferences taken into account. We found that staff were given appropriate professional development in order to allow them to care and support people to the best of their ability. We found that the service were actively taking peoples' views into account and using them to improve the quality of care and support provided.

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

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans we looked at were person-centred and contained a lot of information about the individual concerned, their history, the people important to them and special events in their lives. This information, along with a photograph of the person, was contained in a pen portrait. The plans were written in a format which made them easy to read and they were clearly indexed which meant it was straightforward to find information within them.

Support needs were identified and were different for each person which showed that people had been involved in their plans and that their preferences were being taken into account. We saw that one person required support with their morning routine. Their plan showed how they were supported to get up at a time they chose and were helped to choose clothing using a routine agreed with them in advance. We saw that support plans were written for each separate task and these covered things such as communication, taking medication, diet and finance. The support plans were reviewed regularly by designated keyworkers identified in the plans.

Risk assessments were located in a specific part of the care plan. Each person had a risk assessment for a variety of general risks such as falls, accessing the community and use of the kitchen. They had also had risk assessments for individual concerns which included things such as having their hair cut, access to the hydrotherapy pool and challenging behaviour. The assessments identified the level of concern, risks and benefits of encouraging the task to take place and how to manage the risk. Each assessment we looked at had been reviewed recently by designated key workers.

The care plans contained information designed to ensure continuity of safe and appropriate care and support such as hospital passports and positive behaviour support plans. There was also information on medication taken in an 'easy-read' format and a clear record of all appointments with other healthcare professionals including outcomes and necessary follow ups.

We observed that care and support was delivered in a sensitive and patient fashion. During our visit one person was supported to go horseriding whilst another was supported to go to the local supermarket. Due to the needs of the people in the home support was offered using pictures and signing and by reference to items which people associated only with those activities such as horseriding hats and shopping bags. People we spoke with told us that they liked the staff and felt supported by them. One person said, "I would really like to go home to Africa but if I can't be there, this would be second best."

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

People were provided with a choice of suitable and nutritious food and drink. We saw that some people were more independent than others regarding their nutritional needs and this alongside their likes and dislikes was detailed in their care plans. Those who were more independent were assisted with their own meal timetable, their food shopping and preparation of their meals. Others shared a food timetable and each had a part in developing the meal plan at the beginning of the week. We saw records of discussions which showed that people were able to contribute equally to the choice of food each day. There was a folder full of pictures to assist people during these discussions. Meal planners were displayed in the kitchen alongside the name of the person who had chosen each meal. There was also a communication board in the lounge which showed the next planned meal in picture format.

The meals we saw planned for the week of our visit were balanced and nutritious and included meals such as sweet and sour chicken and shepherds pie and vegetables. People we communicated with indicated that they enjoyed their food and that they enjoyed helping to prepare it. Staff told us that each person had a day when they would help with preparing the meals and, if that person was out or did not wish to assist, then the opportunity would be passed to someone else.

During our visit we saw that people were able to eat at a time and in a place which suited them. The service was a busy one with people attending different activities at different times and the flexibility of meal times clearly suited the people living in the service.

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

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. We saw that the provider had a clear safeguarding policy in place which had been reviewed in July 2012. This included information on different types of abuse and the signs that staff should look out for. There was guidance on how to report suspicions and how to escalate any concerns. Although the contact details of the local safeguarding authority were not in the policy these were provided in the telephone book which we saw was available to all staff working in the service.

Staff were trained in safeguarding vulnerable adults and we saw records which confirmed that this training had been carried out by all staff recently. Staff we spoke with were confident in detailing the different types of abuse to be aware of and the signs that such abuse may have occurred. They knew how to report concerns and stated that they would be willing to report things both internally and to external agencies if necessary.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. In each care plan there was a positive behaviour support plan which detailed which triggers to be aware of, warning signs and traffic light strategies for each individuals' behaviours. Staff had been trained in intervention strategies designed to ensure a lack of restraint and minimal intervention.

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

Staff received appropriate professional development. We saw that staff each had a training folder dedicated to their professional development. These included certificates from courses they had attended, supervision and appraisal notes and development plans where appropriate.

We saw that staff were due to receive supervision every 4-6 weeks in accordance with a supervision agreement that they signed upon commencement of their employment. Records showed that these supervisions were happening as planned and gave staff the opportunity to discuss any issue regarding their employment or the people they supported. Staff also received annual appraisals; notes of which had been recorded in their files.

Development plans were in place for some staff and these detailed any areas of concern which had been identified, how these would be addressed and the time scale for achieving identified goals.

Training was identified for all staff on a matrix attached to the noticeboard in the staff office. This indicated that staff received training regularly in a variety of key areas such as first aid, fire safety, challenging behaviour and equality and diversity. However, they were also able to access more specialised courses in areas such as autism, epilepsy, Deprivation of Liberty safeguards and the Mental Capacity Act. This meant that staff were given professional support in areas that were relevant to given the needs of the people in their care.

Staff we spoke with said that they were very happy with the professional development they received. One member of staff said, "we always get our supervisions as planned, they are hot on that" and another staff member said, "I get enough training and although it dipped slightly when we moved from Solor to Voyage (organisation names), it is now back up to speed. I think they are one of the best organisations for training".

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. We saw that each care plan had a service user guide within it which contained an accessible complaints policy. We saw that the complaints policy used by the service had been reviewed in July 2012 and contained a clear procedure for dealing with complaints. There were also contact details of people within the organisation who could deal with feedback. We saw evidence of a complaints folder which had a log of any comments received, the date and how they had been handled. Correspondence was contained within the folder and this evidenced that complaints and comments had been handled expediently and professionally. We saw one complaint which had led to a change in staffing ratios at certain times in the day as it had highlighted an issue which had previously been overlooked.

People who use the service and staff were asked for their views about their care and treatment and they were acted on. We saw evidence of regular staff meetings in which staff were able to discuss issues with the service, the people using the service and training needs. The last meeting had taken place on 27 September 2012 and had been well attended. There were also residents' meetings held individually between people and their key worker once a month and group meetings held at the start of each week. These were used as an opportunity to discuss confidential problems on a one to one basis or wider issues as a group. The manager told us that views of relatives and healthcare professionals were also sought once a year. However, we were unable to confirm this as there were no records stored within the service to show when this had last happened.

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, 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, primary medical services 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 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.

 **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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