

Review of compliance

Solor Care West Midlands Limited Stoke Green	
Region:	West Midlands
Location address:	38 Stoke Green Coventry West Midlands CV3 1AA
Type of service:	Care home service without nursing
Date of Publication:	August 2011
Overview of the service:	Stoke Green is a detached house in a residential part of Coventry, providing care and support for up to four people with learning disabilities.

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

Our current overall judgement

Stoke Green was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 July 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

Two people living at the home have some speech, and were able to indicate that they were comfortable living at Stoke Green, principally by saying 'yes' and 'OK'. People were interested in finding out what was for tea and what activities they might do. Their demeanour, and that of the other person we met, indicated they were content and relaxed in their surroundings. The other person shook hands and smiled, but was largely preoccupied playing a keyboard on his return to the home. All were out until around mid-afternoon.

Staff were keen and motivated, and knowledgeable about the needs of the people at Stoke Green. There were sufficient staff, some of them relatively new, for one-to-one support. Two outside professionals acknowledged the difficult challenges provided by the service users, particularly one of them in recent months, and spoke of how they hoped a new manager would enable greater all-round consistency in managing and minimising challenging behaviours. They also acknowledged past achievements, the positive role of the current team leader, and the co-operation of the service with other agencies.

What we found about the standards we reviewed and how well Stoke Green was meeting them

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

People living at the home receive appropriate care and support that helps promote their welfare and general well-being. Privacy and dignity of service users is compromised if staff

do not ensure at all times that they knock on service users' doors before entering.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People living at the home are safeguarded against abuse by the ethos, practice and procedures of the service.

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

The home seeks the views of those involved in the service as part of its monitoring of the quality of service it provides. Where responses appear to indicate dissatisfaction with elements of the service, these should be clarified or followed up as appropriate.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We saw three of the four people living at 38-40 Stoke Green during our visit there. The fourth person who lives there returned from a day out but almost immediately wished to go out for a walk. Care plan details, and discussions with staff, showed this was usual. This person chose to be in his room by the end of our visit.

The three people we saw appeared at ease in their surroundings, and supported by staff on a one-to-one basis. One person spent the majority of their time at home in the upstairs communal room, slowly playing a keyboard instrument. This fully occupied him for an hour or more, with occasional contact with the member of staff nearby.

Two people have sufficient speech to make their wishes known. The other two people communicate by signs or mannerisms, which staff are, or become, familiar with. During our visit, we noted staff and residents understanding each other, and did not witness any frustrations caused by an inability to communicate.

One person spent time in his room, and later in communal areas, and gave smiles and brief positive responses when we asked how they were. The fourth person, after being understandably wary of a new face, was later a little more forthcoming, with some broad smiles, and a few brief responses about what he enjoyed doing, including going out, looking after pets and helping with particular chores, such as looking after the vehicle. All are free to move around the home as they wished; in any time outside the home they are accompanied by staff. The home is sufficiently spacious, on three floors, as to allow people their own space.

Other evidence

Care and support plans give details of individual needs, preferences and everyday risks

and how they are managed. The team leader and staff explained how individual challenging behaviours were managed, principally by de-escalation, withdrawal and cessation of activities. One staff member felt that this was not always applied consistently across the team, so that there was potential for users of the service to get mixed messages about what behaviours were acceptable, and what were not. Another staff felt that service users had made good progress in their time at Stoke Green and that behaviours that diminished their life chances had reduced. We now receive fewer notifications regarding aggressive or otherwise problematic behaviour than we did a year ago.

The team leader spoke of how the service worked with outside professionals, from dieticians, occupational health workers, to mental health workers, consultants, and learning disability nurses, to maximise the well-being of people living at Stoke Green. After our visit, we spoke to two outside professionals with an involvement in the service. They said that the service sought professional support in producing guidelines to manage and reduce challenging and disruptive behaviour. One professional noted how well they'd supported one person since his arrival, giving them a 'smooth' transition. This person noted that another person presented, at times, very challenging behaviours that some staff had found difficult to deal with. They noted some staff had found it hard at times to establish and maintain clear boundaries. They noted the good lead given by the current team leader, but felt it was important for a manager to be in place who could lead the team forward, and that some of the service's previous difficulties in managing challenging behaviours had arisen from changing and inconsistent management and guidelines. We noted thorough guidelines in personal care plans; the deputy operations manager advised she was to work further on ensuring these were fully clear to staff.

A staff member was keen to tell us how the self-help skills of the people living at Stoke Green have improved, that they are making their own sandwiches and drinks, with supervision. They also said that they were now able to enjoy more social activities, and talk about trips they have enjoyed and would like to repeat/try. Support plans showed details of favourite trips, and activity plans showed details of regular individual activities. Staff members that we spoke with showed a good awareness of service users' preferences, as well as 'triggers' for disruptive behaviours. All individuals have a good variety of regular activities outside the home.

We spoke with the team leader about nutrition, he explained how a balanced diet was balanced with choices, and how healthy eating encouraged, and how cultural preferences were catered for. Menus for the week are discussed in advance with residents, with 'take away' nights being a favourite.

Medicines are kept securely. The team leader advised us that no controlled medications are used, and that no medication requiring refrigeration is used.

We advised that the service should be prepared for the future possibility of either of these two events, and the team leader advised that secure storage was already in place, and that a suitable fridge could be purchased at short notice if needed.

Medication is dispensed from 'blister' packs and, where this is not suitable, directly from original packaging. Recording was accurate, and detailing of medication was clear, enabling staff to know, at a glance, what medication was for. There is a medication protocol in place for when people go to stay with their family.

We noted one instance of a PRN medication which had not been used from the previous month, so that the packet was still unused. The amount recorded (unchanged)

had not yet been carried forward from the previous month. The team leader advised that the amount would be recorded once any of the medication was used, but agreed, for the sake of greater clarity, that the amount carried forward should be promptly recorded on any new sheet .

Family contact is supported by the service; two people have regular physical contact with family members, with either them visiting, and/or the person going to visit them. Cultural and spiritual preferences are respected, as evidenced in such areas as diet, religious preferences and hair care.

We looked at health records that showed regular visits to health professionals and contacts with health professionals as necessary in order to help maintain physical and mental well-being. The more experienced staff were able to talk knowledgeably about people's health needs and how they were met; newer staff were able to get hold of relevant information from care plans and other staff. Staff we spoke with talked of suitable induction and shadowing whilst becoming familiar with service users. One newly appointed staff on duty was supernumerary and 'shadowing.' All staff spoken with were aware of the importance of understanding the individual needs and preferences of each person living at Stoke Green.

There has been a fairly high turnover of staff at Stoke Green, with a number of new starters recently. The team leader and deputy operations manager were confident that the staff team was now stable.

The team leader was knowledgeable and able to answer questions about the service competently. The service is currently without a registered home manager, following the recent departure of the previous manager.

Staff that we spoke with felt well supported. The deputy operations manager was present during the inspection, as a regular visitor, particularly as the home currently has no manager. We were advised by the deputy operations manager that a short list had been drawn up, interviews were taking place, and that a manager would soon be appointed.

Staff all appeared to be respectful and mindful of the dignity and privacy of the people living at Stoke Green, with the exception of one incident near the end of our visit. We asked to look at a record which was in a bedroom. In their haste to comply, the staff member went in the room without knocking to fetch the record, whilst the person who's room it was, was engaged in a private activity. While we acknowledge the deputy operations manager's view that the staff member may have been nervous, and would normally have knocked, nevertheless, this incident highlighted the need to ensure that all staff are strongly reminded of the need to respect the dignity and privacy of people living in the home. In view of the above incident, we asked the two outside professionals about staff approaches to dignity and privacy, and they felt that staff had always, in their experience, shown respect and due regard to privacy, always knocking on doors, adding that, in one instance, a service user was unlikely to tolerate staff coming into their room without warning.

Our judgement

People living at the home receive appropriate care and support that helps promote their welfare and general well-being. Privacy and dignity of service users is compromised if

staff do not ensure at all times that they knock on service users' doors before entering.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People living at the home were able to access areas safely, with staff support if necessary, and they did not indicate they felt restricted, and did not appear unsafe.

Other evidence

Throughout, we saw safe practices and an awareness of safety, particularly in respect of potentially dangerous objects and environments being made secure and only accessed with direct support. The team leader was conscious of restrictions on liberty, such as kitchens being locked unless staff were present, but gave examples to show that risk assessments based on previous experiences fully justified each practice, although these were always open to review. An outside professional we spoke with felt that the team leader and staff showed a sensible and justifiable approach to balancing restrictions and freedoms in order to safeguard people's well-being.

We spoke with staff who all showed a good awareness of what to do if they witnessed or suspected abusive practices. The provider compliance assessment returned by the provider detailed the accredited training provided in the 'least restrictive' form of physical intervention for use by staff. An outside professional spoke of the safeguarding procedures in place at the home and how the service calls on outside agencies as necessary.

The provider compliance assessment also detailed how the service protects service users' finances, and how required checks are carried out before staff are employed. We looked at the file of one recently recruited staff and saw that references and safeguarding checks were in place.

Our judgement

People living at the home are safeguarded against abuse by the ethos, practice and procedures of the service.

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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Users of the service are involved in weekly meetings that look at menus and activities. They have completed surveys which were done with staff support. Photographs on the wall in a hallway show service users enjoying various activities.

Other evidence

The regular presence of the deputy operations manager indicates the service is keen to monitor and improve the quality of the service at this location.

We asked whether residents were involved in helping select new staff. The deputy operations manager advised that for any new staff, one of the key processes of the selection procedure was for staff and service users to meet each, and that the reactions of both parties could have a bearing on selection. She acknowledged that the process was not as developed in Stoke Green as in some other services, but was keen to move this forward, as a way to help ensure suitable staff were recruited. We spoke with and observed new staff, and saw that they and service users were comfortable with and at ease with each other.

We saw the questionnaires produced by the service and sent to out earlier in the year. Two were returned. One was very positive, while the other showed some varied responses. There was no evidence that the varied responses had been followed up, or queried by the service, although the team leader advised that the family are regular visitors, and there is frequent helpful discussion about care needs and cultural issues. The new deputy operations manager noted the absence of evidence of a formal response to the questionnaire, and advised that this would now be pursued, as part of

the quality assurance process.

Our judgement

The home seeks the views of those involved in the service as part of its monitoring of the quality of service it provides. Where responses appear to indicate dissatisfaction with elements of the service, these should be clarified or followed up as appropriate.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Without consistent leadership, it cannot be ensured that service users' care, welfare and personal development is supported by all in the best possible manner.</p> <p>Service users' privacy and dignity is compromised if all staff do not ensure they always knock on service users' doors before entering.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The service has not clearly evidenced that it has addressed written feedback that it has solicited.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

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

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