

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: 20 August 2013

Date of Publication:
September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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. 74 Sir Evelyn Road is a detached property in a residential area about two miles from Rochester town centre and within close proximity to a bus route, local shops and amenities.
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 20 August 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

There were effective systems in place to reduce the risk and spread of infection.

There were effective recruitment and selection processes in place.

People were made aware of the complaints system. People had their comments and complaints listened to and acted upon without the fear that they would be discriminated against for making a complaint.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The five people who lived at 74 Sir Evelyn Road had complex needs and limited ability to communicate with us. We observed staff interacting with people who lived in the home throughout the day. We saw that they had friendly attitudes and were kind and helpful when supporting the people who used the service. We noticed that staff asked people what they wanted to do and where they wanted to go. This promoted their independence and community involvement. A member of staff told us, for example, "I offered X the option of going bowling, going to the cinema and lunch out. X chose to go bowling and I arranged for him to be supported out by staff. This fulfilled his wish for the day". Another staff member said, "We ask people for their consent before proceeding on any activity. If they do not want to do something, they let us know. If people cannot communicate depending on their mental capacity, we request consent from someone else on their behalf". This showed that the staff enabled the people to make informed choices.

We observed that staff knocked on the bedroom doors and requested permission from people before entering their bedrooms. For example, one person refused to allow us into their room and this was respected as their choice. We also noted that staff asked permission from people who used the service before supporting them. During lunchtime we observed that staff sought people's permission before supporting them to make lunch. This demonstrated that staff understood the need to enable people to make decisions.

The manager confirmed that the home made decisions for people who used the service by liaising with social workers, health professionals, relatives and advocates. The manager said: "For those people who are unable to have a direct contribution to decision making, decisions are made on their behalf through team meetings, liaising with funding authorities, medical professionals and other significant people in the person's life. All such decisions are recorded in the care plans and daily records"

We saw that seven staff were trained in understanding and applying the Mental Capacity Act 2005, and staff recognised that best interest meetings may be needed to be arranged for people who lacked capacity and were unable to make decisions for themselves.

The manager confirmed that the remainder of the staff team had been enrolled to embark on the training course in 2013. We saw that a capacity assessment and best interest meeting had been arranged for one person who might have made a decision that could put them at risk. For example, we saw that a capacity assessment and best interest meeting had been arranged for one person who would like to travel overseas, but staff felt that it might not be in the person's best interest. This showed that the provider was aware of decision making processes and acted in accordance with what was in the best interest of the person.

The home had a policy and procedure for meeting the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLs).

The provider may find it useful to note that although risk assessments and care plan goals were dated and signed by the staff or the manager. We saw that there were gaps where the person or their representatives had not signed either the risk assessment, care plan, service user guide and guidelines to indicate their involvement and consent despite the fact that the form requested a 'person supported' signature.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People's care needs were assessed before they received a service. We looked at the care records of two people who lived in the home. We saw that people visited the home before they moved in and the service had received various records about the people's assessed needs. This meant that the provider had the information needed to make a decision about whether the service could meet people's needs.

We saw that more information had been obtained about people after they moved into the home, for example, records had been completed of people's 'life history' and relationships. Also checks had been carried out, for example in relation to behaviours. This information helped staff to get to know the person well and provide them with the right care and support.

The home had a risk management approach that empowered people to take assessed risks and make decisions. The home ensured that support was given in a person centred way, and produced plans with people that included promoting their health, financial arrangements and setting goals. We saw that travel plans for people were in place. People who needed support with going out into the community had support workers assigned specifically to assist them to achieve these goals.

Records were maintained of regular contact with key health and social care professionals. These showed that people's health care needs were met and included guidance for supporting people who were prescribed medication for controlling seizures as and when necessary. We saw training certificates in files, which confirmed that members of staff were trained and competent in administering the medication.

All the people who used the service were registered with a GP and there were records of regular contact with their GPs, dentists, chiropodists and with an ophthalmologist where appropriate. There were behavioural support plans on how to support people with behavioural issues. We saw that records indicated that medication reviews were undertaken by the GP. People who lived in the home were supported by staff or relatives

to all of their health appointments.

Staff were knowledgeable about how to support each person in ways that were right for them. The members of staff spoken with on the day of the visit were able to discuss the needs of people who used the service and the ways in which individuals were supported. Staff told us, "People have different needs, so the support needs are different". "We ask the person about their needs, use pictures and use Makaton. We refer to their care plans/support plan in order to meet their needs". Makaton is a language program that uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

The provider may find it useful to note that we were unable to track one person's goal of going swimming, which was indicated as their wish in their annual review. There were no records from planning the goal to actual implementation. This meant that the person might not have been supported to fulfil their desired goal.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The communal and domestic areas of the home looked clean and hygienic.

There were procedures in place for infection control and for the cleaning of the home. Standards within the home were monitored through a monthly cleaning audit and we saw other records which showed that cleaning tasks were undertaken on a regular basis.

The manager showed us a cleaning schedule for the home which revealed that a routine was in place to ensure that the home was cleaned regularly. We saw that bathrooms, toilets, laundry rooms, corridors, lounges and communal areas were clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. We saw that liquid soap and hand gels were provided in communal toilets, the kitchen and the laundry room. Laminated user friendly notices were displayed above sinks in the home which meant that people were reminded of good practice, for example in relation to hand washing and food preparation hygiene. This meant that there were effective systems in place to reduce the risk and spread of infection.

The home had an infection control policy and covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage, safe use of sharps, appropriate disposal of waste and reporting procedure. There were designated people who were responsible for infection control named in the policy. There were other policies such as Legionella management and waste management policies. We saw current certificates on Legionella water test and waste disposal. We saw that the home carried out daily checks on fridge/freezer temperatures. This meant that the provider gave guidance for staff to follow.

We found that there were pedal bins used in all communal areas of the home. We saw hand wash soaps and hand sanitizing gels in all communal sinks in the home. This meant that the provider adhered to the code of practice on infection control, thereby reducing the risk of any infection in the home.

We looked at staff training records and found that all staff had completed infection control

training. This showed that staff had been trained in infection control that should enable them to ensure people who used the service were not placed at risk of infection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at three staff files and saw that they included completed application forms, which gave a record of the applicants educational and work histories. Staff told us that they had been interviewed as part of the recruitment process and the interview records we saw confirmed this. There was a system in place to ensure staff were not able to work for the service until the necessary checks had been received to confirm that they were safe to work with vulnerable people.

Each staff file contained evidence of satisfactory pre-employment checks such as criminal record check, disclosure and barring service (DBS), right to work in the UK documentation and references. Staff files contained job descriptions, copies of staff passports and information about their qualifications. This showed that the provider had effective recruitment and selection processes in place to ensure that appropriate checks were undertaken before staff began work at the home.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place. This included shadowing an experienced worker until the care worker was deemed competent. The provider may find it useful to note that we found blank induction forms in one person's file. This might mean that not all staff were properly inducted before they started supporting people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. People had their comments and complaints listened to and acted upon without the fear that they would be discriminated against for making a complaint.

We looked at the provider's complaints policy and procedure. The complaints policy gave staff clear instructions on how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint. The provider may find it useful to note that we saw that the complaint procedure was not available in an easy to read format for the people who used the service. We noted that a range of information about making complaints was not available on notice boards that could be easily accessed by staff and visitors. This meant that people who used the service were not provided with accessible information.

People's complaints were taken seriously and acted on. We saw that complaints were well documented with relevant details, for example in relation to dates, the people involved and a description of the complaint. The manager told us that all complaints were treated as important and followed up in accordance with the home's procedure.

The staff we spoke with told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. A member of staff said, "I am aware of the complaints policy and procedure. I have read it. If I have any problems, I will go to the senior staff on shift first before going to the manager". Another member of staff said, "I am aware of the whistle blowing policy". This meant that the provider made sure that staff were aware of the complaint's procedure and encouraged them to raise concerns, if needed.

Staff told us that they would assist people who used the service to complain if they wished. A member of staff said, "I listen to them and encourage them to raise concerns in residents' meetings". This meant that staff understood the company's complaints procedure for people who used the service and supported them to raise concerns whenever required.

The home maintained a complaints log. We saw that the home had not received any complaints in 2013.

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.

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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