

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

36 Hurstville Drive

36 Hurstville Drive, Waterlooville, PO7 7ND

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06 August 2013

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Solor Care Group Limited
Registered Manager	Mr. Graham Cranmer
Overview of the service	36 Hurstville Drive is a detached house situated in a cul de sac, in a residential area of Waterloooville. It provides accommodation and personal care for people with a range of complex needs associated with their learning disability including autism, epilepsy, physical disabilities and communication needs.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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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 6 August 2013 and 19 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the service on 6 August and 19 August 2013 as part of our scheduled inspection programme and also to check that improvements had been made regarding records

We also spoke with two relatives of people who use the service. They told us they were very happy with the care provided. They said they were kept informed about any changes to their relatives care and treatment. Relatives knew how to raise concerns and felt their concerns were acted on swiftly. They also told us there was plenty of staff on duty when they visited and the home was very clean and well maintained.

We found medication was administered safely to people. People were given appropriate support where required, to ensure they had taken their medication. We found people's personal records were accurate, fit for purpose, kept securely and could be located promptly when needed. Staff records and other records relevant to the management of the service were accurate and fit for purpose.

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 using the service gave positive comments about the home. We visited the home on 6 and 19 August 2013 and observed good interactions between staff and people using the service. For example, staff members spoke one on one to individuals and spent time with them. One person using the service was in their room and throughout our inspection we observed a member of staff going into the room at least once every twenty minutes to speak with the person. We found that people were clean and wearing clean clothing and had received a good standard of personal care.

We spoke with two relatives of people using the service and all of them were satisfied with the level of care being provided at the home. One person said, "Staff are brilliant, couldn't wish for any better."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We inspected three sets of care records and found the documentation included care plans and associated risk assessments that were appropriate to people's care needs. Care plans were written in a person centred way. The records showed evidence that health and care professionals were involved when necessary. The staff we spoke with also confirmed that they had input in to the care planning process through the key worker systems. The key worker system meant that all people living at the home had a member of care staff who takes a specific interest in their care and support. There was a system of reviewing all care plans in a multi-disciplinary way: carers, kitchen staff and others healthcare professionals.

The manager told us that the staff team had a good working relationship with other healthcare professionals and always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan.

For example, the manager also told us that if people had significant weight loss, they were

always referred through their GP to a dietician. In addition, food and fluid charts were put in place if members of staff had concerns about people's dietary intake.

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

We found there were effective systems in place to reduce the risk and spread of infections. There were regular daily and weekly checks in place to ensure the rooms were clean. We inspected three bedrooms, two communal rooms and two bathrooms and found them all clean and tidy.

We spoke with three members of staff and they had all received training on infection control. Training records we checked confirmed this. The home had appointed a lead for infection control to ensure all members of staff were aware of their duties.

We observed staff carrying out the cleaning duties and staff were able to explain how to ensure good preventative infection control procedures. For example, we spoke with a member of the domestic cleaning team who spoke confidently of how to ensure the risk of infection was kept to a minimum. They were able to describe the process for laundry which ensured there was no risk of cross contamination.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely. The provider had policies and procedures appropriate to this standard. The senior carer on duty talked through the processes around medicines management. We inspected the medicines storage cupboards on the downstairs floor. We found medicines were appropriately stored and well organised.

Medicines were handled appropriately. We found records had been completed as required and did not identify any medication errors.

Medicines were safely administered. We checked training records of staff who administered medicines and saw that everyone had recent medicine training which was updated regularly. We found the home had conducted regular medicines audits. We checked a sample of these audits and found that action had taken place to address any areas for improvement identified. The home manager explained the home also received an annual medication audit from the external pharmacy provider. The completion of these audits meant there were monitoring systems in place to identify any risks associated with the unsafe use and management of medicines.

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

We spoke with people living at the home but their feedback did not relate to this outcome.

There were effective recruitment and selection processes in place. We spoke with the manager about the recruitment procedure. They told us that a new employee would not start until satisfactory references and DBS certification (Disclosure and Barring Service) previously CRB (Criminal Record Bureau) had been received.

Appropriate checks were undertaken before staff began work. We reviewed three staff files. All of the files we checked had evidence of CRB disclosures that had been obtained by the provider in the name of the individual. Gaps in employment on application forms had been accounted for and there were references from previous employers.

We also spoke with two members of staff about the recruitment procedure they went through. All told us that they had to attend an interview and supply reference details. All said that they underwent a CRB check and did not start work until this had been returned and was satisfactory. All staff we spoke to told us that they were fully aware of their role and responsibilities.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection in February 2013, we did not find evidence that Accident/Incident records had been appropriately maintained. We viewed the home's complaints log. We did not find evidence that complaints had been dealt according to the home's complaints policy and procedure.

At this inspection, we found that the home appropriately maintained accident/incident records. We also viewed the home's complaints log and found that there were process in place to ensure these were handled in line with the home's complaints policy and procedure.

In a recent internal inspection (August 2013) that was undertaken, areas of concerns with regard to documenting actions undertaken on care plans had been raised as a concern. We were shown actions taken by the home to improve documentation.

People's personal records were accurate, fit for purpose, kept securely and could be located promptly when needed. Staff records and other records relevant to the management of the service were accurate and fit for purpose.

We looked at three sets of records for people who lived at the home and found that their assessments and care plans had been completed and were up to date. Records also reflected things that were or were not working well for the person and actions that staff would take to address it. This ensured that a current plan of their needs and wishes was being monitored and recorded.

Care records were stored in the staff room inside a locked cupboard that could only be accessed by staff. They were stored securely and records were kept for the appropriate length of time.

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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