

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

182 Ashby Road

182 Ashby Road, Burton On Trent, DE15 0LB

Tel: 01283563447

Date of Inspection: 10 December 2013

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December 2013

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

Respecting and involving people who use services

✓ Met this standard

Meeting nutritional needs

✓ Met this standard

Staffing

✓ Met this standard

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	Solor Care East Midlands Limited
Registered Manager	Miss Helen Dean
Overview of the service	The service provides accommodation and support for people with a learning disability.
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 carried out a visit on 10 December 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

We saw people received the care and support that met their individual needs. We saw that people looked relaxed and comfortable in their home and staff interacted with people in a positive and respectful manner.

We saw that people using the service were encouraged to be independent and helped with cooking, making drinks, and looking after their home. People told us they enjoyed many social activities including going to college, shopping and going to the cinema. One person told us, "We get to plan where we want to go and who we go with." This meant people were involved in everyday ordinary activities of their choosing.

People told us they could make choices about their food and drink and were supported to be independent with planning, preparing and cooking their meals.

Staffing was organised flexibly to support the planned activities of people using the service. One person told us, "They staff are great, and are always around if I want support."

Staff received training and support to enable them to meet people's needs and to provide care and support in a positive and professional manner.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People using the service were involved in making decisions about their care and treatment. People told us they were able to choose how to spend their time and were included in everyday tasks around their home. People told us were responsible for the shopping, preparation and cooking of their meals, looking after their home, and managing their finances. They staff told us people were encouraged to be as independent as possible and to take responsibility for their life and daily decisions.

We spoke with one person about how they managed their finances. They told us they had a bank debit card and only they knew the PIN number to withdraw money. They told us when they were planning a holiday or wanted to purchase an expensive item, they kept money in their account, so they could save up the money needed. They told us, "The staff know it's my money and if I ask for help they'll give it, but it's up to me how I spend my money. I keep it safe and work everything out." The staff confirmed that people were able to take control for managing their own finances and support was provided where people need help with budgeting. This meant people were able to manage their finances independently.

We spoke with another person who told us they helped around their home to keep communal areas tidy. They told us, "We tend to take it in turns. We are reminded that this is our own home and it's our responsibility to look after it. If I lived on my own we'd have to do everything, but we share everything." They told us they talked about looking after their home in monthly house meetings. One person told us they chaired these meetings and encouraged all people living in the home to talk about things that were bothering them. They told us, "We talked about people clearing away after cooking instead of just leaving the mess for someone else. We talk about things so we can sort them out." Other people told us they chose what to discuss at the meetings and when they wanted things changed, the staff acted upon what had been said. This meant people could influence how the service was delivered and they were listened to.

People using the service were dressed in their own individual style and able to grow a

beard or moustache. We spoke with one person about how they chose to dress and look. They told us they went shopping for clothes and were able to choose their own style. One person told us, "I chose to grow a beard because I think it makes me look more grown up. I like looking this way." This meant people were able to choose what to wear and how to present themselves.

We spoke with people about how they spent their time each day. They told us they were involved in various activities including going to college, shopping, eating out, going to social clubs and to the cinema. People told us they were able to choose about how to spend their time and organise their daily routine. One person told us, "I enjoy going to college but when I'm not there I like to stay in bed later. The staff know and they don't make you get up." The staff confirmed that people were able to decide how to spend their time and their decisions were respected.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People took responsibility for maintaining their own diet.

Reasons for our judgement

Each person using the service was responsible for their own shopping budget, planning and preparing each meal. People told us each week, people had personal money to purchase food and went shopping with a member of staff. The staff told us people were able to choose what they wanted to buy and they would support them to manage their money responsibly. One member of staff told us, "People used to do a shopping list and plan for each meal, but we found people didn't know what they would want to eat every day. We support people to go shopping to buy what they like to cook and help them to learn the skills they need to live independently."

People we spoke with told us they had meals they like to cook each week and always bought these ingredients. One person told us, "I'm very good at cooking curries. I like trying different ones and sometimes I make a curry for the others. It's what I'm good at." They showed us around the kitchen and we saw that each person had their own cupboards, fridge and freezer space to store the food products they bought. They told us how to prepare food safely including talking to us about which foods should be prepared on each coloured chopping board to reduce the risk of cross contamination.

We spoke with one person about what constituted a healthy diet as they told us they wanted to lose weight. They told us about foods that were healthy and knew the foods needed to promote their well-being. They told us, "It's difficult though. I want to lose weight but I don't always choose the right food. I know it's up to me and I do try, but it's not easy." The staff told us some people attended a group to support healthy eating and weight loss and they were provided with advice and support. One member of staff said, "We support people to achieve their goal, but we also have to respect people and what they choose to eat. We make sure people have the support and information, but they know it's up to them to make these decisions. We don't impose our beliefs onto people." This meant people were supported to maintain a healthy diet but their personal preferences were respected.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our inspection there were four people in the home and one person was away visiting family members. One person received support from a member of staff at a work placement and two staff were available to support three people in the home.

We spoke with staff who told us there were generally three staff on duty throughout the day to support people using the service. They told us that staffing was organised flexibly to ensure people had opportunities to go out and do the activities they chose to be involved with. We looked at the staff roster which confirmed the staffing was organised flexibly around planned activities.

We spoke with people using the service about the support provided. They told us they were happy with the level of support and when they made plans to go out, staff were available to provide the necessary support within the home and community. This meant staffing was organised around the needs of people using the service.

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

We spoke with one member of staff about how they were supported when they started to work in the service. They told us they had received an induction when they had started employment which gave them the knowledge and skills to start to work safely. They told us they worked alongside experienced staff to ensure they provided appropriate support for people using the service. They said, "I worked with each person so I got to know them and knew how to support them. I went everywhere, including when people went out and to college." They told us this meant that when they started to work without constant supervision, they had enough knowledge to support people safely.

We spoke with two members of staff who told us they had received a variety of training. This included specialist training appropriate to people's individual needs including supporting people with complex behaviour and supporting people to make decisions where they had capacity. The staff we spoke told us that each member of staff received the same training to ensure they shared the same values and could implement agreed support plans. The registered manager told us that they checked people's knowledge and competence to ensure they understood the training. This meant that staff received appropriate professional development to enable them to meet people's needs.

Staff we spoke with told us that they received regular one to one supervision and received an annual appraisal. Supervision and appraisals are a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. The staff told us they found their appraisals supportive and it helped them to identify their learning needs. This meant that staff's performance and development needs were regularly assessed and monitored.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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