Inspection Report

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

Candover House

No 2, Candover Road, Hornchurch, RM12 4TZ

Tel: 01708471900

Date of Inspection: 29 April 2014

Date of Publication: June 2014

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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	North London Care (Havering) Limited
Registered Manager	Mr Tony Netto
Overview of the service	Candover House provides accommodation and support with personal care for up to six 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 29 April 2014, 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

The focus of the inspection was to answer five key questions; is the service safe, is the service effective, is the service caring, is the service responsive, is the service well led?

During the inspection we spoke with one person using the service and observed staff communication with five other people using the service. We spoke with a relative of one person using the service. We also interviewed staff and checked people's care files and the home's various records.

Below is a summary of what people using the service, their relatives and the staff told us and what we observed and what we found in the records we looked at.

If you want to see evidence that supports our summary please read the full report.

Is the service safe?
People who used the service and their relatives felt that the staff treated them well. They told us staff treated people with respect. Records and the manager indicated that there was a robust recruitment system which ensured that staff were vetted before starting work at the home. We noted that there were sufficient number of trained staff to provide care. Records and interviews with staff showed that staff had a good understanding of Mental Capacity Act (2005) and were aware of the home's policies and procedures including the policy on safeguarding.

Is the service effective?
People who used the service and their representatives were involved in the assessment of needs and review of care plans. Staff had a good understanding of people's care and support needs and knew them well. The staff handover and the key working systems enabled staff to be aware of people's ongoing needs and to provide appropriate care and support.

Is the service caring?

We noted that staff were attentive to people's needs. We saw that staff encouraged people to do as much as possible for themselves thus promoting independence. A relative told us that staff were always present and supportive when people attended medical appointments. We noted that the home worked closely with various social and healthcare professionals to meet people's needs.

Is the service responsive?
People's progress was monitored closely. Written notes about people's behaviour, health and care were completed by staff during each shift. Review of care plans included detailed guidance about how to respond to the identified needs of people using the service. A relative of a person told us that there was an improvement in a person's wellbeing since they moved to the home.

Is the service well-led?
Staff and a visitor told us that the manager was approachable and supportive. We also saw that there were auditing systems in place and the views of the stakeholders were sought. We noted that meetings took place regularly and that appropriate support was available for staff to provide care that people needed.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service made decisions about what meals and drinks they wanted to have and how they wanted to participate in day activities. We saw that staff offered people using the service choices of teas and coffees and they were able to decide their preference. We saw people asking staff and being supported to go to places of their choices. We noted that staff encouraged people using the service to do as much as possible for themselves.

People moved freely within the home and chose whether they wanted to spend time in their bedroom or in the lounge. We saw people had access to all communal areas and the manager's office. The staff we spoke with had a good understanding about the Mental Capacity Act 2005 (MCA) and were clear about their role in facilitating assessment and supporting people who might lack capacity to make decisions. Records in people's files and the manager confirmed that representatives such as families, relatives or advocates visited and supported people.

People's privacy was respected. We saw staff knocked on peoples' bedroom doors and ensured bathroom doors were closed when they were supporting people with their personal care. One person told us that they were "happy" living at the home because they liked their bedroom and the staff were "good".

People's religious and spiritual needs were met. A relative told us that staff supported a person to attend a place of worship. The manager also confirmed the home provided support for people if they wished to attend places of worship. The records we saw indicated that staff had attended training on equality and diversity.

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.

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

Reasons for our judgement

People who used the service told us that the home provided care and support that met their needs. One person stated, "I get food I like. The staff cook for me". Another person told us that they had "a laugh [with staff]" and socialised with the other people living at the home. A visitor to the home told us that the home did "a good job" in meeting the needs of their relative. They told us they have noticed an improvement in the wellbeing of the person since they moved to this home.

People who used the service were dressed appropriately for the weather and looked well cared for on the day of this inspection. We checked three people's care files and noted care plans and risk assessments were completed and reviewed by staff. We saw that people who used the service and their representatives were invited to and attended people's care reviews. A relative of a person using the service told us that they had attended review meetings and that they were pleased with their communication with the staff. They said staff kept them up to date with information about the care and welfare of the person using the service.

The manager explained how the home worked closely with health and social care professionals. We saw the records of General Practice (GP), hospital, and other healthcare appointments of people. A relative of a person told us that the manager was always present to support people during their appointments.

People were engaged in activities provided by the home. Records and the manager conformed that each person using the service had a keyworker who had a special interest in people's care. We noted that each member of staff regularly updated records of significant events and their contact with people using the service. This indicated that all staff were aware of and knew how to provide care that met people's needs.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

A relative of person who used the service informed us that the staff were "very nice" and treated people using the service "respectfully". They said they trusted the staff and felt that the person using the service was "safe" in the home.

We observed staff were sensitive and respectful to people using the service when interacting with them. We saw staff talking with and explaining matters to people in the way they could understand.

The home had a policy and procedure on safeguarding adults. We also noted that a copy of the local authority's policy and procedure on adult safeguarding had been obtained by the home. The manager told us that the home's and local authority's adult safeguarding policies were discussed in staff team meetings. An example of the staff meeting minutes showed that staff discussed various issues and included areas of training related to the care provided at the home.

The staff we interviewed confirmed that they had read the home's adult safeguarding policy. When we asked staff about their understanding of adult safeguarding, they were able to tell us what constituted abuse and what action they would take to ensure people using the service were protected from harm.

We noted that there had been no recent recorded safeguarding concerns at the home.

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

People who used the service and their relatives spoke highly of the staff. For example, a relative of a person told us the staff "manage well" and a person using the service was well supported. One person who used the service stated; "The staff are good".

There were effective recruitment and selection processes in place. We were informed that new staff had to provide two written references and evidence of identity. The manager told us that all staff had evidence of Criminal Records Bureau (CRB) or a Disclosure and Barring Service (DBS) checks in their files. We checked three staff files and noted that written references, evidence of identification and DBS had been obtained.

We noted that staff had completed a comprehensive induction programme when they started their job and that this had included 'shadowing' other staff so they could gain knowledge and understanding of people's needs. The care staff we spoke with all confirmed that they received sufficient relevant training to enable them to carry out their responsibilities. They told us that the training that they received included a number of topics such as basic first aid, fire awareness, food safety, medication awareness, infection control, health and safety, and moving and handling, equality and diversity, epilepsy and diabetes awareness. Staff training certificates confirmed this.

Staff felt that they had support and supervision that enabled them to carry out their job. They told us they had regular supervision and the manager was supportive to them. Staff felt that there was always sufficient number of staff to provide care at the home. On the day of this inspection there were six members of staff working in the morning. The rota also showed that there were a minimum of five staff during the day and two waking staff at night. None of the relatives or people using the service had any concerns about the staffing level.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There were quality assurance systems in place. The manager told us that the home monitored and reviewed various aspects of the service on a regular basis. We were informed that staff were identified and given roles to audit food hygiene, health and safety, fire safety, and medication. We saw the records of emergency light tests, fire extinguishers and portable electrical appliances. We noted that a health and safety officer had visited the home and had stated that there were no issues identified.

A relative of a person who used the service told us that they had been asked for their feedback about the service provided. They said staff they completed and returned a quality questionnaire and that they were "quite satisfied" with the care provided.

The manager told us that a new questionnaire was being developed for people using the service, relatives and professionals. We were informed that this would be implemented in the next six months.

Staff told us that staff meetings took place regularly. The records we saw confirmed this. We were informed that staff also discussed the quality of the service and people's support needs during staff handover at the beginning every shift.

The home's complaints procedure was available in people's files. A person who used the service and a relative of one person told us that they were aware of the home's complaints procedure. There were no recorded complaints since the last inspection.

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

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