Care Quality Commission

Inspection Report

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

63 Eton Avenue

63 Eton Avenue, North Wembley, HA0 3AZ

Tel: 02087828629

Date of Inspection: 12 February 2013

Date of Publication: April 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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	First Choice Care Services
Registered Manager	Mr. Kudzai Mafuba
Overview of the service	63 Eton Avenue provides accommodation with personal care for up to three adults with learning disabilities or mental health conditions. The service has a long-standing registered manager in place.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 12 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

When we visited 63 Eton Avenue we met people who lived there and saw them engage with care workers. We met the deputy manager and one of the care workers. People using the service were from an Asian background and the home provided culturally appropriate food and supported people to engage with their community. People told us that they were 'happy' at the home and we observed appropriate interactions between care workers and people.

We found that people were supported in promoting their independence and community involvement. Their diversity, values and human rights were respected. People seemed to like the staff and they were provided with good care and support. They felt safe and were listened to when they communicated any concern or anxieties.

Medication procedures for the recording and disposal of medicines were not being followed.

We looked at staff training records and spoke to staff. They felt the staffing levels allowed them to spend quality time with people and felt well supported and trained. The provider had systems in place to check the quality of the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 08 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

We observed interactions between care workers and people living in the home. They appeared comfortable in the presence of staff. People were seen smiling and laughing with staff. On numerous occasions people accompanied staff to the kitchen or other areas of the home. The deputy manager told us that people accompanied him when he went shopping. Staff asked people what they wanted to eat or wanted to do during the day. Staff knocked on people's doors before entering their rooms. Regular residents' meetings ensured that people were able to contribute to and get involved in the treatment or care provided. We observed positive interactions between staff and people, for example staff spoke to people in a low tone of voice and explained clearly what would happen during the day of our inspection.

The home reflected peoples' cultural and ethnic backgrounds and culturally appropriate food was provided. People accessed their chosen places of worship.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We viewed care plan folders of all people currently living at 63 Eton Avenue. Initially we were not clear if people's care plans had been reviewed regularly and if changing needs had been responded to appropriately. Following discussion with the registered manager and additional information sent to us, it was evident that care plans were based on assessments carried out by the manager and staff. Care plans had been reviewed every six months and people using the service, relatives and placing authorities had been invited and had been involved in the review and assessment process.

Robust risk assessments and risk management plans were in place. Guidance provided to care workers was detailed and clear in how to respond pro-actively to challenging behaviours and how to minimise foreseeable risks.

People told us that they had been going to the college, swimming, shopping and other community based activities. Some of these had been put on hold due to issues of challenging behaviour, but people were aware and agreed to this. Staff we spoke with told us they would try to find more suitable activities for people, but this had been difficult due to some behavioural issues. We observed people undertaking in-house activities and they told us they enjoyed these. Observations made confirmed this. People told us that they frequently visit people at another home managed by the provider, and that they enjoyed these visits. Comments made by people included, "I like going to (to insert) xxx, we recently had a party there."

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

People appeared very relaxed with the care workers and indicated that they liked the staff and the manager. Comments made by people using the service included, "I feel safe here."

Training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) had been provided to staff. Some restrictions were in place, such as locks on exterior doors. However these were for people's general safety as everyone who lived at the home needed to be escorted by staff in the community. No physical intervention was used to manage people's emotional and behavioural needs.

The manager had attended safeguarding training and all the staff had been given safeguarding awareness training. Safeguarding contact information was available for staff. Staff told us that they were clear about their duty to report any concerns, and they were confident that the manager would take any report seriously and take the correct action and report to the local safeguarding team.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with the unsafe use and management of medicines, by making appropriate arrangements for the obtaining, recording and disposal of medicines for the purpose of the regulated activity.

The provider was not compliant with Regulation 13 of the Health and Social Care Act 2008.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The provider used a local pharmacist to dispense medicines, which were prescribed by their GP. Medicines were delivered weekly and were packed in dosette boxes. We noted that one person had an additional dosette box, which contained one dose of 40mg Simvastatin for seven days to be administered in the evening. When talking to staff nobody was able to tell us why the person had additional medicine and records did not indicate an additional prescription. We discussed this with staff and the manager and raised our concern that only medicines prescribed were to be administered to people. We discussed the appropriate disposal of this additional dosette box. The home showed us a record of medicine received into the home for people using the service. The records were however incomplete and indicated that the home had only received medicines from the chemist on weeks beginning 03/07/2012, 26/07/2012, 13/09/2012, 18/10/2012 and 15/01/2013. We discussed this with the manager who advised us that medicines were received weekly, but was unable to explain why records were incomplete.

Appropriate arrangements were in place in relation to the recording of medicine administered to people. Each person had a medication administration record (MARS). We checked the MARS and noted no omissions, indicating that all medicines were administered as prescribed.

Medicines were handled appropriately. Care workers received medication administration training and their competence was checked as part of this training. Care workers able to administer medicines indicated this on a signatory list, which was attached to the medicines folder.

Medicines were kept safely. A lockable steel medicine cupboard was fixed to the wall in

the home's office. Keys were safely kept with the care worker on duty.

Medicines were not disposed of appropriately. We found a number of items of medication, which had passed the manufacturer's expiration date. For example, Lorazepam expired October 2012, Cetrizine expired in January 2013 and Bonjela cream expired in November 2012. While the home has a record of disposal, the above medicines were not disposed of, leaving people using the service at risk of receiving out of date 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

Staff records were seen and showed that appropriate checks were undertaken before staff began work. Staff told us that they had a face to face interview and had to provide information and documentation to ensure that appropriate checks were carried out. We reviewed records which confirmed this. People using the service told us that they "liked staff and felt safe at Eton Avenue."

Supporting workers ✓ Met this standard

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

Staff received appropriate professional development. We viewed training records, which demonstrated that four randomly selected staff received training in Manual Handling, Infection control, Health and Safety and Medication Administration. Staff told us that they could access training regularly.

Care workers told us they had received one to one supervisions. Staffing records reviewed confirmed this. However we noted that, while supervisions were carried out an average of three times in 2012, this did not meet the provider's policy of six supervisions per year. The registered manager was aware of this and we were reassured that regular supervisions and appraisals would be carried out in the future.

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 a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The deputy manager had a good knowledge of the needs of the people living in the home. There was a clear management and staffing structure, so that all staff knew their roles and responsibilities. Care workers told us that they were confident that the home was well managed.

Systems were in place to help people give their views. These included regular house and staff meetings, private meetings between people and their key workers and annual care review meetings with families. The provider sent out annual feedback surveys to people using the service in 2012 and acted on any issues raised to improve service provision.

The provider may find it useful to note that evidence around the lack of frequent monitoring of the administration of medicine showed some shortfalls in the providers quality assurance programme.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with the unsafe use and management of medicines, by making appropriate arrangements for the obtaining, recording and disposal of medicines for the purpose of the regulated activity. The provider was not compliant with Regulation 13 of the Health and Social Care Act 2008.

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

The provider's report should be sent to us by 08 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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