

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

The Beeches (Seven Kings)

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Date of Inspection: 15 May 2014

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

Details about this location

Registered Provider	Tealk Services Limited
Registered Manager	Mrs Elizabeth Teresa Benaissa
Overview of the service	The Beeches (Seven Kings) is registered to provide care for up to ten people with a history of mental illness.
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 15 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask:

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

This is a summary of what we found

Is the service safe?

People told us they felt safe living at the service. We found the provider had taken steps to ensure people were protected from the risk of abuse and staff had undertaken safeguarding training.

We sampled the medication administration records and noted some missing signatures. There were instances where prescribed medication had been administered but not signed for. This meant that procedures on administration of medication were not being followed.

Is the service effective?

People told us that they felt respected and involved in their care and running of the service. We looked at a sample of care plans and found them to be well organised and reflective of the care and support that people were currently receiving. Information about the involvement of healthcare professionals in people's care was available in their care plans so that staff had the necessary information to support people to meet their healthcare needs.

Is the service caring?

People who used the service told us they were satisfied with the care and support they received. From our own observations we saw staff treated people using the service with dignity and respect. Staff were aware of people's preferences and routines so they could

support people in their daily lives.

Is the service responsive?

Systems were in place to monitor the service that people received to ensure that the service was satisfactory and safe. People told us they did not have any complaints but would not hesitate to speak to the manager or staff if they had any concerns. Comments and complaints people made were responded to appropriately.

Is the service well-led?

People were supported in promoting their independence and community involvement. People were given opportunities to express their choices and to make decisions in their daily lives. Staff helped them in the way that they preferred and they had their wishes, privacy, dignity and independence respected.

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 17 June 2014, 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 privacy, dignity and independence were respected. 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 who used the service understood the care and treatment choices available to them.

The deputy manager told us that staff explained to people what they were going to do before they gave assistance and support. For example, with personal care staff explained to the person how they were going to help and asked the person's permission before starting. This meant that people were treated with dignity and respect.

People had the opportunity to join in with activities if they wanted to. Some people preferred to spend their time in their rooms and this choice was respected. The deputy manager told us, "We don't force people to take part in anything; we do encourage people when we are doing activities but it's their choice to join in or not." This meant that people's choices were respected and listened to.

Staff understood the need to respect people's privacy and dignity and staff interactions with people using the service were sensitive and respectful.

People expressed their views and were involved in making decisions about their care and treatment. Staff told us that they had regular key worker meetings with people to discuss their care plans. Staff gave examples of how they tried to promote the independence of people using the service by encouraging them to clean their rooms and do their laundry.

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

We spoke with two people who used the service and looked at three care plans. People told us that they were satisfied with the care and treatment they received. One person told us, "The staff are good." Another person said "The staff are Okay".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person had a care plan and records showed these to be individualised. Before people started using the service their needs were assessed and we saw that people's needs were reviewed on a regular basis. This meant that staff had information and knowledge about the person and how to meet their needs as safely as possible.

Any potential risks were identified and steps taken to reduce and where possible, eliminate the risks. For example, one person who used the service required support around going out in the community as a group. The care plan showed that risk assessment had taken place regarding this and there was guidance and actions for staff to follow.

Staff handovers took place three times a day so that staff were able to see what care had been delivered after each shift. This meant there were processes in place to make sure people were receiving the care they needed.

People maintained good health because the service worked closely with health and social care professionals. For example, systems were in place to ensure the people had regular appointments with the doctor, optician and dentist. Each appointment was recorded in the person's care plan and any action taken. This meant that people's health and welfare were being addressed.

Where people had culturally diverse needs identified, those needs were planned for in the care plans. On one of the care plans we saw that care plan objectives had been specifically identified to meet the person's cultural needs for example to serve them halal food.

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

Our judgement

The provider was meeting this standard.

People who used 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 who used 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.

The provider responded appropriately to any allegation of abuse. Staff we spoke with showed knowledge of safeguarding people from abuse and how and where to report any concerns. They were aware of the correct actions to follow and knew where the policies and procedures were and who to talk to.

Observations during the visit showed there was a relaxed atmosphere in the home and people chatted freely and openly with each other, the staff and management.

Staff had received training on how to keep people safe. This gave them the knowledge and the skills to do their job well and protect people from abuse. However, we sampled some training records and noted that the safeguarding training had taken place quite a while ago. The deputy manager informed us training had been arranged for staff to take place in July of this year.

The service had a whistle blowing policy which stated that the home encouraged people to raise concerns and that they would deal with them in an open and professional manner.

We found that a Disclosure and Barring Service (DBS) check was carried out for staff before they began work. This is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job.

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 medicines because there were instances where prescribed medication had been administered but not signed for. This meant that procedures on administration of medication were not being followed.

We have judged that this has a minor 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

People who we spoke with told us that they received their medication on time.

The service had suitable arrangements in place to protect people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medication. The service used a recognised monitored dosage system. Medicines were kept safely. Every individual that required medication had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, photograph, date of birth and allergy status.

We sampled the medicines administration records and noted some missing signatures. There were instances where prescribed medication had been administered but not signed for. This meant that procedures on administration of medication were not being followed. The medication administration records must be kept accurate at all times for the safety of people using the service. We were informed that staff were attending medication training at the end of the month.

Records were kept for medicines that had been received and disposed of. People were monitored regularly for effectiveness of treatment or evidence of any potential side effects or adverse reactions.

We saw that there were risk assessments in place for people who administer their medicines by themselves under staff supervision.

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 effective quality assurance and quality monitoring systems in place. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that there were systems in place to carry out quality checks on people using the service to make sure they were happy with the service being provided. There were opportunities for people, relatives, staff and other stakeholders to voice their opinions on the service. For example, people who used the service were given the opportunity to take part in surveys. This meant that the provider was seeking the views of people about the service they received. We saw a number of completed questionnaires and nearly all of them had positive comments about the service and the care/support that the staff provided. The provider took account of comments in areas where improvements were needed.

There were systems in place to review and check the quality of the service. This included audits for, medication administration and fire safety.

The deputy manager told us that the service had an open culture that allowed people to express their views and concerns in a safe and understanding environment. The home kept a record of any comments or complaints made about the service. There was a suggestion box in the hallway of the home where people, professionals, relatives and visitors to the service could leave their comments/suggestions.

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: 13.—(1) People were not protected against the risks associated with medicines because there were instances where prescribed medication had been administered but not signed for. This meant that procedures on administration of medication were not being followed.

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 17 June 2014.

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 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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