

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

## Eamonn Francis Friel - 87 Briar Avenue

87 Briar Avenue, Norwood, London, SW16 3AG

Tel: 02086798871

Date of Inspection: 26 June 2014

Date of Publication: August 2014

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

**Care and welfare of people who use services** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Staffing** ✓ Met this standard

## Details about this location

Registered Provider	Eamonn Francis Friel
Registered Manager	Mr Eamonn Friel
Overview of the service	87 Briar Avenue is a care home that provides accommodation and personal care for up to 2 people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*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

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2014 and talked with staff.

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### What people told us and what we found

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One person was living at 87 Briar Avenue at the time of this announced inspection and they had lived there for nearly thirteen years. They chose not to speak to us during our visit.

We looked at the person's care file as well as other records held by the provider including those kept for training and health and safety.

Is the service safe?

Daily living profiles and support plans were in place around important areas such as personal hygiene, eating and drinking, activities of daily living and identified health needs.

Health and safety checks took place to help make sure that the home environment was safe.

Is the service effective?

We saw that the person received support only from the registered provider and his wife with no other staff employed at the service. They treated the person using the service as a family member and clearly knew them very well.

Records showed that the registered provider and his partner had received training that helped them do their jobs.

Is the service caring?

The family setting and the providers' knowledge of the person meant that the service was individually tailored to them. We saw that care was taken to ensure they were not caused undue anxiety or distress.

Is the service responsive?

We saw records confirming that the home liaised with other professionals to help the person manage their health needs. The home's knowledge of the individual meant that they could advocate effectively for them and provide important information when required.

Is the service well-led?

Detailed care documentation was in place with support plans written in the first person from the view point of the person using the service. These and other care documents such as risk assessments were all seen to be kept up to date.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### 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.

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### Reasons for our judgement

The person using the service had lived at 87 Briar Avenue for nearly thirteen years having been originally placed there by a family placement scheme. We saw that the service continued to operate as a domestic setting with the person living there as part of the family.

Care documentation was seen to be kept up to date including detailed support plans that included pictures and photographs written in the first person. The routines of the person were fully described with information about how they communicated and the things they liked. Assessments were in place to help keep the person safe addressing risk areas such as when they were walking or using public transport.

The person using the service attended day centres during the week and we saw they were supported to see friends and go out to eat during evenings and weekends. The registered provider told us they had a well-established routine at home including spending time in the lounge, watching TV and reading magazines.

We saw that the person using the service was registered with a local GP and they were supported to have regular contact with other health care professionals as required.

Numerous examples were noted where the service was tailored for the benefit of the person living there including arrangements made to ensure the person was not caused undue anxiety or distress when attending health appointments. The home's knowledge of the individual meant that they could advocate effectively for them and provide important information for other professionals when required. Arrangements were also in place that ensured the registered provider was available to support the individual at their day centre where necessary.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We saw that 87 Briar Avenue was the family home of the registered provider. The property provided comfortable and homely accommodation to the person using the service. Facilities provided included a lounge, dining room and kitchen along with a well maintained back garden with a patio area. The individual living there had their own bedroom with bathroom facilities on the same floor.

There were records confirming that regular health and safety checks took place to make sure that the environment remained safe. These included fire extinguisher and gas safety checks. We saw that the registered provider and his wife had attended training around both fire safety and health and safety in care settings.

The home environment was clean and well maintained on the day we visited.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The registered provider told us they and their partner continued to provide care and support to the person using the service and no staff were employed at the service.

We saw that the registered provider had completed the National Vocational Qualification (NVQ) Level 4 award. Records showed that they and their partner had updated their training on safeguarding adults, medication administration, food hygiene, fire safety, moving and handling, health and safety and first aid.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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