

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

## Waterfall House

363-365 Bowes Road, New Southgate, London,  
N11 1AA

Tel: 02083680470

Date of Inspection: 25 June 2014

Date of Publication: July 2014

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

|  |                     |
|--|---------------------|
| <b>Care and welfare of people who use services</b>               | ✓ Met this standard |
| <b>Meeting nutritional needs</b>                                 | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b>           | ✓ Met this standard |
| <b>Supporting workers</b>  | ✓ Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | H Dhunnoo   |
| Registered Manager      | Mrs Marina Dhunnoo  |
| Overview of the service | This care home is run by a private provider and is registered to provide accommodation and personal care to a maximum of 27 people who have long standing mental health problems. Most of the people have been living at the home for a number of years and are over 65 years of age. |
| 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

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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 unannounced 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 25 June 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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A single inspector carried out this inspection. The focus of the inspection was to gather evidence to answer five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

During this inspection we spoke with four people who used the service and two relatives of people who used the service. We also spoke with the registered manager and care staff.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at. If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People who used the service told us that they felt safe in the home. People said that they felt comfortable in the home and that members of staff treated them with respect and dignity.

Safeguarding procedures were in place. When we discussed safeguarding with staff, they were aware of the signs of abuse and the action to take when responding to allegations or incidents of abuse.

We looked at the safeguarding training records for staff and found that six out of nine members of staff had received safeguarding training. The training certificates we looked at said that the training was valid for one year and therefore staff required a safeguarding refresher training session.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications have been submitted, appropriate policies and procedures were in place.

The service had systems in place to identify assess and manage risks related to health, welfare and safety of people who used the service.

Is the service effective?

People told us that they were satisfied with the care they received at the home and felt that their needs had been met. One person who used the service told us, "I am quite happy here" and one relative said, "My relative is in good hands at the home".

We looked at four care files and saw that people's care needs had been assessed and care was planned and delivered in line with their individual care plan. Risk assessments had been carried out where necessary. Care plans included information about people's preferred routines and healthcare needs.

Relatives we spoke with told us that they were involved with their relative's care and that the home kept them informed of developments.

Staff told us that they were well supported by the registered manager and that there was good communication amongst staff. This enabled them to carry out their roles effectively, which in turn had an impact on the quality of care people received.

One member of staff said, "Staff work as a team. The manager is supportive".

Is the service caring?

People who used the service and relatives were positive about the staff at the home. They told us that they had been treated with respect and dignity in the home. One relative told us, "I am very happy with the care. Staff are respectful and helpful".

During our inspection, we saw that there was good interaction between staff and people who used the service. People looked well cared for and we saw that the atmosphere was relaxed in the home.

Staff we spoke with said that they were aware that all people should be treated with respect and dignity and were able to give us examples to demonstrate how they ensured this.

Is the service responsive?

People who used the service and relatives we spoke with told us that if they had any concerns or complaints, they would feel comfortable raising them with staff or the registered manager.

We saw that the home had a complaints policy and procedure. Complaints were documented and we saw evidence that the home had dealt with these accordingly.

We saw evidence that the service had carried out a survey in March 2014 asking people for their views about the home.

People's care and health progress was monitored closely. Written notes about people's

health and care were completed by staff. People's care plans and their health needs were reviewed with people who used the service.

Is the service well-led?

The home had quality assurance processes in place to help ensure that people received a good quality service. People who used the service told us that they felt listened to by members of staff and the registered manager.

Resident meetings were held every two months which enabled people to discuss issues regarding the running of the home. This encouraged people to raise queries and concerns with management and members of staff.

Staff told us that staff meetings took place monthly which aimed to enable staff to raise queries and concerns with their team and share information. All staff we spoke with told us that they felt able to consult the registered manager if they had concerns or queries and said that they felt supported.

Management in the home completed regular audits which included medication and fire safety.

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.

People experienced care and support that met their needs and protected their rights.

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### Reasons for our judgement

We spoke with four people who used the service and two relatives of people who used the service. People we spoke with were generally satisfied with the care and treatment provided by the home. One person said that, "The home is alright" and another person said, "I am quite happy here". One relative we spoke with said, "My relative is in good hands at the home".

People we spoke with told us that they had been treated with respect and dignity in the home. People also said that staff were approachable, spoke with them in a respectful manner and offered them choices. One person said, "Staff are respectful and polite". We saw that there was good interaction between staff and people who used the service and the atmosphere in the home was relaxed.

People told us that their privacy was respected in the home. Staff knocked on people's bedroom doors before entering and ensured that people's bedroom doors were closed when they were supporting people with their personal care. Staff we spoke with said that they were aware that all people should be treated with respect and dignity and they were able to give us examples to demonstrate how they ensured this.

As part of our inspection we looked at four people's care files. We saw that people's care needs had been assessed and care was planned and delivered in line with their individual care plan. Care plans were person centred and included details of people's healthcare needs. Care plans had been reviewed and included information about people's preferred routines, likes and dislikes. Care plans had been signed by people who used the service. This demonstrated that people understood the care and treatment options available to them and had agreed to the care that they received.

Risk assessments had been carried out where necessary and we saw evidence that these were reviewed every three months and were signed by people who used the service. These assessments acknowledged the risks faced by people using the service and included action for minimising those potential risks. The registered manager explained to

us that people were involved with the reviews of their care plans and risk assessments.

The healthcare needs of people were closely monitored. Details of appointments with healthcare professionals such as the GP and community nurse had been kept. Progress notes were kept for each person. The registered manager explained that information was not recorded daily, but that significant progress details were recorded and we saw this.

People who used the service told us about activities they had participated in. These included helping with the cooking, playing games such as dominos and cards and art therapy. On the day of our inspection we saw that people were participating in card games.

During our inspection we saw that the provider had a Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) policy. We looked at a sample of four staff files and noted that three out of the four members of staff had not yet received MCA training and two out of four staff had not yet received DoLS training. The provider may find it useful to note that some staff we spoke with did not have an understanding of MCA and DoLS and their application within a care home. The registered manager had an understanding of DoLS but was not fully aware of the recent developments.

There were arrangements in place to deal with foreseeable emergencies. We saw that the home had a health and safety policy and that the fire evacuation procedure was clearly displayed in the home.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and hydration.

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**Reasons for our judgement**

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People who used the service were generally positive about the food served at the home. One person told us, "The food is nice. I have no complaints" and another person said, "The food is good. There is a variety of food choices".

During our inspection we saw that people in the home helped staff to prepare lunch and the registered manager explained that they encouraged people to get involved with daily tasks. One person we spoke with said, "I am able to cook my food myself". This person told us that they were encouraged to be independent at the home.

We observed lunch being served to people and saw that people appeared to enjoy their food and the food was well presented. Staff interacted with people and we saw staff explain to people what food was available. We saw that some people were offered alternatives as they did not want to eat the food on the menu.

We looked at four people's care files and noted that three of these contained a nutritional screening and risk assessment. We found that one of the three assessments we looked at was incomplete. We saw that the nutritional screening and risk assessment included information about people's eating preferences and health needs. We found that the two that had been completed were last reviewed in February 2013 and there was no evidence that they had been reviewed since.

The registered manager explained that they completed a nutritional screening and risk assessment for those people who were at risk for malnutrition. We found that the provider did not use the malnutrition universal screening tool (MUST) to help staff to identify those people who were at risk of malnutrition. The registered manager showed us evidence that they did have the necessary documentation for this and confirmed that they would complete these for people where required going forward.

We saw evidence that where there were concerns that a person was losing weight, their GP was contacted.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that the provider had a record of people's weight which was recorded monthly and more frequently if required. This enabled the provider to monitor people's weight.

During our inspection, we looked at the kitchen and found that it was clean, tidy and organised. Food we looked at were within their expiry date and we saw that when food was opened, a label was attached to the item with details of when it was opened so that staff were aware of when it should be disposed of.

The home had sufficient quantities of food available for people. People were provided a choice of suitable and nutritious food and drink. We looked at the menu for the week of our inspection, and saw that it contained a variety of nutritious meals.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We spoke with four people who used the service and they told us that they felt safe in the home and were treated well by care staff.

People who used the service and two relatives we spoke with told us that if they had any concerns about the home, they felt comfortable raising them with the registered manager. One person told us, "I can raise issues with staff, the manager and talk to my key workers if I need to".

The home had whistleblowing and safeguarding policies. These policies included guidelines on how staff should respond and act if they suspected abuse was taking place. We found that the safeguarding policy included the CQC's contact details but did not include the contact details for the local authority safeguarding team. The provider told us that they would update their policy accordingly.

We looked at the safeguarding training records for staff. We found that six out of nine members of staff had received safeguarding training with an external organisation in March 2013. We saw certificates to confirm that these members of staff had received the training, but noted that the certificates said that the training was valid until March 2014 and therefore staff required a refresher training session. Following the inspection, the registered manager confirmed that all staff would attend safeguarding training in July 2014 with an external organisation.

We discussed safeguarding with staff and they were aware of the signs of abuse and the action to take when responding to allegations or incidents of abuse. They stated that they would report it to their manager or the provider. The provider may find it useful to note that two members of staff we spoke with were unaware that they could report allegations to the local authority, police and the CQC.

We saw that people were able to move around the home freely. We also noted that people living in the home were not subject to continuous supervision and control by staff. People were able to leave the home without staff or family members' accompanying them and this

was confirmed by people who used the service and the registered manager.

No safeguarding concerns had been reported to the CQC within the past twelve months. Management staff told us that there had been none.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with five members of staff, including the registered manager and care staff. All the staff we spoke with told us that they felt supported by their colleagues and management in the home. One member of staff told us, "I am very supported here. All staff support each other. There are no problems".

Staff we spoke with told us that they felt comfortable approaching the management of the home with any queries or concerns. One member of staff said, "Staff work as a team. The manager is supportive".

We spoke with four people who used the service and two relatives of people who used the service and they expressed confidence in the care staff and management. They told us that they thought staff were skilled and competent.

During our inspection we looked at the training records for a sample of four members of staff. We found that there were areas where staff had not yet received training and there were areas that staff required refresher training. One of the staff files we looked at contained evidence that this member of staff had received infection control, medication, food hygiene, health and safety, and moving and handling training. Another staff file we looked at included evidence that this member of staff had received fire safety, health and safety, moving and handling, and infection control. However, another file we looked at for a member of staff found that they had only received medication handling training. The gaps in training and the need for the provider to monitor staff training so that it was clear what training staff required was discussed with the registered manager. The registered manager explained that the member of staff who had not yet received training was recently employed. The registered manager told us that they would review staff training needs and ensure that staff attended the relevant training sessions with an external organisation. The registered manager showed us the external organisation's training timetable for 2014 and said that staff would attend the training sessions.

Staff we spoke with told us that they received regular supervision of their work and we saw evidence of this. The records also indicated that staff had recently received appraisals.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. The home carried out a yearly questionnaire asking people who used the service and healthcare professionals for their feedback about the care provided. We saw evidence that the home last carried out a survey in March 2014 and saw that the feedback from the survey was generally positive.

We saw that the home had a quality assurance policy and procedure and a complaints policy and procedure. We looked at the complaints folder and noted that the home had resolved complaints accordingly and there was a record of this.

People we spoke with told us that they felt listened to and were satisfied with the quality of care provided. One relative we spoke with said, "Communication is very good. They keep me informed of developments". People said that they felt able to raise queries and concerns with members of staff and the registered manager.

The home completed audits which included fire safety and medication and we saw evidence of this.

Staff meetings took place every two months and staff we spoke with and records confirmed this. Staff said that these meetings were helpful and enabled them to raise queries and concerns with their team and share information.

Resident meetings were held every two months so that people could discuss issues regarding the running of the home and we saw minutes from these meetings.

## 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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