

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

Fouracres Care Services

47 Fouracres, Enfield, EN3 5DR

Tel: 02082924823

Date of Inspection: 02 May 2014

Date of Publication: June 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
Cooperating with other providers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mrs Philomena Chikwendu Okoron-Kwo
Registered Managers	Mr Simon Atkins Ms Omonigho Ekata
Overview of the service	Fouracres Care Service is a care service that provides accommodation and care to a maximum of four people who have 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Care and welfare of people who use services	7
Cooperating with other providers	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
Records	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 2 May 2014, 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 staff and reviewed information given to us by the provider.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, and the staff supporting them and from looking at records.

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

Is the service safe?

Our inspection of 27 January 2014 found that people were at risk as there were not enough staff available to meet their needs and respond in the event of an emergency to maintain their safety. On the day of our inspection one person was using the service. We saw that the person received one to one care from a member of staff. The rota showed that the manager and two members of staff were on duty throughout the day. Risk assessments were in place to ensure that person's safety and well-being was maintained when receiving care. Risk assessments provided guidance for staff on how to minimise risks to people.

The person's records including their care plans were accurate, and had been reviewed and updated at regular intervals. Care records gave an explanation of how the person's needs were to be met. This meant that care records supported staff to provide safe and appropriate care to the person who used the service. Personal records including medical records were accurate and fit for purpose.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made, and how to submit one.

Is the service effective?

Our inspection of 27 January 2014 found that staff had not completed all the relevant training they needed to meet people's needs safely, and the provider did not have a training matrix that showed when staff would receive this training. At this inspection we found that a training matrix outlining what training was needed had been put in place.

Staff received appropriate professional development. We spoke with one member of staff who told us they had recently received training in challenging behaviour, epilepsy, first aid, and breakaway and restraint techniques. We looked at the training records for three staff and saw that they all had received this training recently. Staff understood how to apply what they had learnt to their work with the person who used the service.

We looked at the care plan for the person who used the service. This provided information about the person's needs and gave guidance for staff about how they should be met. People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. The records of the person using the service showed that they were supported to have regular health checks with their general practitioner, psychiatrist and other care professionals.

Is the service caring?

We observed that the person's changing behaviour was responded to sensitively in a manner that enhanced their well-being. Where necessary the appropriate professionals had been consulted for advice regarding person's behaviour. Staff explained that the person using the service often found it difficult to go to the surgery or to hospital appointments as this made them anxious. Staff told us that they had spent time taking the person to the surgery and the hospital so that they overcame their anxieties about seeing health professionals. This was documented in their care plan and the care plan gave staff guidance on how they were to respond to the person's anxieties when accessing healthcare. This meant that the person was supported to meet their health needs in a way that maintained their well-being.

Is the service responsive?

Care plans identified the person's needs resulting from their cultural background. Daily notes showed that the person who used the service had taken part in activities and were supported to access their local community. For example, the person was supported to go to the park and to do their shopping.

Staff knew how the person communicated and responded to the person's requests. The person's views were recorded in one-to-one meetings, and when their care plan was reviewed. Staff explained that regular key worker discussions were used to help the person to be involved in decisions about their care. Staff listened to people and acted on their views.

Is the service well-led?

People who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. An annual quality survey had been carried out. The manager explained that a report had been produced, and any suggestions to improve the service were addressed. Peoples' suggestions were used as the basis to improve the care provided by the home.

Staff told us they were able to make suggestions to improve the home. Staff said the manager was supportive. They felt that staff meetings provided them with a way to raise issues. Staff were supported by the manager to take an active role in improving the care of

people.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Our inspection of 27 January 2014 found that people were at risk as there were not enough staff available to meet their need and respond in the event of an emergency to maintain their safety. The provider wrote and told us that they would ensure that sufficient staff were available and that detailed risk assessment and care plan would be put in place so that staff knew how to respond in the event of an emergency. On the day of our inspection one person was using the service. We saw that the person received one to one care from a member of staff. The rota showed that two members of staff were on duty throughout the day. Care records showed that the person had been supported regularly to engage in activities in the community. Records also showed that staff had begun to work with the person to support them to develop their independent living skills, for example, by preparing a meal and budgeting for their shopping.

Guidance was available in the person's care plan regarding their need for one-to-one support, and where they had particular behavioural needs we saw that these were monitored regularly. We observed that the person's changing behaviour was responded to sensitively in a manner that enhanced their well-being. Where necessary the appropriate professionals had been consulted for advice regarding person's behaviour. Risk assessments were in place to ensure that people's safety and well-being was maintained when receiving care. Risk assessments provided guidance for staff on how to minimise risks to the person who used the service.

There were arrangements in place to deal with foreseeable emergencies. Staff had been trained in how to respond to medical emergencies. For example, they had completed first aid training. Staff explained how they responded to accidents and incidents involving people who use the service to maintain their safety.

People's needs were assessed and support was delivered to meet their individual needs. We looked at the care plan for the person who used the service. This provided information about the person's needs and gave guidance for staff about how they should be met. Their care plans identified their needs resulting from their cultural background. Daily notes

showed that the person who used the service had taken part in activities and were being supported to access their local community. For example, the person was supported to go to the park and to do their shopping.

No application had been submitted relating to Deprivation of Liberty Safeguards. We found that the service had proper policies and procedures in place that ensured staff had guidance if they needed to apply for a Deprivation of Liberty for a person who used the service. Relevant staff had been trained to understand when an application should be made, and how to submit one.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. The records of the person using the service showed that they were supported to have regular health checks with their general practitioner, psychiatrist and other care professionals.

Staff explained that the person using the service often found it difficult to go to the surgery or to hospital appointments as this made them anxious. Staff told us that they had spent time taking the person to the surgery and the hospital so that they overcame their anxieties about seeing health professionals. This was documented in their care plan and the care plan gave staff guidance how they were to respond to the person's anxieties when accessing healthcare. This meant that the person was supported to meet their health needs in a way that maintained and supported their well-being.

Care records showed that where professional guidance had been obtained this was recorded in the person's care plans and was being followed by staff. Care records showed that they had access to a range of health services and social care support. For example, people were having regular checks on their physical health. Where people had specific needs these had been addressed through working with the appropriate professional.

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

Our inspection of 27 January 2014 found that staff had not completed all the relevant training they needed to meet people's needs safely, and the provider did not have a training matrix that showed when staff would receive this training. The provider wrote to us and told us that they would ensure that a training matrix was in place and that the training needs of staff were identified and met. At this inspection we found that a training matrix outlining what training was needed had been put in place.

Staff received appropriate professional development. We spoke with one member of staff who told us they had recently received training in challenging behaviour, epilepsy, first aid, and breakaway and restraint techniques. We looked at the training records for three staff and saw that they all had received this training recently. Staff understood how to apply what they had learnt to their work with the person who used the service.

Staff said they had been supervised and supported in their work with people. The three staff files we looked at all contained record of recent supervision which showed that staff had opportunities to discuss their learning and development needs. Staff told us that they had received an appraisal in the last year.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. Staff knew how the person communicated and responded to their requests. There had been meetings where they could discuss their views of the home. Their views were recorded in one-to-one meetings, and when their care plans were reviewed. Staff explained that regular key worker discussions were used to help the person to be involved in decisions about their care. Staff listened to people and acted on their views.

An annual quality survey had been carried out. The manager explained that a report had been produced, and any suggestions to improve the service were addressed. People's suggestions were used as the basis to improve the care provided by the home.

Staff told us they were able to make suggestions to improve the home. They felt that staff meetings provided them with a way to raise issues. Staff meeting minutes showed that staff had a regular opportunity to discuss improvements to the home. Staff played an active role in improving the care of people.

Care records showed that the person who used the service had been involved and consulted about their care and treatment. Care records showed us that people were involved in regular discussions and reviews of their care needs. Care was managed to make sure that people had their needs met safely. Where issues were identified improvements were made.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The person's records including their care plans were accurate, and had been reviewed and updated at regular intervals. Care records gave an explanation of how the person's needs were to be met. This meant that care records supported staff to provide safe and appropriate care to the person who used the service. Personal records including medical records were accurate and fit for purpose.

Records were kept securely and could be located promptly when needed. We saw that staff handled records with regard to protecting people's confidentiality and privacy. Staff we spoke with understood the importance of keeping records safe and secure. When the manager was not in the service staff had access to the records they needed to provide care to people safely. Staff knew that the identity of people using the service must not be disclosed to people who were not staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
