

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

## Roden Court

Roden Court, 115 Hornsey Lane, London, N6  
5EF

Tel: 02072727735

Date of Inspection: 06 August 2014

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September 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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</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	One Housing Group Limited
Registered Manager	Miss Jennifer Sophora Warren
Overview of the service	<p>Roden Court is an "extra care" housing provision operated by One Housing Group Ltd. in Haringey, North London. There are 40 flats available for rental by older people.</p> <p>The Care Quality Commission regulates the personal care service provided to residents by One Housing Group Ltd.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 6 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

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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 answer five key questions;

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service 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, 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?

People are treated with respect and dignity by the staff. People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard the people they supported. Training records showed that most staff had completed safeguarding adults training within the last six months.

There were effective recruitment and selection processes in place, and staff had been through induction and shadowing before starting work. This ensured that the staff were of good character and were competent enough to meet the care and welfare needs of people.

Is the service effective?

People's health and care needs were assessed specialist dietary, mobility and equipment needs had been identified in care plans where required. People said that they had been involved in the care planning process and that they were happy with the care that was provided.

Is the service caring?

People were supported by kind and attentive staff. People told us that care workers

showed patience and gave encouragement when supporting people. One person told us, "nothing is too much trouble for them."

People using the service, and their relatives, were contacted regularly to check if they were satisfied with their care. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People's needs had been assessed before they moved into the scheme. People had access to activities that were important to them.

People knew how to make a complaint if they were unhappy. The provider had a robust complaints procedure that was accessible to people who use the service.

Is the service well-led?

Staff told us that the management team was "always routing" for people who used the service and "responded very quickly."

Staff told us they were very happy with the manager, "the manager is very good, we all help each other." Another person told us "the manager is very open; we can speak to her anytime."

Staff were clear about their roles and responsibilities, and had a good understanding of the ethos of the agency, quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

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

We spoke to six people using the service, one person we spoke to told us that they were "very happy" with the care provided. Another described staff as "very kind."

We observed that people were well dressed and appeared well cared for. We noted that the communal areas were very tidy, freshly decorated, comfortable and welcoming. We also noticed that all people we saw using the service were wearing a small alarm for calling for attention if required. One person using the service told us that some mornings she forgot to wear her alarm but that "the staff always check and remind me," and "If you push the button they come quickly."

As part of our inspection we looked at six care plans for people using the service and noted that people's care needs had been assessed and that risk assessments had been prepared.

These risk assessments included moving and handling, finance, medication and safeguarding. There was evidence that these risk assessments had recently been reviewed, and had been updated based on changes in people's needs. We saw that one person's risk assessment had been updated as they had recently taken up smoking.

In every care plan we saw a daily record that was kept for each person. This record provided information with regards to people's behaviour, health and activities. We noted that the daily records we looked at were detailed, legible and were up to date. We saw documentation that included information on religious and cultural needs and activities they liked to do. We saw that care plans were in a pictorial format for some people who had learning difficulties.

Records and feedback indicated that people usually supported by the same staff member, the manager told us "we always use the same carers as much as possible, for continuity

we mainly use permanent staff."

Discussions with the manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

**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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People told us they were safe at the home. One person said "I feel very safe here". We saw that staff spoke to people in a manner that showed respect and those using the service felt they were treated with dignity. One person said that "staff are very helpful, nothing is too much trouble."

The care coordinator and staff knew how to recognise and respond to the signs of abuse. Staff said they felt able to approach managers if they had concerns and told us there was a robust system in place to get advice from a senior person. Documentation in this area was well thought through and we saw evidence that staff were using body mapping in their practice to document any injuries or bruising sustained by people.

We also saw that the provider had quality assurance systems in place to monitor handling of money for people and safe keeping of keys for people who use the service.

Records confirmed that staff had received training on safeguarding and that it was also a regular topic of discussion at team meetings. All staff we spoke to told us that this training was helpful. Staff told us if they were unsure about anything they could discuss with their manager at any time. We also saw that there was more in depth training on safeguarding available for the more senior staff

We saw that the provider had policies and procedures for safeguarding adults.. There had been one recent safeguarding concern about a person using the service We saw that this had been dealt with in line with their procedures and that a notification had been sent to CQC.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. This ensured that the staff were of good character and were competent enough to meet the care and welfare needs of people. Appropriate checks were undertaken before staff started work. The provider kept records of these checks at their head office rather than at the service premises, and these were provided to us very shortly after our visit.

Records indicated that the provider had approached applicants' current and past employers for references. The records showed that staff had all received satisfactory Disclosure and Barring Service (DBS) checks prior to starting work. Staff's identity and proof of address documents had been verified and copies kept in their files.

People we spoke with were very positive about the staff that supported them and described them as "nice and very hard working."

The provider had a robust induction programme in place to ensure new staff had the skills and abilities to meet the care and welfare needs of people.

There were induction and other training records in staff files. Staff also told us that new members of staff were allocated an experienced member of staff to shadow before they worked alone.

**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 and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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People praised the staff working with them. "The staff are very good," said one person. Another told us. "I like the staff; they take me to the hairdressers." The manager told us that new staff were always introduced to people prior to working with them, and worked with an experienced member of staff, before working alone. "I was shadowing for over a week," one staff member told us "it's a good place to work, I like it here."

The manager told us that most of her staff had worked with her since the unit opened; she felt that continuity of care was paramount. One person told us "some staff have been here since I moved in and they have got to know me."

Staff told us "I am very happy working here" and another said "I am really enjoying it, the managers are all supportive."

Records and feedback provided evidence of appropriate training having been provided. Staff told us they had received induction training. This included, training on dementia, emergency first aid, safeguarding and manual handling. Some staff told us they were about to do a relevant National Vocational Qualification (NVQ) Records showed us that the provider was also providing training on managing challenging behaviour, The Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). "There is always lots of training here," one person told us

There was a formal supervision procedure in place; records showed us that staff were receiving supervision on a regular basis. Records also showed that all staff had had an appraisal. Staff told us that a manager was always available and they did not need to wait until their supervision session if they needed to discuss anything. "There is always a manager available, even at weekends."

Staff told us that they attended team meetings approximately every four to six weeks. Staff said the meetings were helpful, one staff member said, "We are a good team and help each other out." The provider therefore had a variety of ways in which it provided support to staff to provide care for people.

## 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 an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service and their relatives informed us that they were satisfied with the quality of services. People told us they had regular contact from a manager about how they experienced the service. "The manager asks if we are happy all the time," one person said.

People who use the service and their relatives were asked for their views about their care, and these were acted on, one person told us "a manager comes often, to check up on staff." The manager explained that regular "spot checks" and "observations" took place. This included listening to the staff member's approach to the person before the staff member knew she was present. There were records of spot-checks, which showed that this process considered a range of quality and risk issues, for example, on how respectful the staff member was and whether they arrived on time.

The provider had issued an annual quality assurance questionnaire which was commissioned by an independent external agency. The questionnaire sought people's views on a range of issues relating to the service being delivered and provided them with an opportunity to suggest any improvements which could be made. The survey also compared the results against other similar schemes in the region. The results of this year's survey had shown the provider to score highly in a number of areas including, consultation, activities and staff support. The provider said that they were also obtaining feedback from people during regular tenants meetings. This meant that the provider had systems in place to obtain people's views and to address any arising matters of concern.

## 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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