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Fouracres Care Services

Inspection report

47 Fouracres
Enfield
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EN3 5DR

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 20 April 2016 and was unannounced. When we last inspected this service in May 2014 we found the service met all the regulations we looked at.

Fouracres is a care home which has been registered to accommodate a maximum of four people with mental health issues and learning disabilities. Fouracres also provides short-term respite care to people. On the day of our inspection there was one person using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During the inspection the registered manager was not present. The registered provider and an interim manager were present.

We found three breaches of regulations. Medicines were not always managed safely. Medicines were not stored in the correct way and the home did not have arrangements in place to store controlled drugs. The administration of medicines to people who use the service were appropriately recorded by staff. The home had a clear medicines policy in place which was accessible to staff. A medicines audit had not been carried out since 2014. Staff had not received recent medicines training.

We saw evidence of a comprehensive staff induction programme. However the induction programme had not been completed by staff prior to sign off. Staff did not receive regular documented supervision or appraisals.

No recent audits were carried out for any part of the service. The service had system in place auditing for health and safety and medicines, however, this had not been completed since August 2015.

People were supported to eat and drink. People were consulted about menu choices. However, during the inspection we found out of date dairy produce and food was not always correctly stored or labelled once opened.

Statutory notifications were not submitted to CQC when required.

Systems were not in place to ensure the quality of the service people received was assessed and monitored. Audits had not been recently carried out.

Staff were safely recruited and the necessary pre-employment checks were completed. Staff also had regular criminal records checks.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All

staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

A detailed current risk assessment was in place for the person using the service. The risk assessment explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person.

The home maintained adequate staffing levels to support people both in the home and the community which supported people wishes to increase their independence.

We saw friendly, caring and supportive interactions between staff and the person using the service and staff knew their needs and preferences.

The care plan was person centred, although key working sessions were not regular.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns as regards people's mental capacity.

People are supported to maintain good health and have access to healthcare services. Referrals are made appropriately when concerns are noted as regards people's health.

The provider and interim manager were accessible to people and staff who spoke positively about them and felt confident about raising concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines were not always safely and effectively managed.

Procedures were in place to protect people from abuse.

The risks to people who used the service were identified and managed appropriately.

The service had systems in place to ensure that staff were suitable to work with people.

Requires Improvement ●

Is the service effective?

The service was not always effective. The service was not carrying out supervisions and appraisals on a regular basis with staff.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

The service was compliant with MCA 2005 and had applied for DoLS appropriately.

People who use the service were supported to eat healthily however food was not always stored appropriately and monitored.

Requires Improvement ●

Is the service caring?

The service was caring. We observed caring and positive interactions between staff and the person using the service. The person was treated with dignity and respect.

Care plan was detailed and provided information about the person's needs, likes and dislikes.

Good ●

Is the service responsive?

This service was responsive. The care plan was person centred.

The person using the service had access to activities and they were supported to access the community which promoted

Good ●

independence.

The provider had a complaints procedure which was accessible to staff, people and relatives.

Is the service well-led?

The service was not always well led. The systems for checking the safety and quality of the service were ineffective or not in place, which placed people at risk.

Staff spoke positively about management and how they were supported.

Requires Improvement ●

Fouracres Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 April 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. On this occasion, the provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity at the inspection to provide us with any relevant information.

The person who used the service could not let us know what they thought about the home because they could not always communicate with us verbally.

We spoke with two professionals involved with the service obtain their views.

During the inspection, we spoke with two care staff, the interim manager and the provider. We spent time observing support and care in communal areas.

We reviewed the care records of one person who used the service, four staff records and records related to the management of the service.

Is the service safe?

Our findings

The systems to manage medicines were not always safe. Although the provider told us that no one using the service was being supported to take medicines, we saw medicines prescribed to a person using the service and staff confirmed that they were supporting this person to take their medicines. We found this medicine left in a communal area and not appropriately stored in a medicines cabinet. The interim manager told us following the inspection that the medicine was left on the table as the staff member forgot to dispose of the medicine prior to leaving the service earlier that morning. Records were kept to confirm the administration of medicines and we saw that there were no gaps or errors in recording the administration of medicines.

Although the home was not administering controlled drugs to anyone at the time of the inspection, the home did on occasion, support people to take controlled drugs. We found that the arrangements for storing controlled drugs were not in line with the regulations on controlled drugs. It was the home's policy to store controlled drugs in a locked filing cabinet in the office. Controlled drugs should be stored in a controlled drugs cupboard in accordance with The Misuse of Drugs (Safe Custody) Regulations 1973 (Schedule 2). The provider and acting manager told us that when people requiring respite care stay, they do not administer medicines. A pharmacy medicines audit had not been carried out since 2014. The interim manager told us that local pharmacy had been due to carry out an audit recently, although this had been cancelled. We did not see any evidence of internal management audits of medicines management.

Staff who administered medication told us that they had received medicines training, although this was not always evidenced by certificates in staff training files. We saw that one member of staff had last received medicines training in February 2014. Staff had not had their competency in medicines management assessed. Despite the comments made by the interim manager regarding people who stay on a respite basis not taking medicines, shortly after the inspection, staff administered medicines to two people who used the service on respite basis.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A social care professional told us, "I have found [the person] well and in good spirits."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse concerns outside of the organisation to the local safeguarding authority and the CQC. The home had a safeguarding policy in place which was accessible to staff. Staff told us, "You don't hide it, abuse, financial, institutional, sexual. You inform the senior manager immediately, council, CQC."

We saw that risk was managed effectively and that a current comprehensive risk assessment was in place for the person who used the service. The risk assessment was person centred and risks were recorded in pictorial format which assisted the person to understand the risks posed to them.

People were supported by sufficient staff with the skills and knowledge to meet their individual needs and promote person centred care. We saw that there was one member of staff on duty during the inspection as there was one person using the service. The provider told us that as and when more people use the service, they would deploy more staff members to ensure that people were adequately cared for and supported to engage in the community.

The home was clean and tidy on the day we visited. The home had a weekly cleaning rota for staff on which they needed to confirm that cleaning had been carried out, although this had not been completed since May 2014. There were records of recent maintenance checks including gas, fire and electrical safety.

Accidents and incidents were recorded and the last recorded incident was in April 2015. The entry was detailed and immediate actions taken recorded. However there was no prompt on the incident form template to identify learning points or further actions taken following the incident. This was discussed with the provider and acting manager who advised this would be looked into.

Is the service effective?

Our findings

Staff had completed recent training in first aid and dementia and safeguarding adults. Staff told us that they had completed an induction before starting to work with people. One staff member told us, "One week, went through policies and procedures, clients and care plans." Documents showed a comprehensive induction programme completed in stages, which included; an introduction, health and safety training, focus on people, e-learning, introduction to work duties and supervised work duties. However inductions had been signed off as complete despite staff having not completed all stages.

There were limited records of supervision and appraisals with staff. The last documented supervision was in January 2014 and last documented appraisal in January 2013. The acting manager told us that they regularly visited the home to check on and speak to staff, but had not carried out formal supervisions and appraisals. One staff member told us, "If they come, open the fridge, something not right. They tell you."

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

A social care professional told us, "I found staff attentive and they knew [the person]." Another social care professional told us, "Great relationship with staff. They support [the person] and are excellent."

Staff demonstrated that they knew the care needs of the person who used the service which enabled them to support the person effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards.

We found that where people were unable to leave the home because they would not be safe leaving on their own, the home had applied to the relevant local authority for a DoLS authorisation and documentation to evidence this was available.

Staff knowledge of MCA and DoLS was mixed. Staff told us they had completed DoLS training. One staff member told us, "I have an understanding of DoLS. There are several bodies involved, advocate, team member, Enfield people. Making sure everything is in order. Making sure [the person] is safe and happy." Another staff member told us a DoLS was, "preventing them from doing what they want to do."

People were supported to eat and drink by staff. A social care professional told us, "[The person] is eating well and looking well." During the inspection we saw a person prepare a drink and a snack. Documentation was available to assist the person in making food choices. Staff told us that the person enjoyed food shopping and choose food in the supermarket. One staff member told us, "We know [the person] very well and what [the person] likes. We are trying to introduce [the person] to cultural foods, fruit and veg." The care plan identified the person's nutritional needs and recommended suitable foods. However, the person's daily food intake was not monitored or recorded when information suggested it should be. The person's daily food intake had not been recorded since 8 March 2016.

We saw fresh fruit and vegetables in the fridge. However, we also found milk that had passed expiry date and some dairy food had not been appropriately labelled after opening. We also saw that some dry foods, once opened had not been labelled or stored in suitable containers.

People had access to health and social care professionals. Records confirmed that people had access to a GP, dentist and could attend appointments when required. Staff told us that they could contact the GP if they had any concerns about people and the health professionals contact details were readily available. One staff member told us, "We have phone numbers. I use my initiative." The acting manager told us that the person who used the service attended an appointment recently and a follow up appointment was arranged. The person's daily records confirmed this.

Is the service caring?

Our findings

The person using the service appeared happy and content. We observed positive and caring interactions between management, staff and the person using the service. A social care professional told us, "Staff care so much for [the person]. That is invaluable." Staff told us, "[The person] is like family. We go everywhere together. [The person] is lovely," and, "[The person] touches my heart [and is] always smiling."

Staff knew the person's individual communication skills, abilities and preferences. Staff could communicate with the person in languages the person understood. A pictorial communication passport had also been created which assisted in communicating with the person who uses the service.

Staff understood what dignity and privacy meant when assisting people and the importance of choice. One staff member told us, "Curtains are drawn. We ask what do they want. Give [person] choice."

Staff told us that people were encouraged to be as independent as possible. One staff member told us, "We are working to make sure [the person] has independence. Since first met [the person] has greatly improved. We are working to build a life for [the person]." The person's care plan was person centred and promoted independence. Care needs were identified based on whether the person was independent, needed some help or needed full help. Likes and dislikes were also listed in the care plans and the person's favourite activities and background were included.

The care plan was updated regularly and the person had a designated keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. However, we saw that monthly updates, community participation or weight had not been documented since July 2015. The acting manager advised us that the community nurse monitored the person's weight and the key worker was responsible for completing monthly updates. Management did not have oversight of ensuring staff regularly reviewed and documented people's care needs. We did not see any evidence of whether this had a negative impact on the person using the service on this occasion as the person appeared content and had access to the community.

The home was spacious and allowed people to spend time on their own if they wished. During the inspection we saw the person using the service make a snack in the kitchen, eat in the living room and spend a short period of time in their bedroom. The person could freely move around the home as they wished. We noted that the bedroom which was occupied was not personalised and we discussed this with the provider and acting manager, who both advised that they had been discussing the issue recently with the person and were planning to make some changes.

Is the service responsive?

Our findings

Written feedback from a relative of a person who recently used the service for respite care stated, "Dear Fouracres, [the person] seems to have had a pleasant week staying with you, [they] said [they would] like to come again, I will... look at my diary to see the best time for me. Thanks very much."

A social care professional told us that they had concerns about the provision of activities for the person using the service. We found on inspection that the person using the service was supported to engage in a range of activities which reflected their goals and interests. The person was encouraged to participate in a variety of activities. During the inspection, we saw that the person who used the service was out in the community. The person had a monthly activities timetable and they could chose the activities they wanted to take part in.

We saw that the person was supported to maintain links with their family and the weekend before the inspection, the person who used the service received a visit from their family. Staff told us that the person was very excited about the visit and spent time dancing with their family during the visit.

Daily records were detailed and included people's activities and mood on that day. The daily records also recorded the various healthcare appointments and visits to the person using the service. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved.

Where people required support with their personal care they were able to make choices and be as independent as possible. An example was where staff prepared miniature bottles of bathing products for the person using the service to use themselves which were refilled every time prior to use so the contents of the bottles were not spilled. This approach by staff helped to promote the person's independence.

The home had a complaints procedure in place which was accessible to staff and people who used the service. The interim manager confirmed that they had not received any recent complaints. We saw during the inspection that when the key worker was previously completing reviews with people who used the service, they were asked to confirm that they knew the complaints procedure. There were arrangements in place to ensure that people who were unable to verbally communicate were aware of how to complain and, if necessary, had support to do so.

Is the service well-led?

Our findings

There was provision for a health and safety audit which included checks for electricity, heating and boilers, Control of Substances Hazardous to Health (COSHH), fire, pest control, laundry, medicines administration and first aid. However, these checks had not been documented as having been completed since August 2015. The weekly fire alarm test was documented as having been last completed on 24 March 2016. The weekly emergency lighting test was last documented as having been completed on 30 December 2015. Food temperature checks were last documented in October 2015. The freezer temperature was last checked on 29 March 2016 and the fridge temperature was last recorded on 2 April 2016. During the inspection we saw that a thermometer was kept in the fridge. This was discussed with the provider who advised that these checks were completed by a senior support worker, although no records were kept.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the registered manager was not available, but the provider was available. Staff spoke positively about the provider. Comments from staff included, "[The provider] is not only supportive and able to enlighten you with the situation. She lets you do your own thing and we have an understanding relationship," and "They listen." The provider told us that they have happy staff and everyone works well together as a team.

The service had a range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Staff told us they had regular staff meetings. We saw that the last recorded staff meeting took place in December 2015. It was noted that during this meeting management completed a walkabout of the home with staff and identified cleaning needs. It was also recorded that during the meeting that issues staff were unhappy about were discussed. However, there was no further clarification as to what these issues were.

The provider had not always notified the CQC of significant events, for instance the outcome of a DoLS application and when the registered manager left the service for more than 28 days. Following the inspection the acting manager submitted information in relation to the DoLS application and outcome. It was also confirmed that the provider informed the CQC verbally of the registered managers absence. This was discussed with the provider and interim manager who confirmed that they would review CQC guidance on submitting statutory notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(2)(g) The provider did not ensure the proper and safe management of medicines.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b) The provider did not have effective systems in place to record and monitor the quality and safety of service provision.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (2)(a) Staff supervision and staff appraisals were not taking regularly place which meant that staff performance was not being effectively monitored and reviewed.