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Fouracres Care Services

Inspection report

47 Fouracres
Enfield
Middlesex
EN3 5DR

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was unannounced. When we last inspected this service in April 2016 we identified breaches of regulations in relation to medicines management, staff training, supervisions and appraisals, and managerial oversight of the service.

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 permanent, as well as long-term and 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.

Medicines were now safely managed. At the time of the inspection, medicines were not in use at the service, however all staff had received training, and systems were in place to commence staff competency checks when medicines were next in use at the home. Medicines audits now formed part of the overall quality assurance systems in place at the home.

Staff were now receiving regular supervisions and an annual appraisal with the interim manager. Where a new member of staff had been recruited, they had completed a comprehensive induction which had been signed as completed.

There was now increased managerial oversight of the service. Regular weekly and monthly audits were completed on all aspects of the service.

Detailed current risk assessments were in place for the person who used the service. Risk assessments in place were reviewed and updated regularly. The risk assessments 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.

Care planning were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who use the service.

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

People were supported to maintain good health and had access to healthcare services.

The service regularly requested feedback from people who used the service, their relatives and professionals involved with the service.

The person was encouraged and supported to access the community and engage in a wide range of activities of their choosing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was now safe. Medicines were safely managed.

Procedures were in place to protect people from abuse.

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

There were sufficient staff to ensure that people's needs were met.

Is the service effective?

Good ●

The service was now effective. The service was now carrying out supervisions and appraisals on a regular basis with staff. Staff had access to regular training to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Is the service caring?

Good ●

The service was caring. We observed caring and positive interactions between staff and the person who used the service.

The person was treated with dignity and respect.

The person was encouraged to develop and maintain independence.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred.

The person had access to a variety of activities.

The home had a complaints procedure in place and requested feedback from people, relatives and professionals.

Is the service well-led?

Good 

The service was now well led. The quality of the service was monitored.

Staff spoke positively about management and how they were supported.

Statutory notifications were submitted to CQC.

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 checked 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.

This inspection took place on 21 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about the service which included statutory notifications. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

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.

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 and one person who had recently used the service, seven staff records and records related to the management of the service.

We requested feedback from two professionals involved with the service obtain their views.

Is the service safe?

Our findings

At our last inspection, we found medicines management was not always safe due to concerns related to the storage of medicines, staff training in medicines management and a lack of oversight of medicines management by way of audits. At this inspection, we found the provider had addressed this issue, however at the time of the inspection, we were told and records confirmed that medicines were in not being administered at the home.

Records confirmed that staff had received recent training in medicines management. The provider and interim manager had implemented a system to assess staff competencies in the administration of medicines, however at the time of the inspection; staff had not yet been assessed in this area as medicines were not currently being administered. The interim manager told us that they would assess staff competency in this area when medicines were next administered at the home. The provider had also arranged with a pharmacy, an online medicines training portal for staff to access to. We received confirmation after the inspection, that this had been completed.

We saw that there had been an external pharmacy audit of medicines management at the home in December 2016, in which there were no concerns raised. Medicines checks formed part of a newly introduced manager's weekly and monthly monitoring chart, where the manager was required to check medicines for every person using the service.

We saw that risk was managed effectively and that a current comprehensive risk assessment was in place for the person who used the service which had been recently reviewed. The risk assessment was person centred and risks were recorded in pictorial format which assisted the person to understand the risks posed to them. There was also a missing person protocol and hospital passport completed which provided important information to external parties in the event of an emergency situation or if the person went missing.

Staff we spoke to were knowledgeable around safeguarding and their responsibilities for reporting accidents, incidents or concerns. 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. One staff member told us, "We have to be vigilant for the residents and mindful of abuse, sexually, verbally. If I found a bruise I would record on paper and alert the line manager."

Accidents and incidents were recorded and appropriate action was taken and documented to ensure that the person's safety was maintained.

Staff were knowledgeable around whistleblowing. A staff member told us, "I would voice any concerns I have to the proper authority. We have the information on the wall."

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. Staff and rotas seen confirmed that additional staff were deployed when additional people used the service.

Staff files included application forms, records of interview and references. However, we saw that for one employee, a recent employer had not been contacted for a reference. Following the inspection, the interim manager confirmed that the recent employer had provided a reference. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

The home was clean and tidy on the day of the inspection. The home was in the process of being refurbished and some rooms had been renovated with en suite facilities installed. At our last inspection we found that cleaning checks were not documented. Records were completed regarding cleaning and hygiene at this inspection. There were records of recent maintenance checks including gas, fire and electrical safety.

Is the service effective?

Our findings

At our last inspection, we found inconsistencies in staff training, supervisions and annual appraisals. At this inspection, we found that the provider had addressed this issue.

Staff we spoke to and records confirmed that they had regular supervisions and an annual appraisal with the interim manager and provider. A staff member told us, "We have 121's with [interim manager]. Normally asks about how we enjoy the job, how we are coping and any internal/external problems that could affect our job and some things we would like to achieve."

We saw that newly recruited staff underwent a comprehensive induction which had been signed off as completed. Staff training records confirmed that staff had received training in areas such as medicines, infection control, safeguarding, MCA, epilepsy and moving and handling. When asked about training, a staff member told us, "Medication, behavioural challenges and mental capacity."

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 were knowledgeable in relation to the Mental Capacity Act and DoLS and records seen confirmed that staff had received training in this area. A staff member told us, "Even though a person has no capacity, we bring them varieties and try to explain, for example, seasonal clothes. We try to guide them in order to make a choice."

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. A professional involved with the service told us that the service followed up recommendations by health professionals.

Care plans identified people's nutritional needs and dietary preferences. People were supported to eat and drink by staff. During the inspection we saw a person assist care staff with preparing their lunch, which was a meal based on their cultural preference. Food was stored appropriately and labelled.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and the person who used the service. The person who used the service appeared happy and we observed them singing along to music with care staff whilst they prepared their lunch. Staff were particularly encouraging when assisting people leaving the home access the community. Both staff and management spoke fondly of the person who used the service and expressed their pride at the person's achievements. A staff member told us, "I am very glad to work with [person]. I am very happy to keep working with [person]. We saw feedback received recently from a person who has used the service for respite care. They commented, "I like the service given. Staff are kind, they make me laugh all the time."

We saw that independence was promoted which was evident in care planning. Where the person who used the service gained a new skill, their care plan was updated to reflect their newly acquired skill, such as hand washing and choosing a healthy snack.

Staff respected people's privacy and dignity which was observed during the inspection. The person who used the service indicated that they wanted to be alone in their bedroom. A staff member told us, "[Person] has their own space. [Person] gave me a sign not to follow."

There was a keyworker system in place at the home. 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 would spend time with them. We saw that there were regular weekly key working sessions which documented activities and achievements and health appointments the person attended.

Staff knew the person's individual communication skills, abilities and preferences. Staff could communicate with the person in languages the person understood. We saw that since the last inspection, the person's care plan had been updated to include additional English words they had learned.

The home was going through renovation during the inspection and we saw that rooms were spacious. At the last inspection, we noted that the occupied bedroom was not personalised, at this inspection we saw the bedroom had been decorated with the person's artwork and achievement certificates.

Is the service responsive?

Our findings

We saw that there was a comprehensive activities programme in place for the person who used the service, which reflected their goals and interests. Activities consisted of a mixture of general community access, such as bus trips, shopping and trips to the park and a structured activity programme which included cookery classes, reading and learning classes and arts and crafts. We saw that the person who used the service was receiving an achievement award at an awards ceremony. Records confirmed that the upcoming award was discussed with care staff and arrangements were made to ensure the person attended with staff support.

Care plans were person centred, reviewed regularly and updated as changes occurred following health appointments and goals reached. We saw detailed daily records which detailed a person's activities. The care plan contained information such as the person's background, likes and dislikes and preferred activities. The care plan was updated as and when required, with the person's progress in relation to developmental goals.

The service had a pre-assessment procedure for when people were using the service on a respite basis. A professional involved with the service told us that the service was timely in assessing people and providing feedback.

There was a complaints policy and people and relatives were provided with the complaints procedure. There had been no complaints received since the last inspection. 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.

The service had a procedure in place to obtain feedback from people, relatives and professionals involved with the service and where feedback had been received, the feedback was positive. The interim manager told us that feedback is analysed once received, and documents seen confirmed this.

Is the service well-led?

Our findings

At our last inspection, we found a lack of managerial oversight in relation to health and safety checks and home maintenance checks. At this inspection, we found that the provider had addressed this issue.

Since the last inspection, the provider and interim manager had commenced weekly and monthly checks of the service. The weekly check included health and safety checks such as fire alarms, water temperature, fridge temperature, cleaning and food and hygiene. We saw that where an area required a daily check, records confirmed that these checks were completed and documented. Where a staff member identified an area which required action, such as a light bulb requiring change, this was documented and action taken. Specific monitoring checks were also delegated to staff to have responsibility for, for example, one care staff was responsible for ensuring food charts and food temperatures were checked. All delegated checks were then audited on a weekly and monthly basis by the interim manager. A team leader had also been recently appointed to assist with staff management and quality checking.

At the last inspection, we found that notifications had not always been submitted to CQC. The day prior to this inspection, the service received a DoLS authorisation. This was submitted to CQC shortly after the inspection.

In addition to a weekly monitoring check, the provider and interim manager also completed a monthly monitoring audit. This included checking people's finances, care planning and updates, medicines, medical appointments, care files, health and safety and safeguarding.

At the time of the inspection, the registered manager was not available. We spoke with the provider and interim manager. The interim manager was in the process of applying to register with CQC. Staff spoke positively about the provider and interim manager. Comments from staff included, "We work well as a team. We have enormous support. Everything is working well. The staff take good care of the service user" and "They give us our space to work with freedom and our knowledge. They are very supportive."

A professional involved with the service told us that the service worked well with the person, their family and the placing authority. Both the provider and interim manager spoke positively about their future plans for the home and were keen to expand and care for more people on a longer term basis.

Staff and residents meetings were held on a regular basis. At the last residents meeting, we saw that food, activities, sleeping preferences and what made the person happy or unhappy was discussed.

At a recent staff meeting, we saw that the result of a recent food hygiene inspection was discussed, staff were updated regarding policy updates, new referrals and medicines training was discussed.