Inspection Report

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

Date of Inspection: 10 December 2012

Date of Publication: January 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	One Housing Group Limited
Registered Manager	Mr. Francis Dixon
Overview of the service	97-136 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. The Care Quality Commission regulates the personal care service provided to residents by One Housing Group Ltd.
Type of service	Domiciliary care service
Regulated activity	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'.

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 10 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Roden Court was opened in July 2012. There are 40 flats available for older people to rent. There are several two bed flats for couples. On the day of the inspection, there were 28 people living in the block, with seven more due to move in before Christmas.

The care and support needs of people living at Roden Court are assessed by the local authority. The service is provided by care workers employed by One Housing Group, separately from the terms of the people's tenancies. The range of support people received varied and included assistance with personal care and medication, preparing meals, help with shopping, assistance with managing their finances and cleaning the flats.

We inspected the service on the 10th December 2012. We looked at care records of a number of people using the service, staff files and other records relating to the care and support provided. We spoke with the extra care project manager, eight people using the service and five care workers. We observed care and support being provided in communal areas of the block.

None of the people we spoke with mentioned any concerns they had with the service. One person told us "it's lovely here." Another said "I've got all I really need."

We had concerns over the provider's management of medication. We noted that the provider had been working actively with the local authority commissioners to address the issues, but we have set a compliance action under the relevant outcome.

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

What we have told the provider to do

We have asked the provider to send us a report by 12 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at the records regarding the care of five people using the service. They each contained care plans which set out the support people received. The plans were prepared by the provider in consultation with the people themselves and the commissioning local authority. The plans were due to be reviewed early in 2013. Each person had signed a communication consent form, agreeing to information about them to be shared with relevant parties involved in their support package, such as social services and healthcare professionals.

Three people we spoke with said they were involved in the assessment and agreement of their care and support needs. One person said the care workers did "everything I need them to."

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.

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

Reasons for our judgement

The five care plans we looked at were less than six months old and we noted that they were due for review after six months. Each person had a key worker, employed by the provider, to co-ordinate their care and liaise with the commissioning local authority. The care plans were individually tailored to meet the specific care needs of the people. The records contained notes of the people's personal histories, enabling care workers to engage with them and to better understand their needs. We saw that records of people's healthcare appointments were up to date. There were also forms giving their personal description and habits which could quickly be communicated to the police should the person go missing from home. The provider maintained individual risk assessments using the CareSys computer system, which was accessed by the care staff. The provider may find it useful to note that we found information relating to one person located in another person's records. We saw from a person's care plan that they wanted to put on weight and their file contained a handwritten request from a relative that care workers make a note of the food the person had. The provider may find it useful to note that the person's food intake had not been consistently recorded.

From the care plans, we noted that some people were attended four times a day by care workers who provided support with personal care and cleaning and prompting with medication. Other people had more visits, which included having food prepared for them and support given with eating. Some people received support during the week with shopping and laundry. Several people were able to shop for themselves, or had help from their relatives. We saw a delivery of items that one person had ordered by phone. Care workers we spoke with described how they went about providing personal care, indicating that people's dignity was maintained and promoted. People told us they were very happy with the support. One said the care workers were "gentle and polite" and "very careful."

One person, whose records we saw and with whom we spoke, said they were "very happy" with the service being provided. They said they "like a quiet life" and spent most of their time in their room. We spoke with them in the communal area, where they were socializing with other residents and watching television. We had noted from their care plan that they did not want care workers "coming to their room unnecessarily." The person said this had been respected by staff, who attended "quickly" when summoned by call bell. Another person said the care workers "come on time and do all that's needed." One of the people said they liked "the company in the lounge" and only went to their room "for some privacy or if I'm tired." They told us they were happy that their needs were being met.

We observed the staff handover during the afternoon, when the care workers coming on shift were briefed about events during the day and informed of necessary issues. We noted that one person had been identified as being at risk from developing pressure sores and that the district nurse had been requested to attend to assess the case. We also noted that staff were flexible with their appointed times for providing care, by not disturbing people who might be resting and coming back later to provide any support needed.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

One of the people we spoke with said they were "very happy and very safe." They said care workers were "patient and gentle" when providing their personal care. Another person said the care workers were "always polite and careful."

The staff members we spoke with showed a good understanding of safeguarding issues. We saw that training had been given in July and September. The staff said they were getting to know the people well and felt able to recognise a change in a person's mood or demeanour that might indicate there being a cause for concern. They told us of the provider's reporting process for safeguarding and of the role of the local authority in investigating suspected abuse.

Some of the people using the service received support with managing their finances. We noted that the records regarding their money were properly maintained. We saw one person receiving support over money. The staff member was patient and thorough in explaining matters to the person.

The provider has worked appropriately with the local authority safeguarding team in relation to potential allegations of abuse.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

The provider did not have appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at storage and record keeping of medication. We also talked to four people who used the service and with staff members.

One person told us that they took their own medicines and we saw a risk assessment to monitor their compliance. They knew all about their medicines and told us how they ordered them from care workers every month. Three other people confirmed that staff supported them around the administration of medication. They showed us where their medicines were stored safely in their flats. Two people kept the doors of their flats open whilst they were elsewhere in the building, so there was a risk of loss or theft from intruders and their medicines were stored in the provider's office.

We looked at these medicines and those stored for some other people in the office and noticed that they were not stored appropriately. They were kept in a locked filing cabinet, but were mixed up with the personal records of people using the service and other medicines in plastic carrier bags, awaiting disposal. There was a risk of error in selecting the wrong medicine for people or of not giving the medicine. We discussed this with the manager who told us that the provision of extra, appropriate, storage for both records and medication was being discussed with the provider's head office.

Appropriate arrangements were in place in relation to the recording of administration of medicines. All people being supported with their medicines had printed Medication Administration Record (MAR) sheets, which detailed the medicines currently prescribed. We saw no omissions in the current MAR sheets, but did observe that sometimes the wrong code had been used to explain why medicines were not being taken. Previous MAR sheets showed that omissions in recording administration were frequently occurring. The service had taken action by carrying out a rolling monthly audit of all the MAR sheets and daily checks at handover to identify these errors and minimise them.

We observed inconsistent recording in receiving medicines. There was a medicines receipt book and also templates in peoples care folders for recording the ordering and receipt of medicines. The disposal book had not been completed since October 2012.

We viewed the medication procedures and were told that the service was to change their pharmacist supplier in January 2013. We observed that staff received medication training as part of their induction. The manager told us that the new supplier offered a more comprehensive medication management service which included training.

We were told that people visited their GP for reviews of their medicines or if they were ill. One person we talked to told us that they were in pain. We saw that they had been receiving paracetamol until 4 December, when it had run out. Although this was a short course of a discharge medicine, we observed no system to review and obtain medicines prescribed during the middle of a medication cycle.

Supporting workers ✓ Met this standard

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 safely and to an appropriate standard.

Reasons for our judgement

People we spoke with thought that the care workers had the necessary training to provide the support they needed.

The manager told us that there were seventeen care workers in total. At the time of the inspection, most of these were agency staff, but four were directly employed by the provider. The manager told us that a recruitment exercise was nearing completion and permanent staff members would be appointed to all posts in the coming months. We spoke with five of the staff, three of whom were permanent.

We saw the provider's induction plan, which set out the induction training given to new members of staff. This included Health and Safety, administration of medication, working with people with dementia, infection control and safeguarding vulnerable adults. Further training had been provided by a district nurse in moving and handling and operating hoists. Staff had received additional training in medication in mid-November and the manager told us that more would be given when a new pharmacy starts work with the provider in January 2013. We asked the manager about training in challenging behaviour. They said that this was scheduled for early in the New Year, along with Mental Capacity training.

We saw the record of only one staff meeting, which took place in September to address "staff short falls." However, two workers said there had been two staff meetings, at which staff were encouraged by management to raise any concerns they had. They were also asked to make suggestions of how the service might be improved. They said they felt able to speak openly with the manager over any issues of concern and that the manager listened to them. One described herself as having been "very vocal."

One care worker told us that there were not enough staff to meet people's needs and that at times the staff were "very busy." Another care worker said "so far, there's enough staff." At the time of the inspection, the day shift consisted of six carers, with four on the late shift and two overnight.

Two of the permanent staff we spoke with said they had received supervision in the last few months. The other said they had only been in post one month and had not had a supervision meeting. Annual appraisals had not yet taken place, but the manager told us they were scheduled for early in 2013.

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 the service people receive.

Reasons for our judgement

Two people we spoke with said they were able to speak freely with the manager and staff over issues relating to their care and the running of the service. There had been a "customer meeting" on the 6th December, but the manager told us the record had not yet been typed up. The two people said they had recently been asked to complete customer feedback questionnaires. The manager told us that the process had been co-ordinated by the provider's head office in mid-November. The results were being collated and assessed, but the manager had not yet received the feedback. We saw a suggestions box on the wall in the reception area. However, the manager said that nobody had yet made use of it.

In agreement with the commissioning local authority, the provider has recently introduced a weekly audit of the arrangements for managing the medication people use. The manager will also be undertaking a monthly spot check of medication and the provider's head of support services will carry out checks on a six-weekly basis.

Two people told us they knew how to make a complaint. One said they had "nothing to complain about." We noted that the complaints procedure was set out on the main notice board. It was also included in the housing rental agreements of people using the service. We looked at the complaints log and saw that the one complaint received, made by a person's relative, had been responded to appropriately and seemingly to the complainant's satisfaction, as they had not corresponded for some time.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The provider had not protected people using the service against the risk associated with the unsafe use or management of medicines as required by Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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