

Review of compliance

Prudential Care Home Limited Prudential Care Home Limited	
Region:	London
Location address:	7a Grant Terrace Castlewood Road London N16 6DS
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	7a Grant Terrace is a care home providing accommodation, care, treatment and support to people with mental health needs. The home is a two storey property, with 4 bedrooms, one of which is en suite, a shared bathroom, a shared shower room, a communal lounge and kitchen / diner, and a rear patio garden.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Prudential Care Home Limited was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 October 2011, observed how people were being cared for and talked to staff.

What people told us

We spoke to two of the four people living in the home. They were very positive about the home. One of the residents told us, "The staff are great. I am happy with everything here."

Staff interactions with residents were positive and supportive.

The staff team have regular group and one to one meetings and training.

There are arrangements to seek the views of residents of a regular basis through monthly house meetings and annual feedback requests.

What we found about the standards we reviewed and how well Prudential Care Home Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Residents are treated with dignity and respect, are able to express their views and have their experiences taken into account in the way services are provided.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive safe and appropriate care, treatment and support to meet their needs.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

There are appropriate arrangements in place to protect people from the risks of abuse.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There are sufficient members of staff at the home to ensure that people's care and welfare needs are met.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

There are arrangements in place to ensure members of staff are competent to meet the care and welfare needs of residents.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are suitable arrangements in place to monitor the quality of services, and assess risks to people using services.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

7A Grant Terrace can accommodate a maximum of 4 people. At the time of our inspection, 4 people were living in the home, each with their own individual rooms.

Two of the residents were available to speak with us during our inspection, and they both told us they were happy living at 7A Grant Terrace. We observed that there were good interactions between staff members and the residents; staff members were respectful towards residents, were available to support them, and listened to them. The residents also appeared comfortable around members of staff.

Other evidence

The deputy manager shared notes from some resident house meetings with us. The notes showed that meetings were taking place monthly, and that people were able to express their views and preferences about the home, and their experiences of living there.

Our judgement

Residents are treated with dignity and respect, are able to express their views and have their experiences taken into account in the way services are provided.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The residents at the service had all been living there for more than four years. The two residents we spoke to told us they were happy at 7A Grant Terrace.

The deputy manager told us that the staff supported residents if they wanted to get involved in community and in-house activities. One resident we spoke to told us that the service organised activities and outings, but that he preferred not to get involved in them.

We found that people were supported to lead as independent a life as possible, remained in contact with their key social contacts, such as their family, and took part in activities that interested them.

Other evidence

Members of staff supported people to prepare snacks and light meals of their choice for breakfast and lunch. The main meal of the day, dinner, was prepared by the staff in the evening for all residents. The fridges and freezers in the home were well stocked with a variety of fresh and frozen food, and there was a dinner menu displayed for the week which looked varied and healthy.

The deputy manager informed us that residents were supported to do their laundry as required. A washing machine and a dryer were available for residents to use near the kitchen at the home.

We looked at the care plan for one of the residents. We found that there was evidence that they were supported and encouraged to have an allocated key worker in the home. The key worker was their designated support worker, who worked closely with them, encouraging and supporting them to have their care needs met. We looked at some notes from a meeting between a resident and their key worker and found that they discussed the resident's health, social needs, medication and lifestyle preferences.

We found that needs assessments were also completed twice a year for residents and looked at mental health issues, social situation and included a summary of their needs, which was then included in their care plan.

Residents were supported to take their medication. We looked at a medication chart, and found that the medication taken was recorded and the resident had been taking their medication properly.

Our judgement

People receive safe and appropriate care, treatment and support to meet their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people we spoke to did not raise any concerns about their safety and security at 7A Grant Terrace.

People had their own private rooms that were able to keep locked for privacy. We observed that members of staff knocked, and waited to be invited in, before entering people's rooms.

There were lockable cabinets in the staff office for each of the residents. These were used to keep any medication people were taking.

Other evidence

The deputy manager told us that the staff team had received training in Safeguarding people from abuse by an external trainer in January 2011. The service also has a library of interactive training Digital Video Disks (DVDs), which are used for supplementary training of staff members. Topics available on the training DVDs include Abuse and Medication.

The staff members we spoke with were aware of appropriate actions to take if they suspected people who receive services were being abused, or were at risk of being abused. They mentioned discussing any concerns about the safety of people using services with their managers at the office.

Our judgement

There are appropriate arrangements in place to protect people from the risks of abuse.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The deputy manager and a support worker were on duty when we carried out our inspection.

Residents at the home told us they were happy with the staff members, and we observed that the members of staff were supportive towards the residents.

Other evidence

The deputy manager provided us with a copy of the weekly staff rota. The rota showed that at least one manager was on duty during a weekday, along with a support worker. There was also one support worker on duty at nights. The deputy manager informed us that managers also worked on weekends on a rota basis.

The staff members we spoke with during our inspection told us that they felt there were enough staff on duty for each shift. They also mentioned that managers were available on call when they were not in the home, and offered support as required.

Our judgement

There are sufficient members of staff at the home to ensure that people's care and welfare needs are met.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to the residents about this outcome.

Other evidence

The support worker we spoke to during our inspection told us that she felt supported in her work. She told us that she had regular supervision sessions and also attended monthly staff meetings.

We looked at records of staff supervision sessions. They showed that the sessions took place on a regular basis, every two months, for members of staff. Matters discussed included training and development, and duties and responsibilities.

We also looked at the minutes of recent staff meetings. Topics discussed during staff meetings included scheduled training sessions and reinforcing good practice. For example, staff members were informed of Mental Health training planned for November 2011 and the importance of checking the petty cash at the beginning and end of each shift.

Our judgement

There are arrangements in place to ensure members of staff are competent to meet the care and welfare needs of residents.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Residents were asked on an annual basis to complete a feedback questionnaire on the service. In the questionnaire they are asked to share their views about different aspects of the service including the environment, the staff, information they are given and how well they felt their privacy was maintained. We looked at the responses from last year and found that the residents responded in a positive manner and appeared satisfied with the service.

Other evidence

The service also obtained annual feedback from people's family members as well as the health and social care professionals working with 7A Grant Terrace, such as family doctors and social workers. They were asked about their opinions of staff skills and abilities, the environment and information they received about the service, such as the Statement of Purpose. We found that the responses received were positive, and that family members and care professionals were complimentary about the service and the members of staff.

The managers at the service also provided us with their continuing development plan for 2011 to 2012, which they told us they had developed after receiving feedback from their stakeholders and holding a "Think Day" meeting. The plan included details of the service's plan to maintain standards and set development targets to be met including increasing engagement of people living in the home, staff update and refresher training and home redecoration.

We saw that risk assessments were completed for the residents on a twice yearly basis. We looked at an example of an assessment and found that the staff at the service reviewed mental health, risk to others, self harm, neglect and vulnerability. Arrangements were then made to adapt the support provided to the individual concerned based on the findings of the assessment.

Residents' support plans were prepared and reviewed every three months, and the findings were used to improve the care and support residents received.

Our judgement

There are suitable arrangements in place to monitor the quality of services, and assess risks to people using services.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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