

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

The Beeches (Seven Kings)

45 Norfolk Road, Seven Kings, Ilford, IG3 8LH

Tel: 02085904340

Date of Inspection: 28 February 2013

Date of Publication: March 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
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Tealk Services Limited
Registered Manager	Mrs. Elizabeth Teresa Benaissa
Overview of the service	The Beeches is registered to provide personal care and accommodation to younger adults with a history of mental illness. All people that live at this home have their own en-suite bedrooms. This home is registered to provide care for up to ten adults. The home is situated in a residential area close to local shops and transport links.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Meeting nutritional needs	10
Safeguarding people who use services from abuse	11
Management of medicines	12
Requirements relating to workers	13
Complaints	14
Records	15
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 28 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

There are eight people currently living in this home. We spoke to three of the people who were at the home the day we visited. They each said they were happy living here. One person told us "I can choose what I want to eat and I can go out and meet my friends". Another person told us about the holiday they are going on later in the year they said they are "Very excited and we went to Spain last year and that was great".

We saw that the care plans are reviewed every six months, they are personalised and each person is involved in their own care plan. There are detailed risk assessments linked to each persons care plans and their chosen activities.

Staff receive regular training and complete mandatory training when required. Regular appraisals and supervision takes place with staff and staff felt trained to deliver the care to people in this home. All staff have had safeguarding training and the staff we spoke to can detail what could be classified as abuse.

There are regular meetings and feedback opportunities with people who live here staff and health professionals. If concerns are identified these are actioned in line with company policies.

The two relatives we spoke to are very happy with the care and support offered to their relatives at this home. They have no concerns and the manager is in contact frequently , they visit regularly and staff are always there to talk to.

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

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 privacy, dignity and independence were respected.

Reasons for our judgement

The people who live at this home had the opportunity to visit before they moved in. Once their admission was agreed the staff complete an assessment with the person that address issues such as likes, dislikes, personal care preferences and activities they enjoy. The deputy manager said that this information forms the basis of the personal care plan.

Three people who live at this home and they told us they were asked about what things they liked to do and if they had specific needs or requirements to settle in this home. They all said that they were involved in their own care plans they had the opportunity to read them.

We observed staff speaking with people who lived at this home and discussing the day's activities with them. Staff were respectful and polite and were seen supporting people to maintain their independence in their daily tasks. Each person had their own bedroom which they could lock if they wished. Everyone living at the home also had their own personal mobile phone. The people we spoke to said they found these very useful particularly in maintaining contact with family and informing staff at the home if they were going to be late back.

We reviewed the care folders of the eight people who lived here. There was a detailed life history that included detail about significant people in the person's life.

Everyone that lives here is invited to a weekly meeting. The deputy manager said most people attend every week. At this meeting issues such as days out holidays and the week's menu are discussed by all.

All the people living here have been supported by staff to get their own travel cards, cinema tickets and they can access the community when they wish. When holidays or days out are arranged staff will always accompany the people that live here.

The three people we spoke to said they were happy living at this home. We also had the opportunity to speak with two relatives. They both said the found the care very good and

they are always kept updated on all aspects of their relatives care.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The three people we spoke to said they were involved in their care and could choose what they wanted to do in their day. The deputy manager told us about planning that is currently taking place for a forthcoming holiday. Each person that is going has a risk assessment undertaken and families are kept closely involved.

People that live here said they were "Very excited about the holiday". The two family members we spoke to said there were lots of activities that their family member could attend if they wanted.

Three of the people living here attend a local day centre three times a week where they have the opportunity to meet with other people living in the community. The deputy manager said they aim to promote independent living if possible. They have had had some people move from here into independent living.

We looked at the eight care plans and these were found to be recently reviewed and individualised. Staff we spoke to found them easy to follow and they could determine care needs from them. Risks are identified as part of the care plans and reviewed regularly.

There are a number of activities available in the home. Including a games room at the end of the garden that also houses exercise equipment. People we spoke to said they all liked their room and had been involved with choosing the paint and decoration.

The people that live here can access the community independently. They all have mobile phones that they can contact staff on if they are going to be late or if they need help.

We spoke with the Community Psychiatric Nurse who was visiting and found the staff to be caring and helpful they said people were well looked after in this home.

Each care folder had a detailed account of health professional's involvement and actions required following visits. We saw that people were supported in attending regular appointments such as the opticians and dentist.

The families we spoke to they said they have "Peace of mind" with the home they know

that their relative is safe and cared for.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People living here told us they enjoyed the food. They often helped in the food preparation and could access the kitchen if they wished. They discuss on a weekly basis the week's menus and can choose alternatives if they do not like what others have suggested. There is a vegetarian and meat option offered at all meal times as one person living here is a vegetarian.

Some people living here have a healthy eating plan that has been discussed with them, their doctor and key worker. The deputy manager said that if required staff will monitor what is eaten within the home and try to encourage healthy choices.

People's weight was recorded monthly and any concerns will be reported to the doctor.

Care staff also are involved with food preparation.

The staff have had food hygiene training. The people that live here will have meals out with staff on occasions, and they also have a weekly take away of their choice.

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

The deputy manager told us that staff are trained and have the knowledge to identify and respond appropriately if abuse was alleged or suspected.

The people that live here can communicate to staff. Staff said they know the people well that live here and hope that they would tell them if they were worried or if anything untoward should happen to them.

The Beeches is part of a group of homes and the provider has both safeguarding and whistleblowing policies in place.

The three staff members spoken to have had training in safeguarding vulnerable adults. They could describe incidents that could be classified as abuse. We noted from staff training files that safeguarding training had taken place.

The two relatives we spoke to were asked if they knew how to raise concerns. They were confident in knowing what to do, but they both said they have never had cause for concern since their relative came to live at this home. They said they would first contact the staff or they could also contact their relative's social worker and they also knew they could speak to the local authority and the CQC.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

In all of the care plans reviewed people's ability to self medicate was considered. However the people that live here wanted staff to dispense their medication.

During our visit we looked at the medication administration records. Medication that was administered was signed for. If for any reason that someone missed their medication or chose not to take it the doctor would be contacted for advice on how to proceed,. This would be detailed in their records.

Medication was supplied by the pharmacist in blister packs with each persons name identified. Morning and evening tablets were colour coded. All medication that was not in these packs was counted and signed for by two members of staff on a daily basis. Medicine that had expired or if it was not required was returned to the pharmacist. The deputy manager said they would contact either the pharmacist or doctor if they had medication queries.

The staff members we spoke to were clear about the policies and procedures in relation to medication. If medication had been changed these changes were documented in the persons care file as well as verbally communicating to staff.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There are nine staff employed at this home. Of these staff eight have gained a National Vocational Qualification either two or three. New starting staff starting to work here must complete a induction programme which the manager monitors. All staff are required to undertake their yearly mandatory training and are supported by the provider in attending these courses. The staff also receive additional training to dispense medication.

Each staff member has a yearly appraisal and monthly supervision. We saw evidence of these in their personal files.

The deputy manager said that staff can attend courses that have are run by the provider, and they can also access a number of courses that are operated by the local authority.

The staff members we spoke to said they felt that they had received training to support them in delivering the personalised care to the people who live in this home.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People who live at the home know what they would do if they had concerns. They said "We would talk to the manager". They also have review meetings with their social workers where they are given the opportunity to discuss living at this home.

The two relatives we spoke to said they have never had cause for concern with this home. If they had any worries they would speak to the staff. The deputy manager said that they have an open door policy and always communicate with family. They also maintain a telephone/conversation log book. This can confirm information that has been passed to family or health professionals ensuring all relevant people remained informed.

The deputy manager said they also send out user satisfaction surveys once a year to seek the views and opinions of people who are involved with the home. If issues were raised from this they would investigate but as yet no concerns or complaints have been highlighted.

The deputy manager said if they had a complaint there is a clear process to follow. A paper copy of this policy is available for staff to read.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records of people that live at the home are stored in the manager's office. This is kept locked when left unattended.

The records reviewed were all organised and easy to follow. The provider might note that there were signatures missing from some of the care plans reviewed. All records contained updated information pertaining to visits to or by other health professionals.

Staff records were kept in a secure cabinet the manager held the key for this. All old records were archived and could be accessed if required.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
