

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

## Fouracres Care Services

47 Fouracres, Enfield, EN3 5DR

Tel: 02082924823

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November 2012

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

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

## Details about this location

Registered Provider	Mrs Philomena Chikwendu Okoron-Kwo
Registered Managers	Mr. Simon Atkins Ms. Omonigho Ekata
Overview of the service	Fouracres Care Service is a care service that provides accommodation and care to a maximum of four people who have learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 5 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We observed that people were involved and consulted about decisions affecting their care. We saw that staff understood people's needs. Staff spoke with people in a manner that showed respect and met their individual needs.

Staff spent time talking with people and engaging in one to one activities with them. Staff said that sufficient staff were available to meet people's needs throughout the day. We looked at the files for the three new staff. There were no skills for care induction records to show this induction process had been completed. Staff had not received all of the training and support they needed to care for people safely.

We were told that there had not been a formal survey of people, relatives and other stakeholders about how the service could be improved. The provider could not show us how the delivery of care and management of the service were monitored, but said that there had been some consultation with relatives about care and support needs.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 25 December 2012, 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We observed that people were involved and consulted about decisions affecting their care. Staff knew how to communicate with them. Staff took the time to make sure that they involved them in decisions about their care. Care plans included information on people's likes and dislikes regarding their care and support. Staff knew how to support people in a way that maintained their dignity and showed them respect.

The manager explained that she was now regularly consulting with professionals, and involving people using the service in decisions about their care. Records were available that showed this was taking place. People expressed their views and were involved in making decisions about their care and treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We saw that staff understood people's needs. They were treated respectfully and spoken to in an appropriate manner. People's change in behaviour was responded to sensitively in a manner that enhanced the individual's well-being. Changes to people's needs were discussed with them.

We looked at a three care plans. These provided information about people's needs. Care plans gave guidance for staff about how they should meet people's needs. Staff understood people's care and cultural needs. Care plans clearly identified people's needs resulting from their diverse cultural backgrounds. People's plans identified when they needed one-to-one support. Daily notes showed that people were taking part in activities.

There were risk assessments in place to ensure that people's safety and well-being was maintained when receiving care and support. This meant that people's needs were identified and met in a manner that promoted their independence and safety.

Clear guidance was available in people's care plans regarding their need for one-to-one support. Daily notes showed that people were taking part in activities. Where they had particular behavioural needs these had been monitored regularly. Where necessary the appropriate professionals had been consulted for advice regarding people's behaviour.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Staff spoke with people in a manner that showed respect and met their individual needs. Staff could explain the various forms of abuse that might happen to people who use the service and were able to describe situations and issues that would indicate a person was being abused. They told us and training records confirmed that they had received safeguarding training.

People knew how to raise concerns about their care and treatment. Staff knew how to respond if they suspected that abuse had taken place. There was a safeguarding and whistleblowing policy in place. Staff explained that they would report their concerns to the manager. Staff knew they could report concerns to the local authority safeguarding team and other statutory bodies.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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During our inspection of April 2012 we found that it was not possible to confirm that sufficient staff were always available to meet the needs of people who use the service. The manager explained that more staff had been recruited so that there were increased numbers of staff available to meet the needs of people. The rota showed that there were regularly two staff and a manager working with people.

Staff spent time talking with people and engaging in one to one activities with them. Staff said that sufficient staff were available to meet people's needs throughout the day. We saw that staff were available to support people were needed.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were at risk of not receiving safe care as staff had not been given all the support and training they needed to meet their needs.

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.

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## **Reasons for our judgement**

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We spoke with people using the service but their feedback did not relate to this standard. Three staff had recently begun working at the service. We spoke to one of the staff who explained that they had an induction.

We spoke to three staff who told us that they had not completed all the training necessary for them to meet the needs of people as outlined in the service's policy and procedure. The staff training matrix dated October 2012 showed that of the eight staff currently working at the home only two had completed all the required training to give them the skills to meet people's needs. Only one member of staff had certificates from the various courses that showed they had completed this training. Two staff had no records to show they had completed any training. Four staff had not completed all the mandatory training as stipulated by the service's training policy. The provider could not show us how they were going to make sure that these gaps in training were addressed. No plan had been put in place to address this. People may be at risk as staff did not have all the skills necessary to meet their needs safely.

The provider explained that staff should receive supervision at least every six weeks according to the service's supervision policy. Staff spoken with could not confirm that they had supervision as often as this. We looked at the supervision records for the eight staff. These records showed that two staff had received their supervision within the last six weeks. There were no records for the other six staff that showed they had received supervision every six weeks. Provider did not have a plan to make sure that staff had received regular supervision.

The provider explained that appraisals should take place every year for all staff. Staff told us that they had not had an appraisal in the last year. We looked at the records for the eight staff. These did not contain any records to show that appraisals had taken place in the last year. The provider could not show us how appraisals would be put in place for all staff. People may be at risk as staff had not received the necessary support to help them develop their skills and provide consistent care.

## Assessing and monitoring the quality of service provision

✘ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider did not have systems in place to regularly monitor the quality of the service, this may mean that people are at risk of receiving an unsafe and inappropriate care.

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

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### Reasons for our judgement

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We spoke with people using the service but their feedback did not relate to this standard. The provider explained that she had consulted the relatives of people who use the service about their care and support needs. There were records to show that relatives had been involved in reviews of people's care. People's needs had been discussed in their meetings with their key workers, and this had been recorded. Staff spoken to understood the importance of involving people in decisions about their care. The provider explained that there had not been a formal survey of people, relatives and other stakeholders about how the service could be improved. There were no records to show that this had taken place in the last year.

The provider could not show us how the delivery of care and management of the service were monitored. For example, there was no means of checking whether staff had received the training and support they needed. The provider could not show us a training plan that addressed the future training needs of staff or how they monitored staff supervision to make sure that all staff received support on regularly. The provider did not have systems in place to regularly monitor the quality of the service, this may mean that people are at risk of receiving an unsafe and inappropriate care.

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
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
	<b>How the regulation was not being met:</b> People were at risk of not receiving safe care as staff had not been given the support and training they needed to meet their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> The provider did not have systems in place to regularly monitor the quality of the service, this may mean that people are at risk of receiving and unsafe and inappropriate care.

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 25 December 2012.

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

**This section is primarily information for the provider**

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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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