

**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

Date of Inspection: 12 April 2013

Date of Publication: May 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## 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

## 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
<b>Summary of this inspection:</b>	
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	4
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	5
Requirements relating to workers	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
Records	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## 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 12 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with other authorities.

---

### What people told us and what we found

---

We observed that people were involved in and consulted about decisions affecting their care. One person said, "I can do the things I like." There were effective recruitment and selection processes in place. Staff told us that they had been through a detailed recruitment process. Staff had the skills and support necessary to meet people's needs safely.

The provider explained that she had carried out a survey of people, their relatives and professionals to obtain their views of the quality of the service. The quality of service provision was assessed and monitored. For example, there is now a training and supervision plan to make sure that staff receive the training and support they need. People's personal records, including their care plans, were accurate, and had been reviewed and updated at regular intervals.

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](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

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

---

### Reasons for our judgement

We observed that people were involved in and consulted about decisions affecting their care. One person said, "I can do the things I like." Staff knew how to communicate with them. 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.

We saw that staff understood people's needs. They were treated respectfully and spoken to in an appropriate manner. One person said, "I am happy here." Changes to people's needs were discussed with them.

We looked at 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.

Guidance was available in people's care plans regarding their need for one-to-one support. 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.

The manager explained that she was now regularly consulting with professionals, and involving people using the service in decisions about their care. People's change in behaviour was responded to sensitively in a manner that enhanced the individual's well-being. Records were available that showed this was taking place. People expressed their

views and were involved in making decisions about their care and treatment.

## 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 were effective recruitment and selection processes in place. Staff told us that they had been through a detailed recruitment process that included completing an application form, interviews and references being taken up from their former employers. We looked at four staff files and found these contained all the necessary documents to show that they were safe and suitable to work with vulnerable people. The files contain a completed application form, two references and the required background checks on their criminal records. The provider explained that she asked staff at interview to explain any gaps in their employment history. In this way the provider made sure that staff were suitable to work with people who use the service.

**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 and treatment safely and to an appropriate standard.

---

## **Reasons for our judgement**

---

At our inspection of the service on 5 November 2012 we found that there was a lack of training and support for staff. The provider wrote to us and told us that they would put in place a training programme and make sure that staff received support in line with their procedures by 31 January 2013. Staff told us that they had received refresher training in all the areas of mandatory training identified in the services procedures. The training matrix showed that all staff had now completed this mandatory training. A number of staff had completed or were about to complete their competence based qualification at level 3. The provider showed us a training programme that identified the ongoing training needs of all staff and when they would receive this training.

Staff confirmed that they were receiving supervision every six weeks in line with the service's policy. There were records to show that all staff had received regular supervision. Supervision records showed that staff's individual training and development needs had been discussed and learning actions had been identified to meet these. The provider explained that she was making sure that staff had received their supervision on a regular basis by monitoring supervision records.

The provider told us that all staff had recently received an appraisal. We looked at four staff files and found a record of their recent appraisal. The provider explained that she would continue to do annual appraisals in line with the service's policy. Staff told us they felt that the appraisals had been useful in helping them to identify their training and learning needs. Staff were given the support they required to meet people's needs safely.

## 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 service that people receive.

---

### Reasons for our judgement

---

At our inspection of the service on 5 November 2012 we found that there was a lack of effective systems to assess and monitor the quality of the service provided to people. The provider explained that she had carried out a survey of people, their relatives and professionals to obtain their views of the quality of the service. The provider planned to prepare a report highlighting any actions from the survey that need to be carried out to improve the quality of the service. This showed how people would be involved in making suggestions to improve the service. Relatives and professionals had also been consulted about how the service was performing. People's suggestions would be used as the basis to improve the care provided by the home.

Staff told us they were able to make suggestions to improve the home. They felt that staff meetings provided them with a way to raise issues. Staff meeting minutes showed that staff had a regular opportunity to discuss improvements to the home. Staff played an active role in improving the care of people.

The quality of service provision was assessed and monitored. Where issues were identified improvements were made. For example, there was now a training and supervision plan to make sure that staff received the training and support they needed. Regular audits had been carried out covering a range of areas such as medications management and care planning. The provider explained that she now carries out a check of all care plans and risk assessments on a regular basis. Systems were in place to monitor the quality of the service to make sure that people were protected from receiving unsafe or inappropriate care.

## 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

---

People's personal records including their care plans were accurate, and had been reviewed and updated at regular intervals. Care records gave an explanation of how people's needs were to be met. This meant that care records supported staff to provide safe and appropriate care to people who use the service. People's personal records including medical records were accurate and fit for purpose.

Records were kept securely and could be located promptly when needed. We saw that staff handled records with regard to protecting people's confidentiality and privacy. Staff we spoke with had a good understanding of the importance of keeping records safe and secure. When the manager was not in the service staff had access to the records they needed to provide care to people safely. Staff knew that the identity of people using the service must not be disclosed to people who were not staff.

## 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://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.

---