

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

Waterfall House

363-365 Bowes Road, New Southgate, London,
N11 1AA

Tel: 02083680470

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	H Dhunnoo
Registered Manager	Mrs. Marina Dhunnoo
Overview of the service	This care home is run by a private provider and is registered to provide accommodation and personal care to a maximum of 27 people who have long standing mental health problems. Most of the people have been living at the home for a number of years and are over 65 years of age.
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	4
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Management of medicines	7
Requirements relating to workers	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 24 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During this inspection we met and spoke with most of the people using the service. People we spoke with confirmed that staff communicated well with them and asked for their permission before any care or treatment took place. They told us that staff would always respect their wishes and preferences. One person commented "the staff ask me if it's alright to help."

People who use the service were positive about the care and treatment they received at the home. They confirmed that staff assisted them when they needed support with their care and that staff were very helpful. One person commented "all the staff are so nice." Another person told us "it's good. It's well run." People told us they had no complaints about the service but knew how to make a complaint if they needed to.

Effective recruitment and selection processes were in place and appropriate checks were undertaken before staff began work.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff we spoke with understood the importance of obtaining the consent of the person before any care or treatment took place. People we spoke with confirmed that staff communicated well with them and asked for their permission before any care or treatment took place. They told us that staff would always respect their wishes and preferences.

People told us they felt involved in their care and we saw that care plans had been signed by the person or their representative to confirm they agreed with how they wanted to be supported. One person commented "the staff ask me if it's alright to help."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff confirmed they had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware that the service must always act in the best interests of the person when they lacked capacity. Staff understood that people's capacity to make decisions could fluctuate due to their mental health problems and that people needed sufficient time to understand and make informed decisions about their care and treatment. Care plans included relapse indicators for each person. These indicators ensured that staff understood when a person might become more unwell and so their capacity to consent and make decisions about their care might be compromised.

The manager told us that where people were unable to make particular decisions, their relatives or representatives and healthcare professionals were included in the decision making process. The manager gave us examples of when independent advocacy services would also be included in best interest meetings. This included situations where people wanted to make decisions that might put them at potential risk. We saw that decisions about potential risks were discussed with people on a regular basis.

The manager confirmed that no one at the service was under a Deprivation of Liberty Safeguard (DoLS) restriction and that restraint was not being used for any person using the service.

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

People who use the service were positive about the care and treatment they received from staff at the home. They confirmed that staff assisted them when they needed support with their care and that staff were very helpful. One person commented, "all the staff are so nice." Another person told us "it's good. It's well run."

Every person had their own individual care plan. Care plans gave guidance to staff about the care and treatment needs of people and staff had a very good understanding of the needs of the people they supported. People followed their chosen faiths and also chose their own culturally appropriate meals. For example one person's care plan stated that they must not have pork on their menu.

Care plans contained risk assessments for each person. These assessments acknowledged the risks faced by people using the service and included strategies for minimising those potential risks. For example, where people had been assessed as being at risk of choking, we saw that the service had arranged a speech and language therapist to undertake an assessment of the individual. Care plans showed that the recommendations from these assessments were being recorded and actioned.

Care plans and risk assessments were being reviewed on a regular basis with the person using the service, their key worker and the manager.

People also told us they had good access to health care professionals such as doctors, dentists and chiropodists.

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

People who use the service told us they were satisfied with the support they received to take their medication. They told us that staff explained what the medication they were taking was for if they didn't already know.

We checked records in relation to the receipt, storage, administration and disposal of medication. The manager told us that only staff who have received medication training deal with medication. We saw that medication records were being regularly audited so that any issues or problems could be identified in a timely manner.

The staff were able to demonstrate that they were following correct medication procedures and policies in order to safely manage medicines at the home.

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.

Effective recruitment and selection processes were in place and appropriate checks were undertaken before staff began work.

Reasons for our judgement

People who use the service were positive about the staff who supported them. People described staff as "efficient," "good" and "OK, straight up."

We checked that recruitment procedures were being followed appropriately so that unsuitable staff were not being employed at the service. We checked three files of staff currently working at the home. These files contained all the information required by this standard. This information included proof of identity, two written references and criminal record checks. We saw that the provider also checked when gaps in employment were evident.

Staff we spoke with confirmed that they had not been allowed to start working with people until all relevant employment checks had been carried out.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People who use the service told us they had no complaints about the service but knew how to make a complaint if they needed to. They said they were confident that the service would take any complaint seriously. One person commented "if I had a complaint I would talk to my key worker. She would follow it up." Another person told us "I've no complaints."

Staff explained to us how they would assist someone to raise a concern or make a complaint. Staff told us that if there was a complaint about the service they would ensure the complaint was passed on to the manager and support provided to the complainant.

We saw that the complaints procedure was clearly displayed in the reception area. This procedure included the contact details of a local advocacy service. The wording of the procedure was quite small and the manager agreed to increase the font size so that people with problems with their sight could read it better.

We checked the record of past complaints which were recorded in detail and included actions taken to address these complaints. We saw that people's complaints were fully investigated and resolved where possible to their satisfaction. There had not been any recent complaints about the service and the manager told us that minor issues were usually sorted out during meetings or during regular reviews.

The manager told us that people were encouraged to raise concerns or make suggestions as this enabled improvements to be made to the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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@cqc.org.uk

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

Website: www.cqc.org.uk

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