

# Review of compliance

<p>H Dhunnoo Waterfall House</p>	
<p><b>Region:</b></p>	<p>London</p>
<p><b>Location address:</b></p>	<p>363-365 Bowes Road New Southgate London N11 1AA</p>
<p><b>Type of service:</b></p>	<p>Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>August 2012</p>
<p><b>Overview of the service:</b></p>	<p>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.</p>

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

## Our current overall judgement

**Waterfall House was meeting all the essential standards of quality and safety inspected.**

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

### Why we carried out this review

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

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector joined by an Expert by Experience people who have experience of using services and who can provide that perspective. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

People who use the service told us that staff were kind and respected their privacy. People using the service confirmed that they were offered a choice in relation to activities, care preferences and food and drink. One person we spoke with told us, "My requests are treated with care and respect. I am allowed to maintain my privacy. I am quite happy about the way I am treated".

People using the service told us that they were satisfied with the food provided by the home. People described the food as, "Excellent", "Lovely", "Nice" and "Alright". They confirmed they had a choice of menu and that their religious and cultural menu requirements were being met.

People who use the service told us that they felt safe at the home.

They told us they had no concerns or complaints about their care but would speak with the manager or the staff if they needed to.

People told us that the manager was approachable and listened to their problems.

People who use the service were positive about the staff who supported them. They told us there were enough staff on duty to meet their needs.

People told us the staff were, "polite" and "Not too rushed" when they needed support.

The service was ensuring that records in relation to nutrition and health care needs were up to date, reviewed with the person concerned and were kept securely.

This meant that any changes in a person's nutritional requirements or possible associated health care problems were identified promptly so the manager could take the appropriate action.

## **What we found about the standards we reviewed and how well Waterfall House was meeting them**

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

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard.

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

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

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

The provider was meeting this standard.

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

### **Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

## **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

#### What people who use the service experienced and told us

People who use the service told us that staff were kind and respected their privacy. Comments from people included, "Staff very good, considerate and kind" and "Whatever they do for me, they do it good".

People using the service confirmed that they were offered a choice in relation to activities, care preferences and food and drink. One person we spoke with told us, "My requests are treated with care and respect. I am allowed to maintain my privacy. I am quite happy about the way I am treated".

#### Other evidence

Is people's privacy & dignity respected?

We observed staff treating people with dignity and respect and offering discreet assistance during the lunchtime when required.

Care plans examined gave staff guidance about offering choice to people as well as how to maintain people's privacy and independence. Staff we spoke with understood the importance of following people's care plans in order to ensure that individuals maintained their independence as much as possible.

Some people had a key to their bedroom door and all bedrooms had a lockable cupboard for secure storage of personal items. There were two shared rooms in the home. There were screens available to improve the privacy of those people sharing. The home had a "quiet room" where people using the service could meet with their relatives or representatives in private.

Are people involved in making choices & decisions about their care?

People were able to express their views and were involved in making decisions about their care and treatment.

Their likes, dislikes and care preferences were being recorded in the care plans we examined. These included preferences about food and drink. These care plans, including risk assessments, were being regularly reviewed with the person using the service and their key worker. This meant that people were involved in decisions about their own care where possible.

We saw evidence that people who use the service were able to go out to the local community and suggestions about day trips and other activities were recorded in the minutes of regular meetings with the management of the home. Menus were also being reviewed with people using the service at these meetings.

### **Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People using the service told us that they were satisfied with the food provided by the home.

People described the food as, "Excellent", "Lovely", "Nice" and "Alright".

They confirmed they had a choice of menu and that their religious and cultural menu requirements were being met. Some people said they bought and prepared their own meals sometimes and enjoyed doing this.

One person commented, "If I'm peckish between meals there is always a cup of tea and biscuits".

We observed that lunch time was relaxed and unhurried and that people using the service were being provided with food which was hot, well presented and of sufficient quantity.

##### Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

We observed that people were being offered and provided with a choice of suitable and nutritious food and drink.

There was fresh fruit and vegetables available in the kitchen and the manager told us that people were encouraged and supported to make themselves snacks when they wanted. The manager told us that people using the service helped decide the menu for the home at regular meetings with the management.

We saw that, where people did not want to have the main lunch menu, staff provided them with a suitable alternative. People could choose to have lunch on their own or with

other people in the dining room.

The service was maintaining records of what people ate and drank at the home.

The manager and staff told us that people's food and fluid intake were discussed at staff meetings and during staff handovers.

Where nutritional needs had been identified there was evidence in people's care plans and daily records that further staff monitoring took place and other health care professionals had been contacted to provide advice and guidance. This meant that if anyone had specific needs around eating and drinking the service ensured that prompt action was taken to address these needs.

Are people's religious or cultural backgrounds respected?

People followed their chosen faiths and also chose their own culturally appropriate meals. For example one person was encouraged to cook their own culturally appropriate meals when they wanted. This person had also shown staff how to prepare these meals if they were not feeling well enough to cook the meal themselves.

Another person we spoke with told us they were vegetarian and we saw appropriate menus for them which they had chosen. Staff we spoke with had a good understanding of the nutritional needs of the people they supported.

Staff confirmed that they had been shown by a person using the service how to prepare their culturally appropriate meals. Staff were aware of any special diets they needed to provide to people who had been identified as having swallowing problems or other health care issues.

These matched the specific nutritional requirements that had been identified and recorded in people's care plans we examined. This meant that staff were respecting people's cultural and religious requirements.

Are people supported to eat and drink sufficient amounts to meet their needs?

People using the service had their weight monitored and recorded every month. We saw evidence in people's care plans that, where problems had been identified, the manager had contacted and arranged further nutritional assessments by doctors and speech and language therapists. Advice and information from these assessments were recorded in people's care plans to ensure that staff were supporting people to have adequate nutrition and hydration. Staff were providing discreet assistance during lunch where needed.

### **Our judgement**

The provider was meeting this standard.

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

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

People who use the service told us that they felt safe at the home. They told us they had no concerns or complaints about their care but would speak with the manager or the staff if they needed to.

People told us that the manager was approachable and listened to their problems.

##### Other evidence

Are steps taken to prevent abuse?

Staff we interviewed were aware of the different types of abuse that can happen to people in a care setting. Staff were able to give us examples of signs they would look out for that could indicate a person was being abused.

All staff were clear that neglecting people's care needs was potentially abusive and following people's care plans properly reduced this risk of abuse.

The manager and all staff at the home had undertaken safeguarding training and up to date training certificates were seen during the inspection. This meant that all staff working at the home had the knowledge and awareness of how to protect people from abuse.

Do people know how to raise concerns?

The service had an up to date policy and procedure in relation to safeguarding people who use the service. This included the appropriate procedure for reporting potential abuse.

We spoke about safeguarding procedures with the manager. The manager was clear about the procedure for notifying the appropriate authorities of any allegations of abuse including notifying the Care Quality Commission. These systems ensured that the provider responded appropriately to any allegation of abuse.

Staff we spoke to were clear about their responsibilities to report any suspicion of abuse to the manager. They were aware of the home's Whistle Blowing policy and that they could report any concerns to the local authority, the police or the Care Quality Commission.

Are Deprivation of Liberty safeguards used appropriately?

The registered manager told us that she had attended training in the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLs).

The manager was aware that the service must always act in the best interests of the person when they lack capacity.

The manager told us that all the people using the service were able to make decisions about their care and treatment. There was written evidence in people's care plans that any risky activity they wanted to undertake had been discussed with them and measures put in place to reduce these risks.

For example one person wanted to go out of the home on their own. However staff had identified that this person was at risk of falling so they were encouraged to go out with a staff member for support. This meant that the service was making sure, as far as possible, that people were not having their liberty compromised.

### **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.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People who use the service were positive about the staff who supported them. They told us there were enough staff on duty to meet their needs.

People told us the staff were, "polite" and "not too rushed" when they needed support.

##### Other evidence

Are there sufficient numbers of staff?

Staff we spoke with told us they felt there were enough staff on duty to meet the needs of the people they supported. We saw that care and support was being provided by sufficient numbers of staff in order to ensure that people's privacy, dignity and independence were maintained and that there were enough staff to provide appropriate support during lunchtime.

Do staff have the appropriate skills knowledge and experience?

Staff had a good understanding of the individual nutritional needs of the people they supported. The manager and all staff at the home had recently attended a training course in nutrition and diet awareness. These certificates were seen during the inspection.

Staff we interviewed confirmed they had attended this training and gave us examples of how this training had benefited their care practice. For example, staff told us about the various food groups such as protein and carbohydrates that needed to be included in menus to ensure people were receiving a healthy diet. Staff were aware of the

importance of maintaining people's privacy and dignity.

**Our judgement**

The provider was meeting this standard.

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

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

Are accurate records of appropriate information kept?

People's personal records including medical records were accurate and fit for purpose. Care plans we examined contained an initial nutritional assessment which had been developed from the pre assessment information provided by the person's placing authority. This meant that the service was accurately recording people's assessed needs before they were admitted to the home.

We saw that these initial assessments had been further developed with input from other health care professionals to provide nutritional care plans for staff to follow.

Where nutritional risks had been identified for example, for those people with swallowing problems, specific instructions were in place to ensure the safety and appropriate support of the person including providing a pureed diet and thickener for drinks.

People's care plans and risk assessments were up to date and were being regularly reviewed with the person using the service and their key worker.

Any changes in care needs were being properly recorded and included the dates where

changes had been made. Including the person using the service in their own reviews meant that care plans were based on the needs, choices and preferences of the individual.

Are records stored securely?

Records were kept securely and could be located promptly when needed.

We saw that all records in relation to the care and treatment of people using the service were being stored securely in locked cabinets.

Staff we spoke to understood the importance of keeping written information safe and only available to the individual concerned or their representative if appropriate. This meant that the service was protecting people's confidentiality.

**Our judgement**

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

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

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

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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