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

Home Care Reablement Service - Royal Jubilee Court

Anne House, Main Road, Romford, RM2 5AN
Tel: 01708752461
Date of Inspection: 24 September 2012
Date of Publication: November 2012

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

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<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>London Borough of Havering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Karen Rohleder</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Home Care Reablement Service - Royal Jubilee Court is a supported living scheme for older people consisting of 14 flats within a larger sheltered accommodation project.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Domiciliary care service</td>
</tr>
</tbody>
</table>
| **Regulated activities**  | Accommodation for persons who require nursing or personal care  
                         |  
                         | Personal care              |
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

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 September 2012, 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 carers and / or family members and talked with staff.

What people told us and what we found

People told us this was a good service that met their needs. One person told us, "I like the place. I was in hospital for on and off 18 months. I lost weight, the food wasn't good. I've put weight on here. With my carer we've got the kitchen well stocked up with food".

People told us that on the whole, staff supported them appropriately and were helpful and caring. "Apart from a couple, all the carers are all fine and lovely," was one comment we received.

We also found that people's needs were being met through ongoing assessment and a process of care planning that was carried out by adequate numbers of suitably experienced and qualified staff. The service took steps to safeguard people from potential abuse and had worked with the local authority safeguarding team to ensure this. There were systems in place to monitor the quality of the service and to ensure safety.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that they were treated with dignity and respect by the service and staff. One person told us "they treat me with respect. If they didn't I'd let them know". Another person said "they always knock before they come into my room, and wait until I say it's okay". We also observed people being treated with dignity and respect by staff in their interactions with people.

People expressed their views and were involved in making decisions about their care and treatment. The service encouraged relatives to be involved in decisions about care and treatment. During our visit an arranged meeting took place between a relative and staff about aspects of care where choices and care options were being discussed. Documentation demonstrated people's comments about the service had been noted and acted upon. For example, one person had told staff they were not happy with the time they were supported to get ready in the morning. This comment had been documented and the time changed to suit the person. This showed that people had choice and control over their daily lives.
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 felt that the service met their needs and looked after them well. A relative told us "I couldn't fault them, they have looked after my mother very well".

Peoples’ needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Assessments and support plans from a range of professionals were completed prior to admission from hospital. On admission the assessments were reviewed by occupational therapists and a care plan devised in line with individual need, with the emphasis on supporting independent living. During admission multidisciplinary support reviews took place in line with individual need. These included input from physiotherapists, speech and language therapists, district nurses, dietitians, diabetes nurses and district nurses where specific need had been identified.

Care and treatment was planned and delivered in a way that ensured people’s safety and welfare. There was a comments book where carers wrote comments about aspects of the service and people’s care that needed to be handed over to the next shift. There were checklists in place that ensured people who were going home had all assessments completed and all the necessary care and support had been arranged. There was also a similar checklist in place for people who were newly admitted. This showed the service took steps to ensure that care was delivered to an expected standard of quality and safety.
## Safeguarding people who use services from abuse

<table>
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<th>Met this standard</th>
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### People should be protected from abuse and staff should respect their human rights

### Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### Reasons for our judgement

We spoke to people who used the service but their feedback did not relate to this outcome.

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. The service had a policy on safeguarding vulnerable adults and children. Staff had been trained in safeguarding awareness. They were able to tell us about recognising types of abuse and the process for reporting suspected abuse. The manager gave us examples where the service had made referrals to, and worked with the local safeguarding adults team where there had been concerns.
**Staffing**

<table>
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<tr>
<th>Met this standard</th>
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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

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**

People felt that staff were generally kind and caring and that there were enough staff to meet their needs. One person told us "there is always someone around to help you if you need it".

At night time there was an easy to use emergency call system in place. This was demonstrated to us by the manager. One person did not think it offered enough support. We were told by senior staff that the purpose of the project was to encourage independent living as much as possible which meant staff were not on duty at night.

There were enough qualified, skilled and experienced staff to meet people’s needs. There was a staff structure that included occupational therapists providing specialist on site input and a team of care workers providing ongoing day to day care plan support. The staffing rota for the service was an accurate reflection of the level of staffing we found on the day of our visit and what had been stated by the manager. Ongoing staff training included modules in conflict management, falls prevention, reablement training, moving and handling and understanding mental capacity.
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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke to people who used the service but their feedback did not relate to this outcome.

People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. The service user survey is completed as people leave the service. These were reviewed by the manager every six months to check on progress of the service and to change aspects of service delivery. For example, some flats now have lower mirrors that are appropriate for wheelchair users as a result of survey feedback.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The service kept a record of safety checks and equipment servicing and ensured these were maintained. For example, documentation showed that hoist service records and fire safety checks were in place and up to date. A senior member of staff regularly walked the floor and noted maintenance work that was needed to the premises. Repairs were recorded in a book that showed jobs were being completed in a timely manner.
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.
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.
### (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.
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<tr>
<td><strong>Phone:</strong> 03000 616161</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td><strong>Write to us at:</strong> Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA</td>
</tr>
<tr>
<td><strong>Website:</strong> <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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