

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

Care Link Residential Care Home

36 Natal Road, Ilford, IG1 2HA

Tel: 02085534008

Date of Inspection: 19 October 2012

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November 2012

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard

Details about this location

Registered Provider	Mrs Sumiran Sharma and Mrs Veena Mehta
Registered Manager	Mrs. Veena Mehta
Overview of the service	The service provides accommodation and 24 hour support with personal care to adults with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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 19 October 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 and talked with staff.

What people told us and what we found

People told us they were treated with respect and that they could make choices over their care. One person told us "I make my own lunch" and "I choose my clothes to wear." We observed that people were able to make choices for themselves during the course of our visit. We found that care plans were in place, which included Health Action Plans and risk assessments. We found that people had routine access to health care professionals. People told us they liked the physical environment. We observed that the environment was safe and accessible to people. We found that medications were stored securely, and that staff knew how to administer medications safely. People told us they liked the staff. One person said "staff treat me all right." We found that recruitment procedures were in place that included seeking references and Criminal Records Bureau checks.

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 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 expressed their views and were involved in making decisions about their care and treatment. People told us they were able to make choices over their daily lives. One person said "I make my own lunch" and "I choose my clothes to wear." People also told us that they were consulted about their care. They told us they had meetings to discuss issues of importance to them with staff. One person said "I like the meetings." Each person had their own bedroom, and the deputy manager told us that they had keys to their bedrooms. This promoted people's privacy.

The deputy manager told us that care plans were drawn up with the involvement of people. We saw that people had signed their care plans. We also saw that care plans were produced in written and pictorial format. The deputy manager told us this made it easier to explain the content of care plans to people. This showed that people were consulted about their care.

Care plans included sections on people's likes and dislikes. We saw one care plan said that the person liked to go to a day centre, and we observed that they did indeed go to the day centre on the day of our visit. The person told us that they wanted to do this. This showed that people were able to make choices about what they did.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care plans for both of the people living at the service. We saw care plans included person centred information on how to meet the needs of the individual. This included sections on meeting needs with regard to social and leisure activities, food and communication. Where a risk had been identified, there were risk assessments in place. These set out how to manage and reduce risks, for example on people administering their own medication and malnutrition and hydration. We were told by the deputy manager that relatives are invited to care plan reviews, and people told us this was the case. One person said "my niece comes."

We saw that Health Action Plans were in place for people. These included details on promoting healthy lifestyle choices such as healthy eating plans. They also included details of appointments with medical professionals. Records were kept of these appointments that showed people had access to GP's, dentists and opticians. This showed people's health care needs were being met.

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

Medicines were kept safely and were safely administered. Medications were stored in a locked container in the service's office. The deputy manager told us that the office was kept locked when not in use. This meant medications were stored securely. We were told that one person has some degree of control over administering their medication, which promoted that person's independence.

We examined medication administration records for both people living at the service for a two month period. These were found to be accurate and up to date. The deputy manager told us that all staff who had responsibility for administering medication had undertaken training and an assessment of their competence to administer medications. We saw on file certificates that showed three staff had indeed undertaken medication training and an assessment of their competence with regard to administering medications. This meant that people were administered medication in a safe manner, which promoted their health, safety and wellbeing.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. People told us they were happy with the home's physical environment. One person said "I do yeah" when asked if they liked their bedroom. The home was built over two floors, and each person had their own bedroom. People told us that they were able to access all areas of the home, and we observed this to be the case during our visit. The home had one toilet/shower room and one toilet/bathroom. Both of these had locks fitted with an emergency override device. However, the lock was broken on the toilet/shower room. In addition, the flooring was loose in this room. The deputy manager told us both of these issues would be addressed by the end of October 2012.

We saw that the service had arranged for various safety checks to be carried out at the home. These included testing of portable appliances, electrical installations and gas appliances. This meant that steps had been taken to ensure the physical environment was safe for people to live in.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. People we talked with spoke positively about the staff. One person said "staff treat me all right." We observed staff interacting with people in a friendly and supportive manner, for example with supporting someone to get a snack and a drink.

We saw when we arrived one member of staff was on duty. We saw they were able to meet the needs of the two people currently living at the service. The deputy manager told us that both people attended day centres each week day, and that they did not need staff support from the service for this. They told us that staffing levels increased at weekends to enable people to access community facilities with the support of staff. We looked at staff rotas which showed that at weekends there was more than one member of staff on duty. This meant staffing levels were flexible to meet the needs of people.

Staff told us that before commencing work at the service they had to provide references and undertake a Criminal Records Bureau (CRB) check. All of the three staff files we looked at showed that people had supplied two references and a CRB check, in addition to proof of ID and completing an application form. This showed the service had procedures in place to recruit staff that were sufficiently qualified and of good character to do the job.

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

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

Website: www.cqc.org.uk

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