

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

The Beeches (Seven Kings)

45 Norfolk Road, Seven Kings, Ilford, IG3 8LH

Tel: 02085904340

Date of Inspection: 23 August 2013

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September 2013

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 |
| Safety and suitability of premises | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Tealk Services Limited |
| Registered Manager | Mrs. Elizabeth Teresa Benaissa |
| Overview of the service | The Beeches (Seven Kings) is registered to provide care for up to ten people with a history of mental illness. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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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 carried out a visit on 23 August 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with other authorities.

What people told us and what we found

The service was providing care to nine people with mental health needs. We spoke with four people as part of the inspection. People using the service were happy with their care. One person said, "I am comfortable here." Another person said, "the staff are friendly people."

The service assessed people's individual needs and preferences to ensure they received appropriate support. People told us they were offered choices and their wishes were respected. Staff obtained people's consent before providing care. The staff worked with other professionals to help people gain independent living skills and encouraged people to take part in activities and the local community. People told us they liked their rooms and we saw that the environment was comfortable, suitably furnished and clean.

People using the service were positive about the staff and described them as "helpful". Staff told us they had received effective induction, training and supervision to carry out their roles. The senior staff actively monitored the quality of care in the home. The manager sought feedback about the service and was responsive to suggestions for improvement.

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

People using the service consistently said the staff listened to them and respected their wishes. One person said, "I do get enough of a say. I do things that are my choice." Another person said, "I am not pressured. [The staff are] quite helpful."

Members of staff explained how they ensured that people consented to care. They said they gave people a range of options when offering care. Staff members told us they encouraged people to participate in their care or activities and respected people's wishes including their right to refuse.

People using the service said they were aware of their care plans and had been involved in developing these with staff. We saw that people or their next of kin had signed their written care plans indicating their consent.

Staff had undergone training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. Staff we spoke with were confident they understood their roles and responsibilities under this legislation in ensuring that people's rights were protected. We were told that all the people using the service had the mental capacity to take decisions about their day to day care. The home liaised appropriately with people's next of kin or legal appointees, where formal arrangements were in place, for example about financial matters.

The home's records showed that people's mental capacity was formally assessed by appropriate health and social services professionals if there was any doubt about their capacity to make significant decisions. The manager had recently organised an overseas holiday for some people using the service. We saw records showing how people using the service, their family members and health professionals had been consulted and that procedures had been followed to ensure that people consented to the trip.

Staff members we spoke with said that physical restraint was never used at the home and

people were not restricted in their movements. On the day of the inspection, we saw that people were able to get up and go out when they wanted. Staff said that if people displayed aggressive or challenging behaviour, staff members would attempt to calm the situation by talking to the person and trying to resolve the problem. If the threat of aggression persisted, staff called the police to the home. We reviewed the home's incident records which were consistent with staff accounts.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People using the service said they received good support and the home was the right place for their needs. One person said, "I am quite comfortable here." Another person said, "it's nice, a nice home. The staff are really helpful. We get to go out to do activities."

Staff members said they provided a good service to people living at the home. They were able to give us examples of how people were benefitting from care. Most people's mental health had been stable while living at the home and admissions to hospital due to relapse had been rare.

The managers and staff organised a range of individual and group activities in consultation with people. People had opportunities to attend organised trips and holidays and socialise if they wanted. People were encouraged to take part in the local community.

The manager told us that the service was increasingly supporting people to move to more independent living arrangements. We spoke with one person who was about to embark on a structured programme of activities at the home to develop their independence. They said, "I will be getting ready to move on in 12 weeks. I'm used to being in care. I'm not 100 per cent ready but I want to try." The NHS community occupational therapist was also closely involved in providing this support.

People's needs were assessed and care was delivered in line with their individual care plan. The plans included information from the referring placement authority and a detailed assessment of people's needs, preferences and interests. The plans also took account of people's cultural and religious needs and wishes. The plans included information for staff about how to manage any identified risks to people's wellbeing and how to recognise specific signs of relapse for particular individuals. We saw that people's plans were up to date and regularly reviewed.

People had regular one-to-one meetings with one member of staff to discuss their progress and any concerns. A brief summary of the notes from these meetings was included in the care plans. The staff members we spoke with were knowledgeable about people's needs.

We saw records showing that people using the service were supported to attend health checks and other appointments. Staff alerted people's health and social services professionals when they had concerns, for example to request a placement review or mental capacity assessment.

People we spoke with said they felt safe. However, some people using the service told us they were negatively affected by another person using the service who sometimes displayed angry and threatening behaviour. We reviewed the care plan for this person and saw that incidents of aggression had been documented by staff and they had alerted the relevant health care teams. Despite this, we saw that the pattern of incidents was continuing. The manager told us they were monitoring the situation and would seek a placement review if necessary.

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

People using the service said they were happy with the environment at the home. One person said, "I have a lovely room. I have nice pictures fitted on my wall." People said they were able to organise their rooms the way they wanted. People could lock their rooms for their privacy and security. All but one room had ensuite bathroom facilities.

We inspected the communal areas of the home. These were reasonably clean and comfortably furnished. The environment had a homely feel which was appropriate for people living in a community setting. People were encouraged to take responsibility for cleaning their own rooms with staff support and to help with other aspects of the environment such as cooking and gardening to develop their independence. The home had a recreation room and appropriate facilities for people who smoked.

We saw records showing that the home had passed routine health, hygiene and safety checks. Fire exits were clearly signposted.

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

People using the service were positive about the staff at the home. They did not raise any concerns about the skills and experience of the staff. One person said, "the staff are friendly people."

Four members of staff were normally on duty during the day with additional managerial support. We spoke with the manager, three team leaders and one care worker during the inspection. Two of the staff we spoke with had recently started to work at the home. They both said they had received good support and encouragement from the manager and other colleagues. The provider had an induction process for new members of staff which covered policies and procedures at the home, attendance at mandatory training and opportunities to shadow experienced colleagues.

The home normally operated with one experienced staff member on waking duty during the night. We were told that an additional staff member would be allocated to the night shift if there was an increased level of risk, for example if a person was showing signs of becoming unwell. The manager was also available on call out of hours. One of the staff members we spoke with regularly worked at the home at night and said they had enough support and felt safe.

Staff members were positive about the training and support they received. We saw training records showing that staff received regular training updates on topics such as safeguarding vulnerable adults and handling challenging behaviour. The provider took opportunities for staff to access additional training opportunities relevant to mental health, for example, workshops offered by the local authority.

Staff members had regular individual supervision meetings which were documented and provided opportunities to raise concerns and discuss personal development. There were also regular staff meetings. Staff we spoke with said they were able to raise issues and discuss ideas for improvement and we saw evidence of this in the notes from recent meetings.

Staff members told us the manager actively monitored performance. One staff member

said, "you have to be on your toes. It has done me a lot of good working here and I pass that on to the juniors." Staff members said their privacy was protected, for example, the door of the staff office was closed during confidential discussions.

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

The provider sought feedback from people using the service, their families and health and social services professionals in regular contact with the home. The provider carried out an annual questionnaire survey. We saw the results of the most recent survey which took place earlier in 2013. The results were mostly positive and the manager was able to give us examples of how the service had responded to individuals' comments and suggestions for improvement as a result.

The senior staff carried out spot checks and audited various aspects of the service including record keeping, the management of people's medicines and money in the home. The results were discussed in staff meetings.

The staff members we spoke with were positive about the way the service was led and said they had confidence in the management.

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.

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