Inspection Report

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

Hanom House

85 Broadwater Road, Tottenham, London, N17 6EP

Tel: 02084939947

Date of Inspections: 25 July 2013
23 July 2013

Date of Publication: October 2013

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

Care and welfare of people who use services	✖ Action needed
Cleanliness and infection control	✖ Action needed
Management of medicines	✔ Met this standard
Safety and suitability of premises	✖ Action needed
Supporting workers	✖ Action needed
Assessing and monitoring the quality of service provision	✖ Action needed
Notification of other incidents	✖ Action needed

Details about this location

Registered Provider	Wimborne House Limited
Registered Manager	Mr. Rodney Ellington
Overview of the service	Hanom House is a home providing care and support for up to four people with mental health needs. It is situated near to Bruce Grove in north London.
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'.

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 23 July 2013 and 25 July 2013, 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 staff, reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

When we visited the home we spoke with all four of the people who live there. When we asked them how they liked the home, they told us they felt the home was good:
"Yes, it is fine. The staff are all right."
"The staff are nice."
"It is good."
"I think it is good. There used to be more to do though."

However, when we asked them what activities they were involved in, one person told us they wanted to do more.

People did not experience care, treatment and support that met their needs and protected their rights.

People were not cared for in a clean, hygienic environment.

The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

The registered person had not notified the CQC without delay of all notifiable incidents.

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

What we have told the provider to do

We have asked the provider to send us a report by 09 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

The provider was failing to meet regulation 9 (1) (a) & (b) (i) & (ii) of the Health and Social Care act (2008).

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we visited the home we spoke with four of the people using the service. They were generally positive about the care they were receiving. They told us that they felt supported by staff. For example, one person told us that "They will help us and support us."

People's needs were not being regularly assessed and care and treatment was not planned and delivered in line with their individual care plan. We looked at the risk assessments for all the people living at the home. These had not been updated since November 2012 and some of the information was either contradictory or out of date. For example, one person had not been using a catheter since November, but this was still recorded on the risk assessments. The risk assessments were also not sufficiently detailed in the plans they put in place to prevent risks. For example, one person was identified as being at risk of developing pressure sores, but the plan did not detail how to manage this risk to ensure they did not develop.

There was evidence that recent reviews of care plans were undertaken. However, in one file the last care plan monitoring form was completed in February 2013. Regular one to one sessions were being held for most residents, where they were given the chance to discuss their care with staff. One person had not received regular one to one keyworking sessions recently.

There was some evidence that people had access to medical care and were in contact with their multidisciplinary professionals. These included their consultants, care co-ordinators, social workers and GPs. People had annual placement reviews, Care Programme Approach meetings and reviews by their GP.

We spoke with people and asked them if they had been involved in developing their care plans. One person told us "Yes, I have set some goals." We looked at the plans for all of the people working at the home. The plans did not contain sufficient evidence of individual goals being identified for people to work towards. It was not clear how people were being supported so they could move to less supported accommodation. No steps had been identified.

We asked people using the service about the activities they undertook at the home. The responses we received included the following:

"I do my own thing."
"I go out to the library sometimes."
"We used to have activities; we don't have them now. There used to be a gardening project, but we don't do it."

On the day we visited the home one of the residents was being supported to go shopping for and then cook some food. None of the other residents engaged in any formal activities.

When we visited the home on 24 April 2012 we noted to the provider that several residents were involved in very little structured activity. When we looked at the minutes for the staff team meetings in May 2013, it was recorded that the home no longer had an activities co-ordinator. We were told that all staff were now responsible for planning activities. We were told by the manager that a gardening activity was available at a sister home, but none of the people we spoke with told us they were engaging in this.

Although there was some evidence that the provider had asked people using the service what activities they wished to undertake, there was no evidence that people were systematically supported to engage in activities. Most people using the service were not undertaking a programme of meaningful activities on a regular basis.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

The provider had failed to ensure appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on the regulated activity.

The provider was failing to meet regulation 21 (2) (c) (i) of the Health and Social Care act (2008).

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

People were not cared for in a clean, hygienic environment. When we visited the home we observed that it was not clean. When we entered the home there was a strong smell of urine.

When we went into the kitchen the fridge was visibly dirty, with a layer of dust on top of it.

When we looked in the bathrooms of the house there was nothing available for people to dry their hands with.
When we went in the room for one person using the service it was very dirty. When we spoke with the manager they told us this person was responsible for cleaning their room. The person had not received adequate support to ensure this.

When we looked in the lounge the seat covers were dirty and did not look as if they had been cleaned recently. The mantelpiece was stained with ring marks and there were remnants of tobacco and a lighter.

When we visited the home 09 November 2011 we noted that the provider appeared to tolerate behaviours that compromised infection control at the home. We imposed a compliance action. At the subsequent inspection 24 April 2012 the provider was found to be meeting this standard. However, this compliance has not been maintained. The home was not clean when we visited and people using the service were not being adequately supported to live in an environment that reduced their risk of infection.

Management of medicines ✓ Met this standard

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. Medicines were stored in a locked cupboard in the staff office. The most senior member of staff had access to the keys. All prescribed medicines were available at the home on the day of the visit. A local pharmacy supplied most medicines in the form of blister packs with the medicines for each person pre-packed into separate doses.

Medicines were safely administered. Any known allergies were clearly indicated on the medication administration record (MAR) sheets. When completing the record sheets, the staff had signed to indicate it had been administered. The manager told us he checked the medication every day. However, the provider may find it useful to note that when we looked at the MAR sheets we identified an error in the recording of one medication. The number of remaining tablets recorded did not match the number that remained.

Safety and suitability of premises ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained.

The provider was failing to meet regulation 15 (1) (a) of the Health and Social Care act (2008).

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained.

When we attended the home we noted that the carpet on the stairs was taped down where it had been ripped. On the day following our initial visit to the home this was repaired.

When we went into the downstairs bathroom there were cracks in the seal of the sink. The walls in the corridor was in need of redecoration.

The provider had a development plan detailing the maintenance work to be done in the house, but when we looked at this some of the work planned had not been completed.

One resident of the home was using a wheelchair. To gain access to the home they were using an accessible bell and then waiting for staff to assist them through the door. We asked staff if there was a ramp to assist them with this. They told us there was, but this was not being used. This meant the person using the service and staff were at risk of injury because the environment was not suitable to enable them to enter the house.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider did not have a system to ensure all staff had their individual training needs identified and had received all the training they required for their role.

The provider was failing to meet regulation 23 (1) (a) of the Health and Social Care act (2008).

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When we spoke with people using the service they told us they found the staff to be supportive. One person told us that they thought that "The staff are all right."

We spoke with the manager and two members of staff. Some told us they did not feel supported in their roles. We looked at the files for five members of staff. None of these files showed evidence of more than one supervision having been undertaken in 2013. When we spoke to the manager they told us they had conducted supervisions more recently, but the notes had not been added to the files yet.

We saw evidence that team meetings were taking place on an approximately monthly basis.

We looked at the training records for staff at the home. Since January 2012 training sessions had been provided on risk assessments, social inclusion and recovery in mental health, risk assessments, infection control (only one person was recorded as attending) and safeguarding of vulnerable adults. There was no evidence that individual training requirements for staff had been identified. Therefore, some staff might not have received training in all areas appropriate for them to undertake their role. Some staff members had only undertaken limited training and did not have training in moving and handling, infection control or food safety.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

The provider was failing to meet regulation10 (1) (a) of the Health and Social Care act (2008).

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment. The provider undertook an annual feedback survey to gather the views of people using the service. We looked at the results from the most recent survey. These had been collated by the provider and any themes identified.

There was no evidence that learning from incidents / investigations took place and appropriate changes were implemented. When we asked to see the occurrence book for the home, no incidents had been recorded in the previous few years. We were told that incidents would be recorded in the daily records. However, when incidents were occurring there was no evidence that these were being looked at and learning identified.

The provider did not have a system to regularly assess the quality of service being provided. No external management reviews had been undertaken recently. This meant that the provider did not have a system in place to monitor the service and ensure that it was of an appropriate standard.

When we looked at the fire extinguishers the date they were last checked was not recorded.

Notification of other incidents ✖ Action needed

The service must tell us about important events that affect people's wellbeing, health and safety

Our judgement

The provider was not meeting this standard.

The registered person had not notified the Commission without delay of changes to the structure of a service user's body.

The provider was failing to meet regulation 18 (1) (2) (a) (i) of the Health and Social Care act (2008).

This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

When we visited on 24 April 2012 we noted that the provider was not notifying the Care Quality Commission (CQC) of all incidents that are required to be reported. This was because they had not reported all incidents that had been reported to, or investigated by, the police. The provider wrote to us and told us they would report all future incidents.

When we visited this time on 23 July 2013 we noted that on the 17 June it had been discovered that a person using the service had developed a grade 4 pressure sore. Although, this had been reported to the local GP the CQC had not been informed. The registered person had not notified the CQC without delay of changes to the structure of a service user's body.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider did not have a system to ensure all staff had their individual training needs identified and had received all the training they required for their role. The provider was failing to meet regulation 23 (1) (a) of the Health and Social Care act (2008).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. The provider was failing to meet regulation10 (1) (a) of the Health and Social Care act (2008).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 09 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

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