

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

Priscilla Wakefield House

Rangemoor Road, London, N15 4NA

Date of Inspections: 07 August 2013
06 August 2013

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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
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Magicare Limited
Registered Manager	Mr. Barry Healy
Overview of the service	<p>Priscilla Wakefield House is a care home in Tottenham which is registered to provide care and accommodation for 112 people. At the time of this inspection there were five units in the home. Copperfield for people who required nursing care, Nickleby for people who required residential care. Dorrit for older people who required dementia nursing care and Haversham and Pickwick for younger adults who may have dementia, brain injury or physical disability and required nursing care.</p>
Type of services	<p>Care home service with nursing Rehabilitation services</p>
Regulated activities	<p>Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury</p>

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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 6 August 2013 and 7 August 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 carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Three inspectors visited Priscilla Wakefield over a night and a day. We observed care being given and spoke with residents, relatives and staff. People told us "It's nice here", "They [care staff] look after you" and "staff are nice". We found that people were asked about their preferences before care was delivered. People's consent was recorded in most of the care records that we looked at. We saw that people's wishes were recorded in their notes.

We observed care on all the units and saw that most people were provided with care in a dignified and respectful manner. We spoke with staff who told us that they felt supported by the management.

We found that care was given in a clean and hygienic environment and there were regular audits related to infection control, which ensured that cleanliness was maintained.

Residents and relatives meetings had taken place which allowed people to give feedback to the provider. We saw that incident forms were collated centrally to ensure that they led to improvements in service and complaints and comments were also recorded by the manager.

We looked at the records which were kept securely and were of a standard which ensured that care was delivered effectively.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

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 and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that there was a section in people's care plans which explained the choices that people made and how they were helped to make them.

Where people may have lacked the capacity to make specific choices this was indicated in the care plans. However, there were 'Mental Capacity Assessments' in the file which did not always have the most up to date information about individuals' consent. The provider may find it useful to note that the lack of current and decision specific mental capacity assessments may lead to a lack of clarity about what decisions someone is able to make and which they need support with. We saw that some care plans were signed. This indicated that people who used the service were involved in the care planning process.

We saw that some people had their refusal to consent to certain actions, such as the use of their photographs by the home recorded. This showed that people were asked and their views and preferences were taken into account.

One person was subject to the Deprivation of Liberty Safeguards. We checked that the process had been followed correctly and it had been.

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

We checked the files of eleven residents on different units. We found that people's preferences were indicated in their care plans and most people had been involved in their own care planning.

We spoke with people who use the service and observed care being given on different units and at different times during the day and night. We carried out some structured observations to ensure that we could understand the experiences of those people who were not able to communicate with us. We saw some organised activities and some meal times.

There were two activities coordinators working at the home. One was present on the day we visited and we saw an arts and crafts activity taking place where people from different units were taking part together in an activity room. We saw one person whose first language is not English was watching television in their native language in their bedroom.

One person told us they liked to go out shopping. We saw in their records that they had been out twice over the previous month. We were told that they had been out more frequently but that this was not always recorded. The provider might find it useful to note that not recording activities that someone requested and when they took place may lead to a lack of clarity as to whether they were being offered.

We saw that people were treated with dignity and respect by care workers and nurses. We spoke with staff on the units who were able to explain how they provided care to individuals and they showed they knew the needs of the different people on the floor where they were working.

One person told us "It's lovely, I like living here, they [care staff] look after you", another person told us "It's ok". We spoke with one relative who told us they were happy with the care that was provided.

We looked at the care records to see how people's needs were met. We saw that risk assessments relating to specific areas such as falls, nutrition and pressure ulcers were recorded. We saw that there were risk management plans in place which showed how

some of the risks identified might be minimised.

We saw that pressure ulcers were logged clearly in a separate file. We checked the records of people who had had pressure ulcers and found that the care which was given reflected what had been advised by the tissue viability nurse and the provider's policy on the management of pressure ulcers.

We saw that snacks and drinks were available in the lounge areas during the day. The rooms reflected people's preferences and we saw that people had their personal items on display.

During a meal period on Nickleby unit, we noted that one person waited for over an hour between sitting at the dining table and before being served lunch. The provider may find it useful to note that a long delay between coming to the dining room and being served a meal may mean that people could become anxious or confused because of the long waiting time.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We checked the premises during the day and during the night and found that care was delivered in a clean and hygienic environment. The provider has an Infection Control lead nurse who has responsibility for ensuring that the service meets infection control standards. We saw record of the annual infection control audit which had taken place since the last inspection in April 2013.

We saw that there was separate disposal for clinical waste. We were told that there was a contract to ensure that clinical waste was disposed of appropriately. We saw that there were sharps bins used when needed and there was a contract to ensure their safe disposal as necessary.

Staff told us that they had completed training related to infection control. People who used the service said that they did not have concerns about the levels of cleanliness in the home. We looked at the cleaning schedules, including deep clean schedules for the kitchen, which we saw had been completed and were up to date.

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

At the previous inspection in April 2013, we found that there were not enough skilled and qualified staff to meet the needs of the people who used the service. On this inspection, we visited Priscilla Wakefield House during the day and during the night to check on the staffing levels. We spoke to staff, residents and family members. A nurse told us "we have more staff and there's been more recruitment".

The manager told us that since our last inspection the home had recruited some bank staff and they had used agency staff to cover for shifts which needed cover at short notice.

We saw that the manager had undertaken an analysis of the number of staff needed and this related to the needs of the people who live at Priscilla Wakefield House to ensure that staffing levels were maintained at a safe level. They told us that this would be reviewed regularly in accordance with changes in the care needs of people who use the service.

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

At the previous inspection in April 2013, we found that the service did not collate and use information in incident reports to drive learning from them. At this inspection we found that incident reports were collated by the home manager and we saw that they were logged to see where improvements and changes in the service could be made. The manager had initiated relatives and residents meetings and we saw the record from the last meeting. We noted that people were able to raise issues at these meetings and that the provider had responded to them.

The manager told us that they met with the nursing staff on a daily basis. Each unit had regular team meetings and there were 'all staff' meetings every two months. Staff told us they felt they were able to raise concerns with the management. One member of staff told us "If you say something to them [management] they do something about it".

We noted the provider had an external audit across the CQC outcomes on a monthly basis by an external consultant. We saw a copies of the reports provided for the previous two months which highlighted where improvements in the service could be made.

We saw that the manager and the clinical lead carried out spot checks including during the night to ensure that a good standard of care was maintained.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the last inspection in April 2013, we found that records with personal information were not kept securely. At this inspection we found that records were all kept locked and that archive rooms were used to store paperwork which was not needed on a day to day basis.

We looked through records on most of the units at Priscilla Wakefield and found that they were comprehensive. We found that care plans, risk assessments and risk management plans were up to date and reflected the needs of the individuals they referred to.

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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