

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

Mark A Peake - 21 Totterdown Street

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Tel: 02086720240

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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
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Mark A Peake
Registered Manager	Mr. Eammon Doherty
Overview of the service	Mark A Peake - 21 Totterdown Street is a small care home for two people with mild learning disabilities. It is located in Tooting, South-West London. It is close to local amenities and has good transport links. It is one of three homes owned by Mark A Peake.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with both people using the service. They told us they enjoyed living at the home. One person said "I feel happy living here" and "they look after me here". We looked at the care plans for both people using the service. One person told us "I have a care plan, staff helped me to understand it". Another person told us "I signed my care plan". The care plans were person centred and people using the service had written in them. Both people had signed their care plans.

Care workers told us they felt that people living at the home were happy. They told us that people were independent but required support in certain tasks. One care worker told us "we are like one family". Another care worker said "we have a very open relationship with residents and we help them in any way that we can".

People that we spoke with told us they were aware of what to do if they were not happy. One person told us "I will tell the care workers". We asked for and received a summary of complaints people had made and the provider's response. We saw that all the complaints were responded to appropriately.

We saw that the bedrooms were well maintained. People had put up posters and had decorated them to their own liking. People told us that if they had any problems related to the maintenance of the home, these would be resolved straight away. The home was well maintained.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with both people using the service. They both told us they had read and understood their care plan. One person told us "I have a care plan, staff helped me to understand it". Another person told us "I signed my care plan". We spoke with care workers who told us they always involved people using the service when reviewing care plans. One care worker told us "people write their own care plans, we support them".

We looked at the care plans for both people using the service. The care plans were person centred and people had written in them. Both people had signed their care plans to show that they had consented to their care, treatment and support plans.

Both of the people using the service had capacity to make decisions. The manager told us that due to their mild learning disabilities, they used limitations which were put in place with the full agreement of people using the service. These limitations were fully recorded and people using the service had signed them to indicate they understood and agreed to them.

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.

People using the service told us they enjoyed living at the home. They showed us their rooms and we observed that they were happy and content staying there. During our visit, one person using the service went to the internet cafe and the other person went to play snooker at a local club. One person told us about their love of music and showed us their music collection. They told us they had recently bought a laptop and printer. They said "I feel happy living here" and "they look after me here". Another person told us they spent their day at college and taking part in sports such as athletics. They also said they enjoyed playing computer games and showed us their games machine in the lounge.

Care workers told us they felt that people living at the home were happy. They told us that people were independent but they supported people in certain tasks if they were going out, doing shopping or if they wanted to learn about new courses at college. One care worker told us "we are like one family". Another care worker said "we have a very open relationship with residents and we help them in any way that we can". They told us they held regular meetings to discuss people's needs. People using the service planned their meals a week in advance and staff supported them to plan a balanced menu. Staff supported people to do their shopping.

We looked at both the care plans for people using the service. The care plans were person centred and we saw evidence that people had been supported to write and contribute to them. Care plans were reviewed every year or if the need arose. The care plans were divided up into different sections such as personal mobility, communication, emotional well being, mental health, medication, lifestyle and nutrition amongst others. Each section had specific objectives and activities and the person's wishes recorded. They also contained information on how staff would support people to meet their objectives. The care plans also contained a 'My Health' section and risk assessments which were reviewed yearly.

We saw evidence in the care plans that staff supported people to meet certain targets. We saw one example where one-to-one support from care workers resulted in a decrease in

the number of incidents in the community for a person using the service. Weights were recorded weekly and correspondence from other healthcare professionals were kept in people's files.

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 at the home said they liked their rooms and told us they were able to personalise them. We saw that the bedrooms were well maintained. People had put up posters and had decorated them to their own liking. People told us that if they had any problems related to the maintenance of the home, these would be resolved straight away.

The home was arranged over two floors with a bedroom, lounge and bathroom on each floor for each person using the service. There was also a communal kitchen and dining area on the ground floor and a communal garden as well. These areas were all well maintained. Care workers told us that the owner carried out repairs to the home himself. The home was well maintained and was odour free. The fire evacuation procedure was on display at the home.

We checked maintenance records for the home. The fire alarms were tested weekly by staff. An external company had carried out a check on the fire equipment at the home in April 2013 and reported no concerns. There was emergency lighting at the home and this had been tested a few months before our visit. Portable Appliance Testing (PAT) on electrical equipment at the home had been carried out in March 2013. There was a gas safety certificate that had been issued recently and the water had been tested for Legionnaires disease in May 2013.

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.

One person using the service told us "somebody is always here to help me". The manager told us that both the people using the service received one-to-one support although they were becoming more and more independent. During our visit, there were two care workers at the home who were providing support to each of the people using the service.

The manager told us that there were always two care workers at the home during the day and two people during the evening. Care workers would have a handover meeting to discuss any concerns or provide an update to those on duty during the next shift. One care worker stayed at the home overnight and had support from the managers who were on call during the night in case of any emergencies.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People that we spoke with told us they were aware of what to do if they were not happy. One person told us "I will tell the care workers". Another person said "if I have any problems they always fix them". Care workers told us that people using the service were confident and felt they would not hesitate to raise any concerns. One care worker told us "we are always with them and they always tell us if there is a problem".

We asked for and received a summary of complaints people had made and the provider's response. We looked at the complaints book and saw that the provider had documented all the concerns that had been raised by people. We saw that all the complaints were responded to appropriately and resolved to the satisfaction of the complainant.

The provider may wish to note that although people were confident that they knew how to make a complaint, it may be beneficial to have the complaints procedure on display at the home.

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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