

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

Care Link Residential Care Home

36 Natal Road, Ilford, IG1 2HA

Tel: 02085534008

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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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs Sumiran Sharma and Mrs Veena Mehta
Registered Manager	Mrs. Veena Mehta
Overview of the service	The service provides accommodation and 24 hour support with personal care to adults with learning disabilities. At the time of this inspection there were two people living at the service and one vacancy.
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 22 November 2013, 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 carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we spoke with one person using the service, one support worker, the manager and the deputy. We later telephoned and spoke with the second person using the service and the relatives of both people. We looked at a number of records kept in the home, including people's care plans, risk assessments, staffing rotas, and policies and procedures.

One person told us, "I am happy here. I am looking forward to spending Christmas here, this is my home." A relative told us, "I feel comfortable about the quality of the care. I have no complaints. My relative looks well cared for."

People were asked for their consent to care and appropriate actions were taken to identify and respond when people did not have capacity to give consent.

People were supported to take part in activities at home and within the wider community. The care we looked at showed that people's social and health care needs were assessed and regularly monitored.

Relatives told us they felt people were safe living at the home and there were systems in place to protect people from the risk of abuse.

The staffing rotas showed there were sufficient staff on duty to meet people's needs.

People using the service and their representatives were provided with information about how to make a complaint and there were procedures for appropriately dealing with any complaints.

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

Reasons for our judgement

We looked at both care plans, which showed that people's ability to make decisions for themselves had been assessed, so that any decisions made on their behalf were in their best interests. Where the person did not have mental capacity to make a valid decision, the rationale for this was provided and 'best interests' decisions had been made with people's relatives. Assessments included people's mental capacity to understand their healthcare needs or safely handle their medication.

Both people were able to tell us how they gave their consent on a daily basis. We saw that staff explained to people the kind of care they were giving and the reason for it. We observed staff offering people choice and involving people in decisions, for example, what they would like for their teatime snack, which television programmes they would like to watch and whether they wished to speak with us. The care plans showed that meetings were held for people to give their views and consent regarding their care and support.

The manager, deputy and staff team had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were able to explain how their training enabled them to support people at the service.

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's needs were assessed and care was planned and delivered in line with their individual needs. We saw that both care plans and the accompanying risk assessments were reviewed on a regular basis and involved people who used the service and their representatives. This meant that staff had up to date information about people's changing care and support needs and how these should be met. For example, one person using the service had recently received guidance from an external health care professional. The person's care plan showed that staff were following this guidance.

We looked at the daily care notes for both people, which showed that care and support was delivered in line with people's care plans. For example, both people had a programme of activities and the daily records showed they were supported to take part in these at home and in the wider community. Both people told us they liked attending their day centres and keeping in touch with their families. One person told us, "I enjoy watching 'Deal or No Deal' with [care staff]. I am good at numbers. I am happy here." People using the service told us they liked to go out with staff to the nearby park for a walk, shopping and to local amenities such as cafes and hairdressing salons.

People were supported to access relevant professionals to meet their healthcare needs. We saw a record of appointments in the care plans, which included the GP, opticians and physiotherapists. People's healthcare needs were recorded in their 'health action plans'. These documents detailed each person's healthcare needs, their medication and important information about their background, behavioral and communication needs. This meant that people's healthcare needs were kept under review.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Where risks had been identified, this was recorded in their support plan with clear guidance for staff about how to manage these risks, for example, supporting people to safely access community activities. This meant people were supported to fulfil their interests in a way that took account of their safety and welfare.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people using the service but their comments did not relate to this outcome area. The relatives of both people told us they felt their relatives were safe.

The service had its own safeguarding policy and procedures, which were used alongside the local authority's safeguarding policy. We spoke with one care worker, who was able to describe how they would respond to safeguarding concerns and demonstrated their understanding of the provider's whistle blowing policy. There were no safeguarding concerns at the time of this inspection visit.

The training records showed that all staff had attended recent safeguarding training.

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

People using the service told us they liked spending time with the staff, either at home or going out locally. We looked at the rotas which showed there were usually two members of staff rostered during the day, which meant the two people using the service could be offered individual activities that met their own interests and needs. One member of staff was rostered for the overnight shifts.

The care worker we spoke with told us they had sufficient time to spend with people to support them with their personal care and to assist them to engage in their hobbies. We saw a person watch their favourite quiz programme with a member of staff, who encouraged them to participate.

The staff training records showed that staff were provided with the training they needed for their role and responsibilities.

Complaints

✓ Met this standard

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.

Reasons for our judgement

We spoke with people but their comments did not relate to this outcome area. The relatives we spoke with told us they were pleased with the quality of care and did not have any complaints. Both relatives said they would complain to the manager and they were confident that any complaints would be properly investigated and responded to. There were no complaints since the previous inspection.

The service provided people and their representatives with written and pictorial guidance about how to make a complaint. The complaints procedure had timescales for responding to complaints and information for people who wished to complain to the placing authority and/or the local government ombudsman.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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