Inspection Report

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

Trinity House Annexe

107 Station Road, Hendon, NW4 4NT

Tel: 02082020114

Date of Inspection: 09 August 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Quality Housing & Social Care Limited
Registered Manager	Mr. Martin Ogiogwa
Overview of the service	Trinity Annexe is registered to provide 24 hour care and support for up to four people with mental health problems, some of whom may have a forensic history. The aim of the service is to promote independence and to contribute to the rehabilitation process to enable people to move on to their own homes. The registered provider is Quality Housing and Social Care Limited. At the time of our inspection there were two people using the service.
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 9 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

On the day of our inspection the two people using the service were out either visiting family or friends. We contacted stakeholders and relatives but were unable to speak to anyone.

There were appropriate arrangements in place to manage medicines safely. Medication audits took place and staff with responsibility for administering medication had received training.

People were supported to access other health and social care services they needed, including a psychologist referral for someone who had suffered a relapse.

Systems were in place to gather information about the quality of the service and people had a say in how the service was run. Staff told us that most people living at the home were independent and therefore did not require constant supervision.

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

Care and welfare of people who use services ✓ Met this standard

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed care records for people using the service. Care plans covered areas such as medication, mental health history and spiritual and social needs. Risk assessments covered a number of areas, for example, self-harm, offending, and non-compliance with medication. Each person had a risk management plan outlining the interventions to be followed by staff in an emergency. Care plans and risk assessments were completed by the registered manager and senior care worker. We saw that care plan reviews by the funding authority's had taken place within the last year. There was evidence of involvement from other health care professionals, such as the community mental health team. Most people had up to date weight monitoring charts.

We spoke with two staff members who were able to give us examples of the type of care they provided. They told us that they provide care according to people's needs, such as assisting people with cooking and making an application to college.

The provider may find it useful to note, however, people's likes and dislikes were not clearly stated in their care plan. The registered manager is aware of this and in the process of reviewing the format of care plans to make these more person centred. This meant that people's needs may not have been fully met.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The provider worked in co-operation with other professionals involved in the care of people. The registered manager told us that prior to moving into the home he would visit the hospital and take part in ward rounds. This would include taking part in tribunal meetings to agree a patient discharge plan. The registered manager would then carryout an initial assessment of need, which will then inform individual care plans and risk assessments. This was confirmed by care plans and daily notes written by care staff. For example, documents relating to a Community Treatment Order (CTO) allowed a patient to be transferred from hospital to the home. On the day of our inspection a person returning from hospital had been provided with detailed discharge notes, which contained guidance for staff on how to care for the person, including medication requirements and follow up appointment. This ensured that the patient's needs continued to be met after discharge. The registered manager told us that the information would be placed in the communication book and daily notes and care plan updated. The GP would also be informed to ensure the correct medication is prescribed.

We spoke with a stakeholder and were given an example of how the service engaged well with other healthcare professionals to meet the needs of their client, including support to attend hospital appointments.

Staff were aware of the service confidentiality policy and procedure and understood the importance of ensuring that they and other professionals stored people's personal information in a secure manner. We were given an example of where the provider had made a referral to a Psychologist following concerns about one person who had failed to comply with a CTO.

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

The service had a medication policy in place which provided some guidance for staff on how to manage and administer medication. However, the provider is aware of the need to update this to include protocols for medication to be given as required and Prescription Required as Needed (PRN). We were shown medication administration record (MAR) sheets for people living at the home and these were all signed by staff authorised to administer medication. We saw specimen signatures and initials on file to confirm this. The provider may find it useful to note, however, there was no system for recording reasons given and frequency of PRN medication. This meant that people may have been put at risk of receiving incorrect medication dosage. The registered manager told us that the medication policy would be updated to include a process for managing PRN medication.

Records showed that staff had received recent medication training. Monthly medication audits took place and there were arrangements in place for monitoring deliveries, collections and disposals. Each person had a medical profile and most included a photo, and recorded any known allergies. On the day of our visit we saw that records were up to date. Medicines were stored securely and keys held by the senior care staff on duty on the day. Although the medication policy mentioned the management of controlled drugs, the registered manager informed us that there had not been any on site for some time.

Daily temperature audits were carried out to ensure the temperature was at the correct levels for medicines stored. This helped ensure that people were protected against the risks of unsafe storage of medicines. All the people we spoke with told us that staff explained medication before administering them. A stakeholder told us that their client was given information detailing what the medication was for and any possible side effects or risks were explained. This was confirmed by a person using the service.

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.

ere were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were sufficient skilled and experienced staff on duty to meet people's needs. Staff told us that people living at the home were independent and often out visiting family or friends. On the day of our inspection we saw that there were two people in the communal area and one staff member on duty. We were told that the registered manager had gone to collect someone from hospital, but returned to the home during our visit.

Staff told us that there were enough staff on duty to meet the needs of the people living at the home. However, we observed a potentially confrontational situation between two people living at a home and noted that the staff member had to calm the situation by separating the two people involved. We asked the manager whether it was usual for only one staff to be on duty and we were told that it would depend on the number of people and level of need at the time. The service has access to a bank of staff and we were told that they increased staffing as necessary.

The registered manager told us that he was always on call and could be contacted at anytime. This was confirmed by staff who told us that the manager was always available and at the service most mornings. People living at the service also confirmed that they were able to contact the manager to discuss any concerns. Handover meetings are not recorded, but any important matters are recorded in the staff communication book which was seen during the inspection.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment. Annual questionnaires carried out in July 2013 found that most people using the service thought the quality of care was, "very good." Stakeholder and staff feedback was also sought. Staff feedback found the three most impressive aspects were working conditions, team working and training provision, although half felt insecure about their future. Stakeholders were most impressed with the efficiency, support provided and observational skills of staff. Areas for improvement are currently being looked at by the registered manager and include areas such as the general appearance of the home. A relative had commented that staff were, "always very polite and helpful," but wanted the service to do more to encourage more social activities. This meant that people's views were taken into account and acted on.

Recent health and safety visits from environmental health and the London Fire Brigade were carried out in June 2013 and July 2013. Although we did not see reports, the manager told us that recommendations had been acted on. Although health and safety checks were carried out by staff on the building, these were not recorded. We were told by the senior care worker that all maintenance issues are reported to the contractor in place to deal with repairs.

One person using the service told us the service held regular "residents" meetings which allowed people to express their views and make suggestions about the running of the service

Systems were in place for key aspects of the service, such as, dealing with complaints, accidents and incidents including lessons learnt

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk