

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

## Roden Court

Roden Court, 115 Hornsey Lane, London, N6  
5EF

Date of Inspections: 31 May 2013  
29 May 2013

Date of Publication: June  
2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	One Housing Group Limited
Registered Manager	Miss Jennifer Sophora Warren
Overview of the service	<p>Roden Court is an "extra care" housing provision operated by One Housing Group Ltd. in Haringey, North London. There are 40 flats available for rental by older people.</p> <p>The Care Quality Commission regulates the personal care service provided to residents by One Housing Group Ltd.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2013 and 31 May 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, were accompanied by a pharmacist and reviewed information sent to us by other authorities. We talked with other authorities.

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### What people told us and what we found

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We spoke with 11 people who were using the service. They were generally very positive about their experiences of the support they were receiving. They told us they felt the care was good and that staff came when they needed help. We received the following comments from people using the service:

"I like it. They give you help if you need it. You get a cup of tea."

"It's all right here."

"It is good."

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People experienced care, treatment and support that met their needs and protected their rights.

The provider did not have the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines. We judged this had a moderate impact on people using the service.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. There were enough qualified, skilled and experienced staff to meet people's needs.

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

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 12 July 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### 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 asked people living at the service if they had been involved in planning their care and had given their consent. Most of the people we spoke with told us they had. One person told us that "I feel in control here." Another person told us "They are always asking for my consent." However, one person told us "They decide what they do."

We looked at the personal files for seven people living at Roden Court. Where appropriate, people had signed them to indicate they agreed with what was in the plan. There was a communication consent form that people had signed to indicate they consented to information being shared with other professionals where this was required.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. When we spoke with the manager they explained that all people who live at the service are referred through social services. In planning someone using the service's care they and the person's social worker would be involved. They would also try and involve family members. We saw examples of where people's capacity to make a decision had been assessed.

We spoke with three members of staff and asked them how they supported people to make decisions. They all explained that they would try and support people to make their own choices. However, the provider may find it useful to note that not all staff had been trained in the Mental Capacity Act (2005).

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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When we visited Roden Court we spoke with eleven people who were using the service. We also looked at the personal files for seven people who live there. When we spoke with people who were using the service they were mostly positive about the care they were receiving. The following are examples of some of the comments we received:

"It is all right. I like to be able to choose what I do."

"They [the staff] don't swear at me, so I don't swear at them."

"The care is good. They always meet my needs."

"I don't really decide. They just fit me in."

People experienced care, treatment and support that met their needs and protected their rights. When we observed staff talking to people using the service we saw they did so in a respectful manner. When people rang their call bell this was answered promptly.

Roden Court is registered with the Care Quality Commission to provide personal care to people. When we spoke with the manager they explained that all people living at the service had access to a 'core menu' of care. This gave people access to a weekly interactive session with a keyworker, escort for external appointments, care co-ordination and liaison, and emergency care services. In addition to this, and depending upon their individual needs, people had individual care packages recording the support they required and the number of hours this was funded for.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for seven people living at Roden Court. These showed evidence that their individual needs had been recorded and individual plans had been put in place to ensure people had their needs met. The individual preferences and choices of people were also recorded. Individual risk assessments had been undertaken.

When concerns were identified about the suitability of the service to meet the needs of people, there was evidence that the provider had contacted the funding authority appropriately.

There was evidence care plans had been reviewed and updated. Some files showed evidence that people had received regular keyworker sessions. However, the provider may find it useful to note that in two of the files we looked at there were no keyworker sessions recorded.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

The provider did not have the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines.

The provider was failing to meet Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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.

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## **Reasons for our judgement**

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We used a number of different methods to help us understand the experiences of people using this service. We talked to staff and looked at storage and record keeping of medication. We also talked to two people who used the service about their medications.

We saw that one person was able to take their own medicines. There was a risk assessment in place to monitor their compliance and we read that this was currently under review because non-compliance had been identified. Another person we spoke to was administering some of their medicines and there was no risk assessment in place. Medicines were stored appropriately. We observed no medicines stored in the office and in the two flats we visited we saw that people had lockable cupboards and their medicines were stored securely.

Appropriate arrangements were not always in place in relation to the recording of administration of medicines. All people being supported with their medicines had printed Medication Administration Records (MAR). These listed all the medicines which were prescribed and administered by care workers but not those medicines where a person was partly self-medicating. We were told by care workers about one medicine the person was taking but the person said that it had been discontinued. Staff did not have an up to date record and know what the current medicines prescribed were.

The MAR of three people showed that omissions in recording administration were frequently occurring. We could see from the dosage system that they were sometimes given but not signed as given. We were told that people were sometimes away from the service and that they signed a separate leave form in the office when they took their medicines away from the service. We could also see from the daily care notes that medicines were recorded as given. This means that the records made for the administration of medicines were not consistent. Gaps for the administration of medicines

on the MAR can present a risk of double dosing a medicine in error, particularly when it is supplied in its original pack and not the dosage system. Two such incidents had already been reported in the service.

We observed that medicines were recorded when received into the service. There was a medicines receipt book and also templates in people's care folders for recording the ordering and receipt of medicines. The disposal book was completed monthly.

The service was still carrying out a rolling monthly audit of all the MAR and daily checks at handover to identify errors and minimise them. The audits were not always identifying poor recording and when it was identified the action taken was not fully recorded.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. We looked at the files for five members of staff. In these we saw evidence that appropriate identification information checks had been completed prior to staff beginning to work at the service. In addition there was evidence CRB (Criminal Records Bureau) checks had been undertaken to ensure staff were suitable to work with the people using the service. (These are now called DBS (Disclosure and Barring Service) checks.) References had been sought prior to people starting their employment.

There were effective recruitment and selection processes in place. The provider was using an agency to provide staff. Where staff came from the agency they had already undertaken checks. Some staff had then been recruited on a permanent, full-time basis after they had been working at the service.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough staff to meet people's needs.

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## **Reasons for our judgement**

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There were enough staff to meet people's needs. We spoke with eleven people who lived at Roden Court. They all told us they felt they received support when needed from staff. Most thought there were enough staff. The following are examples of some of the comments we received:

"The staff are good. They come and go."

"Some staff are better than others. Some give you so much time. I think they are short-staffed."

"The staff are there. They come and help."

We spoke with the manager, deputy manager and three members of staff. They told us they felt there was sufficient staff to meet the needs of people using the service.

When we visited care and support was being provided to 37 people and in total around 800 hours of care was being given. There were six carers working in the morning, four in the afternoon and two at night. The provider has a large number of staff who were employed as agency staff. We were told this was to allow flexibility in the staffing of Roden Court depending on the changing care requirements of the people living at the service. The agency staff were working at Roden Court on a regular basis. However, the provider may find it useful to note that lacking a full permanent staffing group may cause inconsistency in the provision of care.

We looked at the files for two members of staff. These showed they had received regular supervision from managers. When we spoke with staff they told us they had received supervision and had found it useful.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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When we spoke with people who were using the service they told us they would feel confident raising concerns and knew there was a complaints system through which they could do this. One person told us "It is okay. I would tell them if I wasn't happy." Another person told us, "Yes, I'm sure I would have no problems complaining."

People were made aware of the complaints system. This was provided in a format that met their needs. When we looked in people's care plans information on how to complain was included. This information was provided to people when they arrived at Roden Court. It included information on the provider's complaints process and also noted what people should do if they were not happy with the response they received.

When we spoke with staff they were able to explain to us that if someone came to them with a concern they would raise it with their manager.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at the complaints file for the service. When a concern had been raised we saw that the provider had investigated this concern and provided a full response.

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
Personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b>  The provider did not have the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines.  The provider was failing to meet Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 July 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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