

***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 Inspection: 16 October 2013

Date of Publication:
December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines

✓ 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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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Roden Court had taken action to meet the following essential standards:

- Management of medicines

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 16 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and took advice from our pharmacist.

What people told us and what we found

We spoke with three people using the service and three staff members.

People expressed their satisfaction with the service and the care they were receiving. They said staff were helpful and looked after them well. One person said, "staff are very kind". " I never have to wait for my medicines".

Systems were in place for the management of medicines. These had improved since the previous inspection when compliance action had been taken because of shortfalls.

Action had been taken to employ more permanent staff, deliver further training and carry out more frequent medication audits.

We observed that there was a new medicines policy which referred to the new pharmacist supplier and the services they offered.

The auditing systems were much more comprehensive and frequent and were identifying problems. We saw that sometimes the action taken was not recorded in detail so that problems could be reduced further.

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

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.

The provider did have the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines.

Reasons for our judgement

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 three people who used the service.

We saw that two people were able to take their own medicines and there were risk assessments in place to monitor their compliance. We looked at the monitored dosage system for one person and saw that some tablets had not been taken and others had been taken early. We discussed this with the manager who told us that they would discuss compliance issues with the family of the person as they were also actively involved in the person's care.

Medicines were stored appropriately. We observed no medicines stored in the office, and in the three flats we visited we saw that people had lockable cupboards and their medicines were stored securely.

Appropriate arrangements were 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 and for those people who were self-medicating. The MAR of four people showed just one omission in recording administration. We could also see that other medicines were not given at the same time as the person was recorded as being asleep. We saw that when people were away from the service that the MAR was signed appropriately. We could also see from the daily care notes that medicines were recorded when they were given. This means that we could be assured that people had received their medicines as prescribed.

We observed that medicines were recorded when received into the service. When we audited two medicines, one could not be reconciled and the provider may like to know that records were untidy and unclear when made in the middle of a medication cycle. The

disposal book was completed monthly.

The service was still carrying out rolling daily audits of all the MAR to identify errors and minimise them. The manager was also carrying out weekly audits as indicated in the action plan. The audits were identifying poor recording but not always the action taken and the service may like to know that the audits did not always detail sufficiently the actual error or concern identified and the action taken.

We saw that for one person due to have a diagnostic procedure as a day patient in hospital, they did not have two of their medicines for four days. There was no reason stated on the MAR chart and when we asked the provider why, we were told that they had been told to omit them for 4 days. We could find no written evidence of this conversation and the provider told us after the inspection that they had put new procedures into place so that only written orders and instructions involving medication were acceptable.

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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