

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

## Sir Jules Thorn Court

33 Prince of Wales Drive, Battersea, London,  
SW11 4SL

Tel: 02077380280

Date of Inspection: 26 November 2013

Date of Publication: January  
2014

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>Meeting nutritional needs</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✗	Action needed
<b>Supporting workers</b>	✗	Action needed

## Details about this location

Registered Provider	Gold Care Consultancy Ltd
Registered Manager	Mrs. Anne McCormack
Overview of the service	Sir Jules Thorn Court is a care home for people requiring nursing or personal care. It is located in Battersea, South West London.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## 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'.*

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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 26 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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We observed staff interacting with people using the service and saw that they spoke in a friendly manner. One staff said "we talk to people, try and make them understand". Another said "people need encouragement, you have to be patient with them".

We looked at four care plans; we saw evidence that consent of care forms had been signed by people using the service or their next of kin. We saw that mental capacity assessments had been carried out for people using the service. We saw evidence that some people at the home had access to an Independent Mental Capacity Advocate (IMCA).

We saw that people were supported to eat and were given a choice of meals for lunch. Staff were aware of the dietary requirements of people living at the home. The food in the fridge was clearly labelled with the date it was opened or prepared and when it was to be used by.

We noted that there was a strong odour at the home. Relatives of people using the service told us that "sometimes the smell is unbearable". We also noted that the lighting throughout the home was very dim.

There were not enough bathing facilities for people at the home. There were no bath facilities in the basement. One staff told us "I don't think there are enough showers for people". One person using the service told us "I would like a shower once a week but it doesn't happen".

There was lack of one to one staff supervision at the home.

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 21 January 2014, 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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Following our last inspection to the service on 30 April 2013, we identified that some people were not asked for their consent before receiving any care or treatment. We saw no evidence of mental capacity assessments carried out on people at the home to determine if they had capacity to consent to care. There was no advocacy support available for people living at the home. We asked the provider to take appropriate action to achieve compliance with the regulations. The provider sent us a report which set out the actions they would take to achieve compliance with this regulation. During this inspection we checked these actions had been completed.

We observed staff interacting with people using the service and saw that they spoke in a friendly manner. We also noted that they asked people for their permission before supporting them with any tasks. Staff who we spoke with were aware of the need for verbal consent from people before carrying out personal care for them. One staff said "we talk to people, try and make them understand". Another said "people need encouragement, you have to be patient with them".

We looked at four care plans; we saw evidence that consent of care forms had been signed by people using the service or their next of kin. We saw that mental capacity assessments had been completed for people using the service and in some cases a review by a Community Psychiatric Nurse (CPN) had also been completed. Advocacy services for people that had no next of kin were displayed at the home and we saw evidence that some people at the home had access to an Independent Mental Capacity Advocate (IMCA) to protect their rights.

Relatives that we spoke with told us they had been consulted about their family member's care plan. One relative said they had been able to communicate easily with the home by phone about their family member's requirements. Another person said "I visit every day and am usually kept informed".

The provider may wish to note that not all the care plans had been updated with the consent forms for people. The manager told us that they had sent out letters asking relatives and next of kin to review the care plans but not everyone had responded to them. The manager told us they had recruited two nursing staff recently and part of their job was to re-audit all the care plans. We spoke with a nurse who confirmed they were in the process of reviewing these. They told us they had reviewed approximately nine care plans at the time of our inspection. We also noted that not all the people using the service had an assigned key worker.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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Following our last inspection to the service on 30 April 2013, we identified that staff were not supporting people during meal times. The provider was using agency staff; the chef told us they were not made fully aware of the needs of people using the service. One person required a special diet and was not catered for during the lunch that we observed. We also noted that some food, previously opened in the fridge had not been labelled and fridge and freezer temperature readings were recorded on loose pieces of paper. We asked the provider to take appropriate action to achieve compliance with the regulations. The provider sent us a report which set out the actions they would take to achieve compliance with this regulation. During this inspection we checked these actions had been completed.

We observed lunch in the main dining room. The main doors were closed and the atmosphere was calm and relaxed. There were two visitors sitting with their relative but they were not eating. There was a good atmosphere, several people were talking and interacting although three people slept intermittently. Lunch was served quickly so people did not have to wait long. People were shown the two main courses and were given a choice of what they wanted. Where people had refused both choices, alternative choices were offered.

Care workers wore blue plastic aprons whilst serving food to identify themselves. We saw that people were supported to eat and drinks were within reach of people. Care workers kept refilling people's drinks as required. One person was given one to one assistance with eating whilst others needed prompting or managed on their own. We observed that everyone had eaten by the end. The meal was cleared in a way so as to minimise disturbance and people were not hurried.

One care worker told us they monitored what every person ate and if they did not appear to be eating enough at a certain stage they would be put on a special plan. Staff understood that some people needed encouragement. We observed a nurse dispensing medication during lunch; the nurse respected the decision of some people that requested to have their medication later.

We spoke with the head chef who was a permanent member of staff and who was supported by a relief worker. They were aware of the dietary requirements of people living



at the home; we also saw that these requirements were displayed on a noticeboard in the kitchen. The food in the fridge was clearly labelled with the date it was opened or prepared and when it was to be used by. Records were kept of fridge and freezer temperatures and of any cooked food. Other records that we looked at showed that a deep clean of the kitchen had taken place in August 2013 and a kitchen audit had been carried out in October 2013.



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

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

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## **Reasons for our judgement**

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Following our last inspection to the service on 30 April 2013, we saw that people were prevented from leaving the home due to an entry keypad. We saw no evidence that the provider had made arrangements to discuss these restrictions with people using the service. We asked the provider to take appropriate action to achieve compliance with the regulations. The provider sent us a report which set out the actions they would take to achieve compliance with this regulation. During this inspection we checked these actions had been completed.

The manager told us that one person using the service was under a Deprivation of Liberty Safeguards (DoLS) order. They told us this person had been assessed as lacking the capacity to make their own decisions safely. They were prevented from leaving the home for their own safety. We saw evidence that the provider had submitted an application for both an urgent and standard authorisation to the supervisory body which was the local authority. The local authority had arranged an independent assessment to be carried out and had granted the authorisation.

We saw evidence that staff had completed training in the mental capacity act and DoLS.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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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The provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained.

During our inspection, we noted that there was a strong odour at the home. The manager told us the carpet in the home had been steam cleaned recently; however the smell was still apparent. We spoke with some relatives of people using the service, one person told us that "the smell of urine is not too bad today" another person said "sometimes the smell is unbearable" and "we have complained to the manager about it".

Relatives told us "the physical environment was not as good as it might be" and "the place is run down". We noted that the lighting at the home was very dim throughout; we spoke with the manager about this who told us they were aware of this and had asked for an external contractor to look at how the lighting could be improved throughout the home.

The home was split into four units, three on the ground floor and one in the basement. All the rooms had en-suite toilet facilities and there was a communal bathroom on each unit. Although there were baths and showers in the communal bathrooms in each unit, these were not in use. Some had a missing shower head and others had baths that were not appropriate for older people to use.

There was only one shower and one walk in bath for the thirty people using the service; these were both on the ground floor. People that were living in the basement had no access to a shower on their floor. The physical layout of the home meant that people living in the basement had to walk along a long ramp to the ground floor to where the shower facilities were. Staff told us that there were not enough bathing facilities for people at the home. One staff told us "I don't think there are enough showers for people". Another said "it would be helpful to have the use of more bathing facilities". One person using the service told us "I would like a shower once a week but it doesn't happen".

Some of the communal bathrooms did not have soap for people to wash their hands. In

one bathroom, we noted that the warning sign advising people that the water in the tap was hot was placed above the cold tap. This meant that people may have opened the cold tap not realising that it was the hot water tap.

The provider may wish to consider how the layout of the premises impacts on the care of people at the home. We noted that during our inspection the majority of people, even those whose bedrooms were on the ground floor had come to the lounge on the ground floor. This meant that staff that were allocated to the basement were also found on the ground floor. However, in the afternoon we noted that two people using the service had gone down to the basement and were sitting in the basement lounge for 20 minutes in the dark with no staff interaction. We also noted that the sensory room which was in the basement was not used during our inspection, people had to walk across the long ramp to access this room. Staff that we spoke with told us that the sensory room did not get used much as people preferred to stay on the ground floor. One staff said "I don't feel we are getting much use out of the sensory room".

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was not meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor 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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Staff did not receive appropriate supervision.

We spoke with four staff members during our inspection. They told us that although they liked working at the home, they raised concerns that they did not have formal one to one supervisions with the manager. One staff said "we have a brief team meetings but no supervision". Another staff told us "I have not had a formal one to one".

We looked at four staff files; there was a lack of supervision records within these files. The manager told us that supervisions were supposed to be carried out every two months, they acknowledged that these were not up to date and "it has been difficult to carry them out recently". Records also indicated that there had been a lack of team meetings at the home.

We asked to see evidence of staff training that had taken place recently. The records we were given indicated that staff had attended training in end of life care and mental capacity act and DoLS. However, we also saw that there were some gaps where training had not been given recently, this included equality and diversity, privacy and dignity and person centred care.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> People using the service were not protected against the risks associated with unsafe or unsuitable premises, by means of adequate maintenance of the premises. Regulation 15 (1) (c).
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> Suitable arrangements were not in place to ensure that staff were appropriately supported in relation to the delivery of care and treatment to people using the service because of a lack of appropriate supervision and appraisal. Regulation 23 (1) (a).
Treatment of disease, disorder or injury	

**This section is primarily information for the provider**

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 21 January 2014.

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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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