

# Mrs Philomena Chikwendu Okoron-Kwo

## Fouracres Care Services

### Inspection report

47 Fouracres  
Enfield  
Middlesex  
EN3 5DR

Tel: 02082924823

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Fouracres Care Services is a residential care home providing personal care for up to four people. At the time of the inspection, the service was fully occupied. People using the service were of mixed ages and living with dementia or a learning disability. Accommodation was provided in an extended semi-detached house in a residential street.

The service was operating before the principles and values that underpin Registering the Right Support had been developed. However, the service would be expected to develop in line with these principles and other best practice guidance. Registering the Right Support ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

There had been significant improvement since the last inspection which was reflected in the feedback we received from people's families. They told us they felt their loved ones were safe living at Fouracres.

Improvements had been made to how medicines and risks to people's health and well-being were managed. Care plans were more person centred and reflective of people's current care needs.

Although improvements had been made to how staff were safely recruited, we found that not all appropriate recruitment checks were carried out, despite this being picked up in the provider's auditing.

There was an increased oversight of quality of care at Fouracres and the provider was working closely with external parties such as a care consultancy and the local authority to implement and sustain improvements.

Refurbishment which was in progress at the last inspection had been completed which resulted in a new kitchen and additional communal areas. The home smelled fresh and clean.

There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 4 December 2019).

This service has been in Special Measures since 4 December 2019. We took enforcement action due to the significant concerns found. We imposed conditions on the providers registration. This meant the provider had to send us monthly reports on how they were addressing the issues found during the last inspection. We also imposed a condition to restrict new admissions without CQC authorisation.

During this inspection the provider demonstrated that improvements have been made although we have found evidence that the provider still needs to make further improvements. Please see the safe and well-led sections of this full report.

The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 4 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the safe, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We are making arrangements to remove the conditions imposed on the provider's registration following the September 2019 inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fouracres on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified a breach of regulation in relation to how staff are safely recruited. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Fouracres Care Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Fouracres is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider one hours' notice of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service and the information the provider had sent us since the last inspection including monthly audits and service improvement plan. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke briefly with one person using the service. We spoke with five members of staff including the provider and registered manager. We reviewed medicines and four staff recruitment records on site and

checked the cleanliness and overall condition of the home.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care records and quality assurance records. We spoke to two relatives and two staff members by phone after the inspection. We received feedback from one professional who regularly visits the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At the last inspection, the provider had failed to ensure staff were safely recruited.

This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made at this inspection, as documented below, the provider remained in breach of regulation 19.

- Despite improvements to recruitment processes and increased oversight of the required checks since the last inspection, not all newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- For one staff member, an employment history had not been obtained prior to them working despite this being identified in an external consultant's audit three weeks prior to the inspection.
- For another staff member, the provider did not ensure a reference from a previous employer was obtained prior to commencing employment.

The incomplete recruitment checks meant that the service was in continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When these concerns were discussed with the provider and registered manager, we were assured that a full investigation would be carried out and learning identified, the details of which were shared with us after the inspection.
- Other pre-employment checks such as identity, criminal records and right to work in the UK were completed.
- Staffing levels were enough to ensure people's needs were met. On the day of the inspection, two staff and an activities volunteer were present, along with the registered manager and provider.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At the last inspection, the provider had failed to ensure safe medicines management, adequate assessment of risks relating to the health safety and welfare of people and effective accident and incident monitoring.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found that people's known risks had not always been assessed and there was no guidance in place for staff to understand how to manage these risks safely. We also found that where risk assessments were in place, these were not detailed and failed to provide adequate guidance for staff on how to minimise the known risks.
- At this inspection we found there had been an improvement in documenting risk assessments.
- Since the last inspection, the registered manager had received support and training around assessing risk and all risk assessments had been reviewed.
- Risk assessments were individualised and identified people's risks associated with their health and care needs. Risk mitigation plans were in place to guide staff. We were informed that the risk assessment template would be reviewed to further improve how risks are documented as we found some risk assessments contained information which would be better placed in a care plan.
- At our last inspection, we were not assured that people received their medicines as prescribed as medicines stocks and records kept did not correspond. Staff had not been assessed as competent to administer medicines. No documented audits were kept of medicines and guidance was not available to staff on how to administer 'as needed' (PRN) medicines.
- At this inspection, improvements had been made and medicines were now safely managed.
- Stocks of medicines corresponded with Medicines Administration Records (MARs) and regular audits were carried out to ensure people received their medicines, as prescribed.
- Staff had received medicines training and all had a competency assessment in place prior to administering medicines.
- Each person had a medicines profile in place which provided information to staff on the reason's medicines were prescribed and their potential side effects.
- The administration of medicines, including 'as needed' medicines were appropriately recorded. However, a personalised PRN protocol was not in place where people required 'as needed' medicines such as pain relief. We fed this back to the management team who advised that they would ensure personalised PRN protocols would be created for people, when required.
- Medicines were stored securely in a well organised medicines cabinet. Regular medicines checks were carried out.
- At our last inspection we found accidents and incidents were inconsistently documented. Any actions taken and outcomes relating to accidents and incidents were not always documented.
- At this inspection, we found improvements had been made to how incidents were documented. Actions were identified and reviewed regularly to identify for trends or increased risks to people's safety and well-being.
- Routine health and safety checks, including fire safety checks were completed and documented. On the day of the inspection, a building inspector was present to check on previously identified fire safety remedial works requiring completion, evidence of which was sent following the inspection.

#### Preventing and controlling infection

- The service was overall clean and tidy on the day we inspected. We identified some areas where a deeper clean would benefit. We also found that there were issues with refuse collection which resulted in a build-up of rubbish in the garden. This was unpleasant for staff, people and their visiting families. This was fed back to the management team who gave assurances that this would be addressed, evidence of which was



supplied following the inspection.

- There were processes in place to effectively manage the risk of infection, including COVID-19. This included screening visitors, supplying personal protective equipment, training in infection prevention and control and participation in regular testing. At the time of the inspection, there had been no suspected or confirmed cases within the home.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe living at Fouracres. One relative told us, "[Person] is very safe there."
- Staff had training in safeguarding and were knowledgeable around where to raise concerns if they had any.
- Since the last inspection, where there were any reportable incidents or concerns, these were duly reported to the local safeguarding authority and CQC.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found care plans were not person centred and often failed to include information on how people wanted their care to be delivered and how staff should support them. People's communication needs were not well documented.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they felt their loved ones were supported in a person-centred way and their care needs were met. One relative told us, "Person always appears to be happy. We are happy [Person] is staying there."
- A health professional told us they found staff to promptly escalate any concerns they had around people's health. They told us, "From the first contact my experience with them has been positive including the residents that are residing under their care. It's been great with regards to patient care, communication, interaction and promptness on dealing with concerns raised." For one person this meant that medicines they required were prescribed quickly and assessments were arranged promptly.
- Since the last inspection, people's care plans had been reviewed and new care plans were in place. These were much more detailed, and person centred around people's support needs and how staff should provide person centred care and support.
- A person had recently moved into the service and the registered manager was working on developing their care plan. At the time of the inspection, the person's care needs were documented, however their care plan required additional personalisation. The management team advised that their care plan would be reviewed and updated.
- In the months prior to the inspection, due to the coronavirus pandemic, people were unable to partake in external activities or have family visit. Just prior to the inspection, families were able to visit their loved ones in the garden. Relatives told us staff had facilitated visiting and prior to this supported regular phone calls with family members.
- Staffing levels had been adjusted to ensure that there were sufficient staff in the service to assist people to

take part in activities in the home or to support people to go for walks. An activities volunteer was also present in the home for a few hours every day to provide activities support.

- People's birthdays were celebrated, and photos were shared with families. We saw 'Thank You' cards from families thanking staff for the efforts they went to celebrate people's birthdays. One card read, 'Thank you so much for making [Person's] birthday party so special.'

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed how people expressed their needs to staff and where people had communication needs, care plans detailed what words people used and what they meant.
- Where people required aids such as hearing aids or glasses, this was also documented.

#### Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection. The complaints procedure was on display in the entrance to the service and relatives told us they had the contact details of the registered manager to report any concerns to.
- One relative told us they reported a concern to the registered manager in the days following the inspection. This was discussed with the management team during inspection feedback. We were advised of the steps taken to address the concern and reduce reoccurrence.

#### End of life care and support

- The service did not routinely provide care for people at the end of their lives. Where appropriate and if people wished to discuss, their preference in this regard was documented in their care records.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found effective systems were not in place to monitor the quality of care.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There has been significant improvement to the overall delivery of care at this inspection. We saw improvements in how the service safely managed risk and medicines. Care planning processes have improved considerably. Relatives told us they found the service had improved. One relative told us, "It's fine. I think they have really pulled themselves together."
- Since the last inspection, the provider and registered manager have worked closely with a care consultancy to establish and develop quality monitoring and audit systems in areas such as medicines, care plans, recruitment, training and health and safety checks. These have been effective in picking up and addressing any concerns as they arise. However, shortfalls in recruitment processes had not been addressed in a timely manner by the home management team once identified in an audit.
- Following the last inspection, enforcement action taken by CQC required the provider to submit monthly audits and an improvement plan. We also imposed a condition to restrict new admissions without CQC authorisation. All the conditions imposed were complied with. The rating from the last inspection was also on display within the home.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- We spoke with the provider at the inspection around their oversight of care and quality at the service. At the time of the inspection, oversight of the quality checks carried out at the service by the registered manager were completed by the care consultancy. We discussed with the provider around developing their own documented quality monitoring processes to ensure they were also identifying issues and areas for improvement.

We recommend that the provider and registered manager continue to work proactively to ensure that all improvements and developments implemented are sustained and fully embedded.

- During the inspection, any concerns identified and discussed with the home management team were promptly acted on and evidence sent following the inspection to confirm this. This indicated that the service was continuously learning and improving care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour

- Relatives and people were more involved in the care planning process.
- There were residents' meetings and we saw people were involved where possible. People talked about the complaint procedure, activities, food and personal care amongst other topics.
- Relatives told us they were kept informed about how their loved ones were doing, which was particularly important when they were unable to visit.
- Relatives and healthcare professionals were positive about how staff and management communicated with them and told us they asked for their views and opinions.
- Staff were positive about working at Fouracres and the relationships they built with people and their families. One staff member told us, "It's a family environment here. I am very close with [Person]. This is a rewarding job." A second staff member told us, "We are trained really good. Every day there are improvements. Its better now, we focus more on the service users."
- Since the last inspection, the management team were working with the local authority quality monitoring team and a variety of health professionals. A professional told us, "Management and staff want what is best for their residents."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19(1)</b></p> <p>The provider did not ensure a robust recruitment procedure by ensuring staff employed were of good character and had the skills and experience which were necessary for the work to be performed by them.</p>