

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

Drayton Village Care Centre

1, Spring Promenade, West Drayton, UB7 9GL

Tel: 01895430955

Date of Inspection: 05 June 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	GCH (West Drayton) Ltd
Registered Manager	Mr Declan Miskelly
Overview of the service	Drayton Village Care Centre is a purpose built care home providing residential or nursing care for a maximum of 59 people. The service offers care to older people including those with dementia care needs. The service was registered in December 2013 and at the time of inspection 22 people were using the service.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 June 2014, 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 carers and / or family members and talked with staff.

We spoke with visitors who had friends using the service.

What people told us and what we found

In this report the name of a registered manager appears who was not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

We spoke with eight people using the service, five relatives and visitors of people using the service and nine staff. The staff included the regional manager, a peripatetic manager, the outgoing and incoming deputy managers, the administrator, one nurse, two care staff and the housekeeper.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found:

Is the service safe?

People using the service confirmed they were happy with the service and were being cared for safely, and one person said "I'm safe here." Risks had been assessed and reviewed regularly to ensure people's individual needs were being met safely. Safeguarding and whistle blowing procedures were in place and staff were clear about reporting any suspicions of abuse. Staff had undertaken training on the Mental Capacity Act 2005 and were aware of their responsibilities in relation to Deprivation of Liberty

Safeguards. Recruitment practices were robust and being followed.

Is the service effective?

Care records reflected people's individual needs, choices and preferences and staff had the knowledge and skills to meet these. People had access to healthcare professionals to meet their needs. People told us they were happy, well cared for and treated with respect. People and their representatives had been involved with the development of the care records, so they could express their views and have these included.

Is the service caring?

Staff treated people in a gentle and caring manner when supporting and assisting them with daily routines. Privacy and dignity were respected. Meetings were held and staff listened to people so changes could be made to better meet people's wishes. Comments we received from people included "all the staff are excellent", "I can't praise the staff enough." and from a member of staff about people using the service, "all are unique and have different needs."

Is the service responsive?

People's care records had been reviewed regularly so any changes to their care were identified and records maintained up to date. People and their families said they would be confident to raise any concerns that arose. Recent meetings had taken place for people using the service and for relatives and people commented these had been positive and they had been listened to. Comments about the service included "very nice place, staff all very nice" and "I like it here and I'm happy here."

Is the service well-led?

The previous manager had recently left the service and the provider was actively recruiting for a new manager. The regional manager said they wanted to appoint the right person for the job and interviews were being carried out. At the time of inspection a peripatetic manager was in post and the regional manager was also regularly working at the home.

The new deputy manager had experience working in other services owned by the provider. This meant they had experience of the systems and documentation in use and were undergoing a handover from the outgoing deputy manager to familiarise them with the service. Systems to monitor the quality of the service were in place and where shortfalls were identified action plans were drawn up to address them.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People and their relatives were encouraged to visit the service prior to moving in so they could see if it was somewhere they would like to live. The administrator said people were free to come and view the home at any time and this was confirmed by a relative we spoke with. People had been assessed prior to coming to the service, so the service could ascertain if they would be able meet each person's needs.

We saw staff speaking with people in a gentle and calm manner, respecting their privacy and dignity. One person said of the staff "they are very obliging, very polite. Nothing is too much trouble for them." We saw staff knocking on people's doors before entering the room and people confirmed they could choose if they wanted to have their door open or closed, which was respected. There had recently been meetings held for relatives and for people using the service, and those who had attended told us they had been encouraged to put ideas forward and express their views, and felt they had been listened to. A 'residents committee' had also recently been set up, to represent people using the service, and the regional manager said this would be progressed so people's opinions could be sought and listened to.

People who use the service understood the care and treatment choices available to them. People confirmed they were able to make choices about their daily routines, including when they got up and went to bed and meal choices. A 'choice form' was completed on admission and this covered all aspects of people's preferences, including gender preference for care provision, food and drink likes and dislikes and hobbies and interests, so these were known to staff providing their care and support. Bedrooms were personalised and people were dressed to reflect individuality. People using the service and relatives we asked said they had been involved in the formation of their care plans and we saw in the records we viewed people had signed their agreement to the contents of the documentation, evidencing their involvement.

We observed the lunchtime meal and people were offered a choice of a meat or a vegetarian dish, and other alternatives were also available. One person did not want either

of the main options and the chef immediately went and spoke with them. He knelt down to be on their level and communicated effectively, listened to what the person requested and then provided this. If people had dietary requirements for religious or cultural reasons, staff were aware of these and respected them. We saw this during the inspection and also one person confirmed this when we spoke with them.

Nursing staff including the deputy managers confirmed they had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and understood the importance of ensuring they always acted in people's best interests. We viewed four care records and saw people's cognitive ability and dementia care needs were assessed as part of the pre-admission and admission assessment processes, so any related needs were identified and could be discussed and planned for. The care plans included one for people's mental health needs, so where necessary these had been identified and a plan of care put in place. A policy for DoLS was in place and staff we spoke with understood people's rights to make choices where they were able to, and where they were not they had the right to have a relative or advocate to act on their behalf in their best interests.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We viewed four people's care records. These provided a good picture of each person, their needs and how these were to be met. Care plans and assessments were in place for each need and these were reviewed monthly or whenever a person's condition changed, so the information was up to date. We observed staff providing assistance and support to people, for example assisting people with their meals, and this was done in an unhurried manner. We saw call bells were placed within easy reach for people and staff responded promptly to answer any bells that rang. People we asked confirmed the staff attended when they rang their bell and provided the care and support they required.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Assessments for areas of risk had been carried out and recorded the action to be taken to minimise these. We viewed two sets of wound care records. These included wound and pain assessments, wound care plans and a record of each dressing change and the condition of each wound.

People were weighed monthly or weekly, depending on their assessed nutritional risk, and if concerns were identified they were referred to a dietician for input and prescribed treatment, for example, dietary supplements. We saw people had received input from other healthcare professionals including GP, tissue viability nurse specialist, optician and podiatrist, to ensure their healthcare needs were being met.

We discussed activity provision with the regional manager and with people and their relatives. Some activities were taking place, for example a singer had recently attended the home, which people said they had enjoyed, and staff arranged some games such as dominoes with groups of people. Some people preferred their own company and said the staff respected this. Information about people's social history, interests and hobbies was included in the care documentation, which provided staff with information and topics for discussion. The activity provision in the home had been limited in recent weeks, however the regional manager said this had been discussed at the recent meetings with people and their relatives and formal activities would be provided again from 16 June. One person said the staff had been very open about the current limited activity provision and were

working to provide more.

There were local shops and a hairdressing salon nearby and the regional manager said people were taken out to do shopping and could choose to have their hair done within the home or at the hairdressers, which some of them enjoyed doing. We saw people being taken out to the shops during the inspection and also being taken out into the garden, which provided a pleasant environment for people to sit in. People we spoke with expressed satisfaction with the care they received and comments included "it's a very nice place to be", "everybody is friendly" and "I couldn't be in a better place."

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Procedures for safeguarding adults and prevention of abuse were in place, including a copy of the London multi-agency policy and procedures to safeguard adults from abuse, so these could be followed and incidents identified and reported appropriately.

Safeguarding vulnerable adults and whistleblowing training was included in the induction training for all staff and staff we spoke with understood safeguarding and whistleblowing procedures. We gave each member of staff we spoke with a scenario of incidents of abuse and they were clear to report any concerns, including to the local authority if necessary. Posters encouraging people to report any suspicions of abuse were on display in the home, and there was an open culture where reporting of concerns was encouraged by the provider, so staff felt confident to do so.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. We viewed three staff records. Application forms had been completed and included an employment history, one of which was clarified satisfactorily at the time of inspection and the other two had supplied a curriculum vitae containing a full employment history. Two or three references had been obtained for each member of staff, including one from their previous employer, and criminal records checks had been carried out. Health questionnaires had been completed and proof of identification including passport information and a photograph was available on each staff members file.

Appropriate checks were undertaken before staff began work. Checks had been carried out with the Nursing and Midwifery Council to ensure the nurse registrations were current and the administrator said these were checked every month to ensure registration renewals were completed. Staff confirmed they had not started working at the service until all the required checks had been completed.

Staff had received induction training and this included training in equality and diversity, health and safety topics and safeguarding and raising concerns and we saw completed question and answer forms for each topic in the three files viewed. On the day of inspection several new staff were undertaking induction training and staff on duty also confirmed they had received induction training prior to starting work at the service, to provide them with the knowledge and skills to care for people effectively.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Systems were in place for monitoring the service. Daily meetings were held with the heads of department and a daily health and safety checklist was completed, so any issues could be promptly addressed. Daily handover sheets were completed and included any person related issues for the day, for example, visiting professionals, care reviews, medicine queries, accidents/incidents/complaints, admissions and discharges and aspects of care, so these were identified and being monitored on a daily basis.

Monthly compliance reviews had been carried out and where they identified shortfalls, for example in care plan documentation, action had been taken to address this. In the care records we viewed we saw an example of one that had been updated following an audit, and one that had very recently been audited and had any shortfalls identified within it and was to be updated. The new deputy manager said she was carrying out audits of the care records to ensure the information was complete and kept up to date. Other audits viewed included those for medicines, infection control, health and safety and the kitchen, and these were thorough and identified any areas to be addressed.

Incidents and accidents were completed and reviewed by the manager so lessons could be learnt and action taken to minimise the recurrence risk. Risk assessments for the environment, equipment in use and safe working practices had been carried out in September 2013, and no concerns had been identified.

The provider took account of complaints and comments to improve the service. The complaints procedure was on display in the home so people and their relatives knew the action to take to raise concerns. People and relatives we spoke with said they would be confident to raise any issues and felt they would be listened to. The regional manager said they had not received any complaints, but that any concerns, however minor, were listened to and promptly addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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