

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

## Leonora House

49 Lanark Road, Maida Vale, London, W9 1AP

Tel: 02072890176

Date of Inspection: 11 June 2014

Date of Publication: July 2014

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

**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

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Octavia Housing and Care
Registered Manager	Ms Martha Moran
Overview of the service	Leonora House is a domiciliary care service that provides care and support to adults living in their own home.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

## 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 announced 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 11 June 2014, talked with people who use the service and talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service and staff told us. It also takes account of the information and records we looked at.

If you would like to see the evidence that supports our summary then please read the full report.

Is the service safe?

Leonora House is an extra care housing scheme for people aged 60 years and over. 24 hour care is available to those who need it and is provided by care staff based at Leonora House. The service also operates an outreach service to those living in their own homes in the local community.

We looked at the support plans for four people living at Leonora House. We saw that these contained assessments covering health needs and medication. We saw that risk assessments had also been completed in areas such as falls and mobility, diet and nutrition and behavioural management. Support plans and risk assessments were updated every three months or earlier if needs changed. We spoke with three people who used the service who told us they had been involved in the care planning process.

There were arrangements in place to deal with foreseeable emergencies. Staff had been trained to deal with emergencies by ensuring people were safe and comfortable and by calling 999 when and if needed. People who used the service told us they felt safe and secure.

Is the service effective?

Staff had been recruited appropriately and been asked to provide two references from

previous employers and undergo Disclosure and Barring Service (DBS) checks.

Staff told us they had completed an induction which had covered core subjects such as health and safety, safeguarding and medication handling. The induction had been followed by a period of shadowing more experienced staff. There was a probation period of six months for all new staff.

People who used the service expressed their views and were involved in making decisions about their support needs in collaboration with the staff team. People we spoke with told us "I try and get involved" and "staff always ask me what I would like to do."

Is the service caring?

People who used the service told us "I love it here" and "staff are so kind and helpful and always willing to help." We saw that a client satisfaction survey had been carried out in January 2014. From the results we saw that people were satisfied with the support they received and felt the service was sensitive to their social, cultural and/or religious needs.

Is the service responsive?

Staff told us meetings for people who used the service took place on a six monthly basis where issues such as the range of activities, complaints and suggestions were addressed.

There were systems in place to record accidents/incidents and information available to people who used the service about how to make a complaint. We saw from the complaints logging system that the service had received no complaints in the past 12 month period. People who used the service told us they would speak directly to the manager if they had a complaint.

Is the service well-led?

The service had a registered manager in post. Staff we spoke with told us that the manager operated an open door policy. We were told that staff received supervision every six to eight weeks and were appraised annually. We looked at staff records and saw that supervision had taken place for most within the last month. Staff we spoke with told us they felt supported by the management team.

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

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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

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

Leonora House is an extra care housing scheme for people aged 60 years and over. 24 hour care is available to those who need it and is provided by care staff based at Leonora House. The service also operates an outreach service to those living in their own homes in the local community. People are referred to the service by the City of Westminster social services department.

We spoke with three people who used the service and looked at the provider's client satisfaction survey from January 2014. Of the seven people who completed the survey all stated they were satisfied with the care and treatment they received from the service. People we spoke with told us "I love it here" and "staff are lovely."

Care and treatment was planned and delivered in line with people's individual support plans. Needs assessments, support plans and risk assessments were completed as a joint process between people who used the service and the management team. People who lived at Leonora House were assigned a keyworker once they had settled into their homes.

We looked at four care plans and saw they took into account people's support networks, physical and mental health needs and medication. Risk assessments we looked at covered areas such as diet and nutrition, falls and mobility, managing behaviours and personal care. The manager told us that support plans were reviewed and updated every three months or earlier if needs changed. The support plans and risk assessments we looked at were up to date and had been reviewed within the past three months in line with the provider's policies. People who used the service were aware they had a care plan and understood they could request a copy if they wished to.

The service supported people to take part in social activities either in the community or at the day centre based in Leonora House. Staff told us "it's up to tenants what they want to do." The registered manager told us staff organised bingo, exercise sessions, shared meals, birthday parties, an annual garden party and trips to the coast. Care staff told us

they painted people's nails, gave hand massages and organised hair dressing sessions. One person who used the service told us "it's nice to wake up and know that people are going to involve you even if it's to play bingo."

There were arrangements in place to deal with foreseeable emergencies. Staff had been trained to deal with emergencies by ensuring people were safe and comfortable and by calling 999 if and when needed. There were adequately stocked first aid boxes kept in the main office and in the day centre kitchen area. Staff training records showed that some of the staff had received training in first aid.

**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 from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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The service had a safeguarding policy dated January 2010. The staff we spoke with were able to give examples of the different types of abuse and knew what to do if they witnessed, suspected or were told about an incident of abuse. Staff explained that they would make sure people were safe, reassured and then report the incident to their manager. Staff confirmed they had received safeguarding training as part of their induction. The provider may find it useful to note that its safeguarding policy is now out of date and would need to be updated in line with Protecting adults at risk: London multi-agency policy and procedures published January 2011.

People who used the service told us they "feel safe and very secure" and had no worries about the way they were cared for. People told us that they would speak to the manager if they had a concern or complaint.

We saw that the service had systems in place to monitor and review all incidents that have the potential to become a safeguarding concern. This included reporting, logging and investigation systems. We saw the record of safeguarding's for the last year. The records evidenced that incidents had been reported to the local authority safeguarding teams and safeguarding strategy meetings had taken place. The manager had not however notified the Care Quality Commission of all relevant safeguarding matters in accordance with regulations. The provider may wish to note that it must notify the Care Quality Commission about incidents that affect the health, safety and welfare of people who use the service so that where needed, the Care Quality Commission can take action.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. The registered manager told us that the provider recruited new staff via its website pages or via advertisements in local newspapers. The manager told us care staff were required to have National Vocational Qualifications (NVQ) in health and social care at Level 2 and that senior care staff were required to have NVQ Levels 2 and 3. Successful candidates were required to provide two references covering their last two positions of employment and undergo Disclosure and Barring Service (DBS) checks.

Staff we spoke to confirmed that they had attended an interview and had been asked to provide proof of identity, complete DBS forms and provide two references. We were told by the manager that comprehensive staff records containing DBS numbers, details of qualifications and training were stored at the provider's central office. We asked the manager to email us this evidence and after reviewing this information were satisfied that staff had undergone necessary checks and completed a range of training courses.

Staff we spoke with told us they had completed an induction which had included training in areas such as safeguarding, health and safety, medicines management, food hygiene and moving and handling skills. This had been followed by a period of shadowing. Staff were required to complete a six month probationary period.

**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 meeting this standard.

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

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## **Reasons for our judgement**

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The service had a registered manager who was assisted by two other managers and a team of care staff. We spoke to the registered manager and four care staff. The manager told us all staff received training that was relevant to their role. This included training on health and safety, medicines management, safeguarding and equality and diversity. We saw from records that staff had also undertaken training related to specific mental health issues such as dementia.

Staff told us supervision took place every six to eight weeks with their line manager. We saw records that confirmed this. The manager told us that appraisals took place every year. From the staff records we looked at we noticed that not all annual appraisals had taken place within the last year. The staff we spoke with told us that they felt supported to do their jobs and that they were given the opportunity to discuss any concerns they may have. Staff told us "the manager listens" and "we don't need to wait for supervision as we can come and talk to the manager at any time."

The manager told us that all care staff had relevant qualifications as a requirement of employment. This included national vocational qualifications in health and social care, levels two and three. One of the staff members we spoke with told us "[the provider] helped me to get my NVQ Level 2." The arrangements we saw demonstrated to us that there were a range of processes in place to support staff and ensure they were able to carry out their duties safely and 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Staff told us they were required to report all incidents to their line manager. The registered manager told us staff were also required to complete incident report forms and we saw these recorded in the service's filing system.

We saw the minutes for staff team meetings and attended one of these meetings on the day of our visit. We noted that discussions took into account the welfare of people who used the service, procedures and policies, incidents and ideas for service improvements. For example, staff had piloted an iPad scheme with people who used the service. Staff were now able to support people in the use of computers to order shopping on line and complete relevant correspondence.

The provider took account of people's feedback to improve the service. Staff told us "we involve people and take notice of their choices." The manager told us meetings for people who used the service took place every six months. We looked at the meeting minutes which showed that matters such as activities, complaints and suggestions and health and safety issues were discussed.

We saw evidence that an annual client satisfaction survey had been completed in January 2014. People who had completed the survey were satisfied they had a say in the way their service was run and all were satisfied with the service provided.

There was a copy of the complaints procedure in the main reception area of Leonora House. We looked at the complaints log and saw that no complaints had been received within the past 12 months.

## 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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