Inspection Report

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

Hanwell House

191 Boston Road, Hanwell, London, W7 2HW

Tel: 02085794798

Date of Inspection: 15 August 2014

Date of Publication: September 2014

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
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Homestead Residential Care Limited
Registered Manager	Mr Alan Kelly
Overview of the service	Hanwell House provides accommodation and personal care for up to 52 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

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 15 August 2014, 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.

What people told us and what we found

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

Is the service safe?

People told us they felt staff kept them safe and this was confirmed by relatives.

Staff received some training and informal supervision which helped them understand how to meet the needs of people and keep them safe. Risk assessments had been carried out and plans put in place to reduce the risks to people of physical or emotional harm.

We saw records which showed all staff had attended training in safeguarding adults and the Mental Capacity Act (2005). Most care workers and managers we spoke with demonstrated a good knowledge of the principles of safeguarding and gave us examples of raising concerns and of the provider following these concerns up.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

Is the service effective?

People all had an individual care plan which set out their care needs. People told us they had been fully involved in the assessment of their health and care needs and had contributed to developing their care plan. Staff were aware of people's preferences, interests, aspirations and diverse needs and supported people to meet these. The service had systems in place to monitor the care provided and to ensure people were happy with it.

Staff did not receive formal supervision or appraisals and there were no individual plans in place to help them develop. In addition, there were no regular staff meetings to discuss common issues, concerns or suggestions.

Is the service caring?

People we spoke with said they felt staff treated them with respect and dignity and involved them and their relatives in decisions about their care. We saw staff introducing themselves and interacting with people in a respectful and warm way. Care workers showed patience and gave encouragement when supporting people. People told us "The staff are very kind" and a relative said "I can't praise the staff enough." People told us they felt safe and secure and this was confirmed by friends and relatives. Our observations of the care provided, discussions with people and records we looked at told us that individual wishes for care and support were taken into account and respected.

Is the service responsive?

Information about the service was provided both verbally and in writing and focused on people having choices and on helping them maintain their independence. People told us they had been given opportunities to ask questions and had any concerns listened to and acted on. Most people and relatives knew how to make a complaint if they were unhappy. They told us the service took complaints seriously and looked into them quickly.

The service worked well with other agencies and services to make sure people received the right care. People told us they were involved in reviewing their plans of care when their needs changed.

Is the service well-led?

The service had quality assurance systems, and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving.

Staff showed us they were clear about their roles and responsibilities. They had an understanding of the ethos of the service and the quality assurance processes which were in place. This helped to ensure people received a good quality service at all times.

The provider ensured that feedback from people themselves, relatives, staff and other professionals was received and this influenced the development of the service and improved care for people.

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

What we have told the provider to do

We have asked the provider to send us a report by 19 October 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.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with six people who used the service, six relatives, and the manager of the service, six care workers and a chef. We observed care being provided at lunchtime and examined documents which included care records, staff files and minutes of meetings.

We found staff had acted in accordance with the wishes of people who used the service in relation to their care and support. People confirmed their individual lifestyles had been respected wherever possible. Records showed where people lacked capacity, best interest decisions had been made for their care and treatment by professionals. These decisions had always involved those acting on people's behalf such as relatives and friends. People told us managers had always discussed any change in care and treatment, such as a change in medication, with them and relatives praised staff for routinely contacting them and discussing any changes.

People we spoke with told us they were happy with the care they received. One person said staff were, "Always very kind to me" while another said, "If I want anything, they'll do it for me." Relatives said they had been given information about the care and support available to people and had been fully involved in planning care. One relative said "I can't praise the staff enough" and "the manager is always available to talk to" and another said "I would recommend the place without reservation." All relatives we spoke to reported people were treated with dignity and respect. People themselves told us staff got to know them well and understood people and what they liked and did not like. We saw each person had been asked about their preferred routine and any activities and assistance they wanted throughout the day.

People who used the service understood the care and support choices available to them. Care and support needs were assessed and agreed wherever possible with people and their families. People had their care and support plans reviewed regularly. Reviews included relatives and relevant health and social work professionals such as community

matrons and district nurses. People told us they had been given opportunities to ask questions and their concerns had always been listened to and acted on.

People's preferred first name was always used. We saw equal opportunity and diversity policies which staff showed us they understood. People confirmed their cultural and spiritual needs were respected. We saw documents confirming there were clear rules about respecting others' sexuality, ethnic background and beliefs and relatives, staff and people who used the service all told us these had been adhered to.

During the mealtime we observed, care workers offered people choices and encouraged a sociable but calm atmosphere. We saw staff prompting people in a respectful way and responding quickly to requests from people.

Managers told us people were supported in promoting their independence and community involvement and people themselves and their relatives confirmed this. We saw there was a programme of activities for people to take part in which included entertainment such as singing, hairdressers visiting the home and trips out. People told us they enjoyed these activities.

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

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw risk assessments completed for each person which had focused on areas such as mobility and falls, nutrition and hydration, pain and pressure sores. There were clear risk management plans in place that built on these assessments and people who used the service and relatives said they were aware of and had contributed to these plans. Staff we spoke with showed us they were aware of key aspects of the assessment and management of risk.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. In addition to looking at risk, assessments focused on issues such as hygiene, dressing, social needs, mood and communication. There was a full life history for each person in their file and staff demonstrated they had read this. We saw other professionals, such as GPs and social workers, had been involved in people's care as necessary. We saw interactions between senior staff and more junior staff were respectful and all levels of staff praised the manager for his support and willingness to listen to them.

People told us staff were "thoughtful" and "gentle" and they were pleased with the care they received. One relative told us, "Staff are always very kind to both of us and they're very knowledgeable." We discussed with staff their approach to assessment and to the planning and delivery of care. They were sensitive to people's needs and strengths and showed us they treated each person as an individual. We saw staff giving people choices, such as asking them what they would like to do, where they wanted to sit, if they wanted to listen to the radio or watch television and what they wanted to eat. We saw people making requests of staff and staff responding promptly and calmly. Staff gave medication to people in an unhurried way and were happy to explain what it was. They showed us they had a good knowledge of medication and the reasons for people taking it.

We saw from care records staff used tools such as pressure sore scales and 'body maps' to help them monitor the condition of people's skin and were able to explain to us the reason for their use.

Staff were aware of their responsibilities under the provisions of the Mental Capacity Act

and Deprivation of Liberty Safeguards (DoLS). They promoted the rights of people who lacked capacity in the least restrictive way. Records showed the provider knew how to make a DoLS application. The provider told us of their intention to work with the local DoLS team in respect of the revised test for DoLS arising out of the Supreme Court judgement this year and we saw an email confirming this.

Staff we spoke with showed a good understanding of the principles of dealing with emergencies. They told us they felt the provider worked hard to ensure their safety and welfare and that of people receiving the service.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. During our visit we spoke with people themselves, relatives, care workers and the chef about food, drink and nutrition. We saw that people were able to choose from a range of food, which included vegetarian options.

We observed people at a mealtime, with those needing help receiving it from staff. We saw staff were patient and considerate and willing to respond to any requests people had. All the people we spoke with reported being happy with the range and quality of food available and we saw menus were changed weekly. We saw that adapted cutlery and crockery were available for people where required.

People's food and drink met their religious or cultural needs. Staff told us they considered everyone's cultural and religious needs and individual preferences and this was reflected in notes we read and confirmed by people themselves and by relatives. We saw one person had been provided with a diet which was individual to him and received food that no-one else in the home was given. Staff also showed us they understood the importance of healthy food and drink and of a wide choice of food.

We saw that some people had been identified as having swallowing difficulties and that a full multi-disciplinary assessment had been made and people were provided with easy-to-swallow versions of the same food other people had. This pureed food was presented using the same plates and bowls as other people.

We saw care records contained monitoring sheets for people's nutrition and hydration and staff showed us they understood the importance of these. People's weight was monitored regularly and we saw records of one person's weight gain from a very low weight over several months, an improvement which the person's relative confirmed as being the result of careful staff support and monitoring of food intake. We saw people had access to fruit and other snacks between meals.

Safeguarding people who use services from abuse ✓ Met this standard

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 used 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. People told us they felt safe and relatives confirmed this. We found staff had been trained and were able to respond appropriately to allegations or suspicions of abuse or neglect.

We saw policies and guidelines for staff covering safeguarding and raising concerns. We saw information provided to people and their relatives when first seen by the service included advice on raising concerns. We saw records which showed all staff had attended training in safeguarding adults and the Mental Capacity Act (2005) and most care workers and managers we spoke with demonstrated a good knowledge of the principles of safeguarding and gave us examples of raising concerns and of the provider following these concerns up. The provider may wish to note that two members of staff were unable to provide us with a clear explanation of safeguarding, though they showed an understanding of the need to protect vulnerable people.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements to train staff in dealing respectfully with people becoming aggressive. Staff were able to describe how they had intervened when people became aggressive and relatives praised staff's ability to work with people when this happened in a kind and gentle way.

Supporting workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not always fully 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.

Reasons for our judgement

Staff had received some appropriate professional development and were able, from time to time, to obtain further relevant qualifications. Care workers we spoke with told us the provider had offered opportunities for development and managers encouraged them to learn new skills and extend their roles. They told us they had been encouraged to do additional training in the administration of medication in order to prepare them to be able to give medication to people.

Managers told us care workers were monitored closely and care workers themselves confirmed this. They told us feedback from managers had always been fair and useful and they found them supportive and encouraging. They felt the provider had worked continuously to maintain and improve standards of care. Care workers told us they had requested training they felt they needed, in areas such as coping with aggression, and managers had responded positively by arranging training for all staff. One care worker told us they had asked for and been given additional training in diabetes and showed us they were able to apply this knowledge to the care of particular people in their care.

Staff told us their introduction to the home had been helpful, although there was no formal induction process in place. Staff we spoke with told us they found informal supervision from managers and more senior staff contributed significantly to their professional development. They told us this feedback had helped them identify their strengths and weaknesses, in areas such as communicating with people who were hard of hearing or had problems with anxiety. There was no formal process of supervision and this meant possible training and practice development needs might not have been identified by senior staff. We saw, in addition, that there was no clear system for annual appraisal, which meant staff may not have had formal feedback on their performance and opportunities to discuss their learning and development needs. We examined staff files and saw they contained a record of learning activities and training. However, there was no clear learning plan for each individual member of staff. Managers told us staff were no longer encouraged to undertake National Vocational Qualifications (NVQs), which are a nationally-recognised programme to help staff develop their skills at work.

We saw there were meetings at the beginning and end of each shift for care workers which had addressed issues about the care of each individual. Care workers told us they found these meetings valuable. There were no regular, planned meetings for staff and this meant that staff were unable to gain support, exchange ideas and offer suggestions to improve care in a formal, structured way.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their relatives and care workers were regularly asked for their views about care and support and comments and suggestions were acted on. There was a range of quality checking systems which were intended to ensure the involvement of people who used the service and their care workers. We also saw three-monthly 'family satisfaction surveys' for people and their relatives that had focused on issues such as the environment, quality of care, meals and activities, respect and dignity and the quality of people's rooms. We saw the results of these were generally positive and showed satisfaction with the service. We saw that issues that had been identified as a problem by one or two people, such as the laundry service, had been addressed promptly by the provider.

We saw records showing the provider had dealt with incidents in line with their policies and training had been put in place for staff as a result. Staff had been given additional training in dealing with aggression following incidents. The provider took account of complaints and comments to improve the service. People themselves and their relatives and friends told us they felt able to raise concerns with managers of the service. All the relatives we spoke with said they would be happy to raise a complaint with the manager if it was necessary and were confident they would be listened to. We saw a complaints policy which included a full investigation and managerial response.

We saw that managers had carried out audits of care records and had addressed any issues such as missing or incomplete records with staff individually and at handover meetings. We also saw that managers and staff had carried out regular audits of the cleanliness of the building, of fire exits and fire doors and of equipment such as hoists.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: People were cared for by staff who were not always fully supported to deliver care and treatment safely and to an appropriate standard. Staff did not have the opportunity to have their performance reviewed through an appraisal. Regulation 23 (1) (a)

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 19 October 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.

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

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