

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

## Micado Homes - Drayton Lodge

47 West Drayton Road, Uxbridge, UB8 3LB

Tel: 02087073803

Date of Inspection: 08 May 2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Micado Homes Limited
Registered Manager	Ms Evelyn Adu
Overview of the service	Drayton Lodge is a care home for up to six people who have mental health needs and require support with daily living. The main aim of the home is to provide people with the life skills and confidence required to enable them to eventually move into independent accommodation.
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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	7
Management of medicines	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
Complaints	13
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with two people using the service, the registered manager and the provider. At the time of the inspection there were 5 people using the service.

The inspection was carried out by an inspector during one day. This helped answer our five questions;

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

Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Care plans had details of people's needs and how these were to be met. These plans were regularly reviewed with the person using the service. Risk assessment related to the care and support being provided and were regularly reviewed to ensure people's individual needs were being met safely.

The medicines prescribed to people using the service were stored in a secure appropriate manner. We saw that the Medicines Administration Records (MAR) charts for all the people using the service were correct and information was clearly recorded.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service effective?

People received effective support from staff who were trained and supported by the manager. We saw that both permanent staff and agency care workers completed a range of mandatory courses each year to meet the support needs of an individual.

People using the service were involved in the development and review of their care plans so they understood and agreed to the care planned for them.

Is the service caring?

People were supported by kind, attentive staff who treated them with respect and dignity. We saw people were supported and encouraged to be actively involved in their daily care and activities. People we spoke with said they felt safe and were treated with respect.

Is the service responsive?

People we spoke with told us that they do a range of activities that were based on their individual interests and personal development plans. One person said "I have been writing songs for years and now I get to go to a music studio and they help me record my songs." Other activities included learning to drive, visiting the gym and working at a voluntary organisation. The options for activities were identified to meet the needs and wishes of each person.

We saw a copy of the complaints policy was included in the service user guide which was given to people when they moved in. The people we spoke with were aware of how to make a complaint. The manager explained to us that people could also discuss any concerns with their solicitor, care coordinator and care manager.

Is the service well led?

The service had a quality assurance system in place. Records seen by us showed that any issues identified in relation to the quality of the care provided. As a result the quality of the service was continually improving.

People using the service could complete a satisfaction survey every three months to provide feedback on their care and support they received. The results were used to identify any areas for improvement.

Regular audits of the care plans and risk assessments were carried out and any identified actions had a completion date. This enabled people to be involved in the decisions regarding the support they received and for staff to identify if the care provided met the needs of each individual using the service.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our inspection we looked the care plans and risk assessment for three people using the service. The manager told us the care plans were reviewed every three months, when an assessment was carried out by the care coordinator or if the person or staff thought there had been a change in their support needs. The risk assessments were reviewed every six months or if there was a change in the level of risk in relation to the care provided. People using the service were involved in the development and review of their care plans so they agreed to the care planned for them. We saw that the care plans and risk assessments were up to date which would provide staff with an accurate picture of the individual's needs and care being provided.

We saw that each person using the service had a folder which, in addition to their care plans, included admission assessments, daily records and contingency and crisis plans which enabled staff to be aware of a person's experiences, how these might affect their behaviour and how staff should respond to any issues.

People we spoke with said they felt safe and were treated with respect. We saw people were given choices relating to the support they received and daily activities such as food. We saw that different people were responsible for cooking the main meal each day and staff would support them if required. There was a schedule for meals agreed with the people using the service which met the needs of each individual.

People we spoke with told us that they do a range of activities that were based on their individual interests and personal development plans. One person said "I have been writing songs for years and now I get to go to a music studio and they help me record my songs." Other activities included learning to drive, visiting the gym and working at a voluntary organisation. The options for activities were identified to meet the needs and wishes of each person.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Medicines were handled appropriately and were safely administered. The medicines were managed and administered by staff who had completed training provided by the pharmacy and the manager.

We saw that medicines were kept secure in a locked cabinet. In the cabinet each person had a labelled shelf where their medicines were stored. We saw that each box of medicines had a clearly printed label with the person's name, the dosage and how often it should be taken. This information was also hand written on the box. This ensured that the medicines were kept safely, securely and appropriately.

We looked at the medicines management folder which had the Medicines Administration Record (MAR) charts and medicines stock record forms. We looked at the MAR charts for the five people using the service which were up to date and the information clearly recorded. There was a medicines stock record for each person recording each medicine that had been prescribed and the current amount stored in the medicines cabinet. There was a service user medicines sheet for each person which listed each medicine prescribed, the dosage, frequency and the review date. A separate form was completed for any medicines which were used as required. These records enabled staff to give the medicines safely and protect people using the service from any risks.

**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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Staff received appropriate professional development. The manager explained that staff completed a range of mandatory training course every year. The training included safeguarding, infection control, medication awareness and food hygiene. The manager told us that all the staff, including the manager and provider, recently completed a training day covering all the mandatory courses. During the visit we saw the attendance records and the certificates for all the staff from the training in March 2014.

The manager told us that when they have agency staff they check to ensure that they have completed a suitable level of training. If they identify any training needs they ask the agency to ensure the care workers receive the appropriate training. They also include any regular agency staff in the mandatory training sessions attended by permanent care workers to ensure the level and quality of training.

The manager explained that new staff completed an induction which included meeting the people using the service, reviewing the care plans and reading the policies and procedures. Their training record would be assessed and any additional training needs would be identified and provided. New staff shadowed an experienced staff member for a number of shifts until they felt confident in their new role and the manager assessed them as competent. There was a six month probation period with regular supervision and assessment with the manager. This ensured that new staff were assessed as competent for their role before they worked on a one to one basis with people using the service.

The manager told us that supervision was ongoing as the provider and the manager would speak to the staff every shift to discuss any issues, concerns or questions. Team meetings were held when required due to the small number of staff and discussions were carried out informally with information written in the handover book.

The manager explained that joint meetings were held with the staff and the people using the service to discuss any issues relating to the day to day running of the home and how support was provided.

People we spoke with told us that they felt the staff had enough training to provide the support they required.

During our inspection we were unable to speak to any staff as the owner of the service was working a regular shift at the home. We were unable to look at any staff records as these were kept securely at another home owned by the provider.

## 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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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager told us that people using the service completed a survey every three months to provide feedback on the care they are receiving. We were unable to see the results of the recent surveys as the information was stored at another home. The manager also explained that they obtained verbal feedback from people during everyday discussions. This enabled people to be involved in the decisions regarding the support they received and for staff to assess the quality of the service they provided.

The provider explained that a medicines audit had been carried out by an independent pharmacy in March 2014. We saw a copy of the report that included an action plan for any issues identified, a review date and if any additional support was required to complete the actions.

A care plan audit was carried out annually which checked the records were up to date and the objectives and actions were clearly written. During the inspection we saw a copy of the most recent audits.

We saw the food storage and usage management form that staff completed in relation to food kept in the freezer. The staff recorded what food was stored in each section of the freezer and the expiry date to ensure that food was safe and used within the appropriate timescale. This reduced any possible risk related to out of date food and ensured that food was of the appropriate quality.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Any incidents were recorded in a book including the name of the person involved, date and comments relating to behaviour and actions. This enabled the manager to monitor the incidents and identify if any changes to the care provided for an individual was required.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs. The manager explained a copy of the complaints policy was included in the service user guide which was given to people when they moved in. The people we spoke with were aware of how to make a complaint.

The manager explained that people could also discuss any concerns with their solicitor, care coordinator and care manager if they felt uncomfortable discussing any issues relating to the support they receive with the manager or staff who provide their care.

We saw a copy of the complaints policy and procedure in the office. The manager explained they recorded complaints in a specific book but were unable to show it to us during the visit. They also recorded any complaints in the person's daily notes. We saw that any issues were recorded in the notes. The manager told us that any issues were also discussed with staff during team meetings.

## 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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