

***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: 27 November 2012

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	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

*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 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 27 November 2012, 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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During our visit we spoke with two people who use the service, two relatives and five staff. One person said "I like it here" and another told us they enjoyed the food. The relatives we spoke to said they were happy with the home and the care that people received. They said that whenever they turned up they were always greeted by staff and offered a drink. They told us the staff understood the needs of their relative and they keep them informed of any changes to their health or care needs. The staff we spoke with said they felt there were enough staff to meet people's needs and that everyone worked well as a team.

The service used only fresh foods for the preparation of meals, and took into account people's individual taste preferences and needs in relation to the foods provided.

The environment of the home was maintained, maintenance and redecoration was ongoing to ensure the home was safe and pleasant for the people who use 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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People who use the service expressed their views and were involved in making decisions about their care and treatment.

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### Reasons for our judgement

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Peoples' diversity, values and human rights were respected. Relatives we spoke with said they felt the staff treated people with respect and maintained their dignity. One relative told us that where the hairdresser of the home was not always available, the care staff would spend time making their relative's hair look nice and presentable. We saw staff talking to people in a kind and gentle way, where they responded promptly to people's request for drinks and snacks. The care files included information about people's ethnic backgrounds and their preferred language for communicating. There were people from a non-British background who preferred to speak in their native language, such as Polish, and there were a number of Polish staff at the home who were able to communicate with the people to ensure their needs were understood. People's religious needs were met. The activities plan which was on display showed us that there were frequent Roman Catholic and Church of England services held at the home for people to attend. Staff told us there were no other religions that people in the home practised.

People expressed their views and were involved in making decisions about their care and treatment. The care files detailed the individual needs of each person, and how they liked to spend their day. There was evidence of the involvement of people and their relatives in identifying needs and how they liked their care to be delivered. An example of this was where it recorded the gender of care staff that people wanted to be supported by, and what people liked to eat and drink.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in accordance with their individual care plan. People's needs were assessed prior to moving to the service, and these had been developed into individualised care plans around areas significant to the person, such as help with personal care and support with their feelings. Relatives told us they were happy with the care that people received. They said the staff understood each person's needs and supported them well. Annual reviews were carried out by the person's social worker, and there were records to demonstrate that people were supported to attend healthcare appointments at the hospital, as necessary. Where people had been visited by the community nurse or GP, their advice was used to update the care plans to ensure that people received the right support for their needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person had a care plan that was person centred and detailed the support they needed and their preferences in relation to this. We saw examples of where the care plans were implemented, such as where the staff supported people to be involved in a group activity and others to carry out individual activities, such as reading the newspaper. Similarly, people who preferred to spend time walking around the service were able to and staff ensured their safety by watching them from a distance, and steering them clear of any potential areas of risk. Risks to each person had been identified and risk management plans put into place to ensure they were safe. These included plans to minimise risks to people from falls and when being supported with a hoist. The risk assessment and care plans were kept under review and updated frequently and where a change had been identified, to ensure that staff were kept up-to-date about people's needs.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's food and drink met their religious or cultural needs. We spoke to the chef who had a good understanding of each person's preferences in relation to food likes and dislikes. She told us about some people who needed a vegetarian, reduced sugar or pureed diet. We saw these catered for during the lunchtime meal at the home. The chef also showed us a questionnaire that she carried out with different people who use the service each week, where she sought their feedback about the quality of the foods provided and variety, as well asking ideas for new meal options.

People were provided with a choice of suitable and nutritious food and drink. The records in the care files showed that a nutritional assessment of each person who uses the service was carried and reviewed each month. Where a need had been identified a care plan was in place, and relevant food or fluid charts maintained to ensure people were consuming sufficient nutrients. The manager told us that service used only fresh foods for the preparation of meals. We viewed the food storage areas within the kitchen and saw large quantities of fresh meats, vegetables and dairy produce. The chef told us that they liked that they were able to cook "everything from scratch", and that the menu was flexible to suit people's needs and tastes.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider has taken steps to provide care in an environment that was suitably designed and adequately maintained. The manager said that maintenance and redecoration of the home was ongoing and at the time of our visit we saw the flooring in the hallways was in the process of being replaced. The layout of the service enabled people space to spend time on their own or in the company of others. We saw people moving freely around the home and getting drinks and snacks from the kitchen hatch area whenever they wanted these. People had their own bedroom and shared two lounges and a dining area. There was a garden to the rear of the home that people could access.

Routine health and safety checks took place, and there were records to evidence that electrical installation, gas safety, water safety and fire system checks were carried out periodically. In-house checks also took place on the fire alarms and hazards within the home, to ensure any areas of risk were identified and addressed.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. Staff told us that they felt there were enough staff to meet the needs of the people who use the service and that everyone worked well as a team. We saw that staff had time to respond to people's requests for assistance and engaged people in group and individual activities.

The staff told us that each day eight care assistants and a senior carer worked, with three staff on duty through the night. The rota confirmed these staffing levels. At the time of our visit we were informed that there were some care staff vacancies that were in the process of being recruited to.

## 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. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. Information about how people could make a complaint was available in the reception area of the home. Relatives we spoke to said they had not made a complaint, but felt confident that any issue would be dealt with appropriately.

People had their comments and complaints listened to and acted upon. A log of any concerns and complaints was maintained at the service. The records of these showed that no complaints had been received since our last visit to the service in 2011.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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