Inspection Report

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: 02072869226

Date of Inspection: 12 September 2013

Date of Publication: October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ 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'.

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 announced 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 12 September 2013, talked with people who use the service and talked with carers and / or family members. We reviewed information given to us by the provider.

What people told us and what we found

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with three people on the day of the visit. All of the people we spoke with confirmed that staff acted appropriately when providing care.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. A manager from the service would meet with the person to assess their needs and suitability for the service. Once accepted to the service a care plan would be drawn up in line with their individual needs.

There were enough qualified, skilled and experienced staff to meet people's needs. All care staff who worked in the service were qualified up to national vocational qualification (NVQ) level two. We saw that staff had received recent appropriate training records.

There were systems in place to measure the quality of the service. Tenant's surveys were conducted every six months to gain people's views about the service. Managers carried out monthly spot checks and periodical observations (focusing on monitoring staff interactions between tenants) to staff visits to measure the quality of service provision.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The provider did not have a generic consent form for care and treatment. Consent was sought from people during the delivery of care on each occasion. There was a consent form for medication administration. The form outlined the person's right to change their mind about consent. The consent forms we saw on people's files had been completed and signed appropriately.

The staff we spoke with described how they obtained consent from people before they provided care. They explained that sometimes people declined help. In situations like this they would visit them later in the day to see if they had changed their mind. We looked at daily records and we saw this was reflected in the records. We spoke with three people on the day of the visit. All of the people we spoke with confirmed that staff acted appropriately when providing care by asking permission before they carried out care. One person told us that staff helped them to get dressed and said "if I can't do my shirt up they will ask me if I want help before they start to help me".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at people's files. There was evidence that the appropriate mental capacity assessments and best interest meetings had been completed by relevant professionals for people who did not have the capacity to make decisions.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were referred to the service through social services. They would have a care plan in place that had been drawn up by their social worker. A manager from the service would also meet with the person to assess their needs and suitability for the service. Once accepted to the service a care plan would be drawn up in line with their individual needs. This included deciding frequency of visits, types of care that would be delivered and identifying risks to the person.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans were reviewed every six months. If staff felt their needs changed in-between this time it would be reviewed before the six months. We looked at five people's care plans. People's needs were identified and risks were assessed. Care plans were not always updated every six months however staff demonstrated an awareness of people's needs and were able to tell us what actions had been taken. Staff told us they had handover meetings with colleagues when their shift was ending/ starting so they had up to date information relating to people they were allocated to see.

We spoke to people about the care they received. Generally they were very pleased with the care. They told us staff helped them with personal care, preparing meals and getting involved in activities. They described the staff as "lovely" and "very good". All the people we spoke with said they had a care plan. One person we spoke with told us that they had a care plan and they "changed it often" because their health needs varied. Another person told us that staff were flexible and would change their visit times to suit their needs and requests.

There were arrangements in place to deal with foreseeable emergencies. There was a first aid kit in the office and communal areas. Staff had received first aid training. Staff we spoke with demonstrated they knew what to do in the event of a medical emergency. There was an incident and accident book which had details of previous medical emergencies. We saw that the procedure had been followed on these occasions with records of the ambulance being called and family members being contacted.

The provider may find it useful to note that not all care plans and risk assessments reflected what staff and people told us.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. All care staff who worked in the service were qualified up to national vocational qualification (NVQ) level two. Some of the staff were qualified to level three or studying for it. We saw staff training records. Staff had received recent training (this year) in medication administration, hoist and manual handling, safeguarding and autism awareness.

We spoke with four members of staff. All of them were experienced in the care field and had worked in the service for over two years. They demonstrated a good level of knowledge and understanding of people's needs. They told us they had "very good" interaction with people and their family. They explained how they updated care plans and discussed any concerns about people with colleagues during handovers. The manager told us that there are usually three care staff on duty during the day with a manager. Shift patterns varied with the rota changing every four weeks. On the day of the visit there were enough staff to cover the duties required. The rota was up to date and indicated staff who were off sick and on leave. There were appropriate arrangements in place to deal with staff cover when people were sick or on annual leave. This included the occasional use of bank and agency staff.

People we spoke with said that they felt there was always enough staff on duty. They confirmed that staff arrived on time to perform their duties. When asked about the length of time staff spend with them, one person commented "they spend as long as I need them to" indicating they did not feel they were in a hurry when attending to them.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There were systems in place to measure the quality of the service. Tenant's surveys were conducted every six months to gain people's views about the service. We saw the report that was produced in December 2012 for the previous year's survey. The survey showed that 100% of people were "satisfied" with the support they received. 100% of people also said that they knew who to talk to if they needed to make a complaint.

Managers carried out monthly quality spot checks and periodical observations (focusing on interaction between staff and tenant's) to staff visits to measure the quality of service provision. We saw records of both the spot checks and observations. The observations included observing whether staff knocked on people's doors before they entered, if thy wore protective equipment whilst providing care and whether they wrote comments in the daily contact books. The spot checks focused on the quality of daily monitoring notes and other paperwork related matters.

Residents meetings were held monthly which included giving people an option to raise issues about the care they were given. We saw notes from these meeting. The provider had a complaints log. It detailed what the complaint was, actions taken to resolve it and any follow up work. There was only one recent complaint. This had been dealt with in line with their policy.

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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