

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

Hanwell House

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	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

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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

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 22 August 2013, 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.

What people told us and what we found

We spoke with two people who use the service and four relatives. People we spoke with confirmed their needs were being met at Hanwell House. Relatives we spoke with praised the manager and the staff for communicating well with them and the professional manner in which staff worked with people. Relatives commented "they always keep us informed and will phone if something has changed," and "it's a special place, people are treated as individuals". People who use the service had had their needs assessed and a care plan had been developed to reflect their care needs, routines and preferences.

There were systems in place to ensure medicines were prescribed and given to people safely. Prospective staff underwent employment checks as part of the recruitment procedure to make sure they were safe to work with people who use the service. Relatives commented that staff were skilled in their work and staff said they had the appropriate training to carry out their role as a carer. However, we did not see evidence of a supervision and appraisal system for staff.

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

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. We spoke with two people who use the service and four relatives. People confirmed that they were comfortable at Hanwell House and staff cared for them. Relatives were positive about the staff, and their skills in working with people who had dementia. Relatives commented "it's clear staff are very caring," "it's a special place" and "staff know how to respond to people in an appropriate manner." All of the relatives we spoke with mentioned that communication with staff was good and they were kept up to date and given timely information on the welfare of the person using the service. Relatives said the manager was knowledgeable and approachable.

We spoke with three members of staff who said they had received the training necessary to care for people with dementia. Staff spoke about the importance of approaching people in a manner that would help deescalate behaviour associated with worry or agitation. Staff also said they had received training in managing emergencies. Staff said they aimed to respect and understand people's cultural background. Staff gave an example of this as people having different ways of expressing themselves and communicating.

We observed staff supporting people who use the service, during lunch. We saw that staff gave people the individual level of support they needed. This included helping people to eat if they were unable to do, so and encouraging people to be independent giving them the opportunity to help themselves. Staff responded to people's non-verbal communication by noticing when people needed additional assistance. Staff also anticipated people's needs and responded to them.

We looked at the care records of four people who use the service. Records included an assessment of people's needs, their care plan, risk assessments and a daily summary of people's welfare including any visits they had received from health or social care professionals such as the GP or social worker. People had their care needs assessed by the local authority that commissioned their stay at Hanwell House. Once people had moved in staff completed an additional assessment based on daily living tasks, for

example personal care and safety.

People had a care plan that reflected their needs and preferences. People's daily preferences and routines were recorded. The assistance and support people needed with their personal care and emotional wellbeing were detailed on their care plan. A daily record was made of the care people had received and any significant events or changes to their welfare. Risk assessments had been completed for areas such as moving and handling, risk of falls, pressure sore prevention and risks to health associated with poor appetite and nutrition.

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

Our judgement

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.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicines. A system was in place for obtaining medicines for people who use the service. The majority of people had their medicines prescribed by a GP who visited the home. A small number of people had an individual GP who visited them and prescribed their medicines. Repeat prescriptions were provided and reviewed every six months. The surgery organised medication reviews and blood tests, and reviewed people's medicines if their health needs changed.

Medicines were dispensed into blister packs with the correct dose to be administered at set times of day. Only senior care workers who have received training in the management of medicines were responsible for administering drugs.

Appropriate arrangements were in place in relation to the recording of medicines. A medication administration record (MAR) was in place for each person to record medicines which had been prescribed and administered to them. One person had specific requirements for the administration of their medication. The procedure was documented and the person's GP and family had consented.

Medicines were kept safely. Medicines were stored in a designated room within a locked medication trolley. Medicines which were refused or unused were disposed into a dedicated 'sharps' box which was collected and disposed of by a pharmacy with a Waste Management License. If people required controlled drugs these were prescribed on a monthly basis only. Two senior carers were responsible for administering controlled drugs and recording administration. There were separate, secure facilities for the storage of these medicines.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Appropriate checks were undertaken before staff began work. A robust recruitment procedure was in place for the recruitment of new care staff. We looked at the personnel files of four new members of staff, these contained recruitment documents. We saw in each file an application form with employment history, identity verification, two references, a criminal records check and a protection of vulnerable adults check.

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate training. An annual training schedule was available for all staff. This schedule was monitored by the manager who arranged training and ensured staff attended on the required dates. We spoke with three members of staff who all said they received regular training in working with people safely and working with people who have dementia. Staff made particular reference to dementia training and training in working with people who have challenging behaviour. They said this training gave them the skills necessary to support people with dementia.

We looked at training records and saw that staff had received training in moving and handling, health and safety, fire safety and emergency first aid for appointed persons. Staff had undertaken training in safeguarding vulnerable adults, deprivation of liberty safeguards, mental capacity act and end of life care/bereavement.

Staff reported that they met with the manager to discuss their work, this included discussing the needs of people who use the service. Staff said they also attended shift 'handovers' at the beginning of each shift, during which the welfare of people was discussed along with any tasks due to be completed.

We discussed with the registered manager the arrangements for one to one supervision with staff. The manager said that supervision took place 'as and when needed'. We looked at the supervision records for four members of staff and saw that these were dated between April and November 2012. There was no record of annual staff appraisal. The provider may find it useful to note, this meant that individual staff learning and development was not periodically reviewed and recorded.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider had ensured a system was in place to deal with comments and complaints. A complaints procedure was available for people who use the service and their relatives; this was included in the service contract. The procedure set out how people could make a complaint and who to contact in the event of a concern or a complaint. We were informed of a recent complaint which had been investigated by the local authority and the home, and were appraised of the outcome. The provider may find it useful to note that this complaint had not been entered in the complaints record. This meant that a documented audit trail of the steps taken and decisions reached was not kept.

We spoke with four relatives who said they would always talk to the staff and the manager if they were unhappy or concerned about anything. The relatives we spoke with said they had never had cause for complaint.

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.

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