

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: 05 June 2013

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

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Safety and suitability of premises

✓ 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

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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 5 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with four people who use the service and two staff. We looked at four people's care records. One person said "It's very nice here, the accommodation is great and everyone gets on." Another said "I love this place, I am very content here.

People were treated with dignity and respect and were given the support they needed to lead independent lives. People said "it's geared up to get you ready for the community and live a normal life" and "most of the time I can be independent but we are encouraged to do things together too."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans had been developed to meet people's needs and reviewed regularly ensuring they were up to date.

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Care files showed pre admission assessments had been carried out for each person to establish their needs. This involved a meeting with people, their representatives, the registered manager, and associated professionals. Once a person's needs had been established a care plan was developed to meet them. The care plans we viewed had been signed by people to show they agreed with the care proposed.

People were supported in promoting their independence and community involvement. The provider told us that the aim of the service was to support people to be independent and to prepare people to return to the community to live as normal a life as possible. One person said "it's geared up to get you ready for the community and live a normal life." Another said "most of the time I can be independent but we are encouraged to do things together too." "I can spend time in my room, go out or be with others in the communal area." People were supported to cook for themselves and for each other. There was a 'chef of the day' for each day of the week. People could choose what they would like to prepare when it was their turn.

Activities were available for people to participate in if they wished. These included table tennis, football and pool. One person said "We do a lot of things together", "we play music, watch television and have conversations on interesting topics". Another person said "we have a barbecue in the garden in summer, go for trips to the seaside and eat out in restaurants". People were encouraged to go out into the local community. People said that they can attend the gym, do volunteer work and study for qualifications. One person said "I have a part time job in a warehouse", and another said "I do volunteer work at the local church".

Feedback had been collected from people on a regular basis. All the people we spoke with told us that they had been given the opportunity to provide feedback on how the service was run and their wishes were acted on.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

One person said "the best thing about the service is the staff, they are very caring, hospitable and understanding" Another said "I am really content here."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans contained detailed information on their needs and actions required by staff to meet them. Care plans had been reviewed at least six monthly to reflect the changing needs of people using the service. The care plans we viewed accurately reflected people's needs. This meant that people were receiving the care that they required.

People were supported to visit the dentist, doctor and optician when necessary and health conditions were monitored closely. This ensured people's health needs were being met. The manager told us that people were initially supervised to take their own medication. After reassessment and agreement with the appropriate health care professionals people were allowed to self-administer. Once people were responsible for administering their own medication, regular spot checks were carried out to ensure people had taken it. People were supported to lead healthy lifestyles by eating healthy foods and smoking less.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The manager told us that people knew what to do to raise a concern. This was confirmed by the people we spoke with. One person said "If we have any issues we just talk to the manager". Another said "I can talk to the manager about anything that bothers me".

Staff we spoke with had an awareness of the safeguarding and whistleblowing policies. Staff had received training in safeguarding adults and we saw this was up to date.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. During our inspection we were given a tour of the service. The premises were clean, recently decorated and in good condition. One person said "It's really nice here", "the accommodation is great, very good quality". Another said "I love it here, it's always kept really clean".

Risk assessments had been carried out in relation to health and safety and were updated regularly. An emergency floor plan of the premises was displayed so people could quickly access the nearest escape route in the event of a fire. Fire extinguishers were located appropriately and had been serviced ensuring they were fit for purpose. Emergency lighting and fire alarms had been installed and fire exit signs were displayed around the premises.

There were no maintenance issues at the time of our inspection and all maintenance records had been kept up to date.

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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