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

### Uxbridge Road

623 Uxbridge Road, Hayes, UB4 8HR

Date of Inspection: 20 June 2013  
Date of Publication: August 2013

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

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<tr>
<td>Respecting and involving people who use services</td>
<td>✓ Met this standard</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
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</table>
Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Care Management Group</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mr. Jonathan Wright</td>
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<tr>
<td>Overview of the service</td>
<td>Uxbridge Road is a supported living service that provides 24 hour care to nine people with complex learning needs.</td>
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<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
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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 20 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

We spoke with six people using the service, one relative, and seven staff. People told us they were happy with the home. One person said "I have lived here for two years and I like it."

People expressed their views and were involved in making decisions about their care and treatment. One relative said "I am always informed about changes to my relative's care, decisions are never made without my involvement."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's needs had been identified and care plans developed to meet their needs.

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.

People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff had received induction training when they commenced employment with the service, however they had not received adequate supervision to ensure they could meet the needs of people using the service.

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

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

What we have told the provider to do

We have asked the provider to send us a report by 24 July 2013, setting out the action
they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

**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. People’s views were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We viewed five care records. Pre-admission assessments had been undertaken to identify people’s needs and care plans had been developed to address them. People had been involved in decisions relating to their care before they moved into the home. A staff member told us that before a person started with the service a meeting took place between the person, their relative, the local authority and appropriate healthcare professionals. This was to establish whether the home was right for them and to identify what care and support they required. Once a care package had been decided people or their representative signed to say they agreed with the proposed care. One person we spoke with said "my relative has very demanding needs and I am continuously involved in decisions relating to their care."

People’s privacy, dignity and independence were respected. We observed staff interacting with people in a caring and professional manner. Staff showed patience with people when they needed support and treated them with respect.

People were supported to be independent and to participate in activities if they so wished. One person said "We have days out, the last one was a trip to London." Another said "I am free to go out on my own, I like to ride my bike." Monthly meetings were held and people had the opportunity to make suggestions about activities they would like to take part in. For example one person wanted to do more baking and two people had voted for a swimming pool in the garden for the summer. This was confirmed in the meeting minutes we viewed.
Care and welfare of people who use services

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

Met this standard

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

People's needs were assessed, and care and treatment was planned and delivered in line with their individual care plan. The care records we viewed had been developed to meet people's assessed needs. The home policy was to review care plans on an annual basis or sooner if there were any changes in people's needs. This was confirmed by the care plans we viewed. This meant people were receiving care that met their ongoing needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Information we received from the local authority indicated that a person who used the service had missed an appointment with a healthcare specialist in June 2013, due to there not being a member of staff available to escort them. The appointment was to review a medical condition. A staff member told us that the next available appointment was not until October 2013. In the meantime an appointment with a specialist nurse had been arranged. The provider might find it useful to note that although there might not have been immediate risk to the person using the service, they were not appropriately supported to attend their hospital appointments so their healthcare needs were reviewed by their specialist doctor.
Safeguarding people who use services from abuse  

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.

Safeguarding and whistleblowing policies were in place. We viewed certificates documenting that staff had undertaken appropriate training and team meeting minutes where safeguarding issues had been discussed.

Staff we spoke with understood the steps to take if they had any suspicions of abuse or concerns. One staff member said "I know the reporting procedures and I have recently had training to update my knowledge."

A poster was displayed in the kitchen for people to reference outlining the steps to take if they had any worries or concerns. One person said "I can talk to any staff member, they will listen."

The provider may find it useful to note that a discrepancy in a person's finances had been identified by the local authority ten days prior to our visit. A staff member showed us the discrepancy in the money handover book. The amount recorded was greater than the actual amount in the home. The staff member told us that the discrepancy had still not been investigated and reconciled. This meant that people could be at risk of financial abuse.
Supporting workers

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff had not received appropriate professional development. We viewed seven staff files. The policy of the service was for staff to receive supervision every two months. Three staff had received supervision four months previously whilst four staff had not received any supervision. One staff member said “I have not had any supervision since I started working here.” Another said “lack of supervision might be a problem for the less experienced staff, people here have quite demanding needs.” A senior staff member confirmed that supervision had not been carried out consistently. This meant that staff might not have received enough support to enable them to meet people’s needs effectively.

The provider had an induction programme in place for new staff members. This included an introduction to policies and procedures and shadowing of experienced staff before they were allowed to care for people unsupervised. A training matrix was in place to monitor staffs training needs. Records we viewed confirmed staff had received training in subjects relevant to their jobs including manual handling and emergency first aid. Training had been updated annually to keep staff skills and knowledge up to date.
Assessing and monitoring the quality of service provision

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

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

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive, however this was not always effective in identifying concerns.

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. Meetings between the provider and people who use the service had been carried out on a monthly basis. People and their relatives had been given the opportunity to provide feedback about the service and actions taken to address any concerns had been recorded.

There was a quality assurance system in place including quarterly audits carried out by the provider. We viewed the audit that had been carried out on 23 May 2013. The audit was comprehensive and where shortfalls were identified actions had been taken or were in the process of being taken to address them.

We viewed records of complaints made against the service. Complaints had been logged, investigated and resolved where possible. Accidents and incidents had been recorded and measures put in place to minimise the risk of reoccurrence.

Risk assessments had been undertaken in relation to the environment to minimise risks to people’s safety and updated annually to keep the information current.
This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

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<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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<td></td>
<td>Supporting workers</td>
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<td></td>
<td>How the regulation was not being met:</td>
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<tr>
<td></td>
<td>People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard. Regulation 23 (1)(a)</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us by 24 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
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.
(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.