Sevacare (UK) Limited

Cottesmore House

Inspection report

Perkins Gardens
Ickenham
Uxbridge
Middlesex
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18 January 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an inspection of Cottesmore House on 17 and 18 January 2017. The first day of our inspection was unannounced and we told the provider we would be returning the following day to complete our inspection.

The service was last inspected on 5 July 2016 where we found one breach of Regulations in relation to leadership and governance. We also made a recommendation in relation to the management of medicines. At this inspection we found that the provider had not made sufficient improvements in these areas which meant there was a repeated breach of the Regulation concerning leadership and governance.

Cottesmore House is an extra care housing service that provides personal care for up to 47 people. There were 44 people living at the service at the time of our inspection, one of whom was in hospital, and five people were not receiving personal care. Each person was living in their own flat and had their own tenancy with Paradigm Housing Association who also owned the building. There were eight flats on the fifth floor which were exclusively for people who were living with a learning disability.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was also a branch manager at the service who managed the day to day running of the service.

Some people's medicines were kept in the duty office in an unlocked drawer. We also found that some medicines did not have a date of opening, and one did not have a pharmacy label.

Medicines audits were undertaken, however these were mainly checking medicines administration record (MAR) charts audits. The current medicines management system was confusing and did not enable senior staff to conduct thorough audits of medicines.

A disabled toilet on the ground floor was dirty and the toilet seat was cracked. This meant that there was a risk of injury and cross infection.

The management and staff were aware of their responsibilities with regards to the Mental Capacity Act (MCA) 2005 and had received training in this. However, where people lacked the capacity to manage their own medicines, there were no evidence that the provider had carried out a mental capacity assessment or that a best interest decision was in place.

There were systems in place to monitor and assess the quality and effectiveness of the service, however, some of these were not always effective in identifying issues with medicines management, capacity and consent.

People told us they felt safe and we saw that there were systems and processes in place to protect people from the risk of harm. Most people thought there were enough staff on duty to meet people's needs, although some people were concerned that this was not always the case at weekends.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

Staff had received training in safeguarding adults and this was refreshed regularly. There were procedures for safeguarding adults and the staff were aware of these. The manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised. The staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and relatives was mainly positive. People said they had formed a good rapport and trusted their care workers.

Staff were caring and treated people with dignity and respect and in a way that took account of their diversity, values and human rights.

People's needs were assessed by the provider prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the senior staff.

Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Staff received regular training and were suitably supervised and appraised. The provider and management team sought guidance and support from healthcare professionals and kept themselves abreast of relevant development with the social care sector. They cascaded important information to staff, thus ensuring that the staff team were well informed and trained to deliver effective support to people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People and relatives told us that the staff were approachable and supportive. People were supported to raise concerns and make suggestions about where improvements could be made.

There were regular meetings for staff, managers and people using the service, which encouraged openness and the sharing of information.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Safe Care and Treatment, Safeguarding service users from abuse and improper treatment and Good Governance. You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

A disabled toilet was dirty and the toilet seat damaged which meant that there was a risk of injury and cross infection.

There were systems in place for the management of prescribed medicines, however these were not always effective.

The risks to people's safety and wellbeing were assessed and there were plans in place for all the risks identified.

There were procedures for safeguarding people and staff were aware of these.

Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005. However, where people lacked the capacity to manage their own medicines, there were no evidence that the provider had carried out a mental capacity assessment or that a best interest decision was in place.

Staff received training and were suitably supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. Staff liaised with other healthcare professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was mostly positive about both the staff and the provider.

People and relatives said the staff were kind, caring and respectful. Most people who used the service were receiving care from regular staff and had developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service conducted satisfaction surveys with people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor and assess the quality and effectiveness of the service, however, some of these were not always effective in identifying issues with medicines management, capacity and consent. There was a continued breach of Regulation regarding the poor quality of auditing.

At the time of our inspection, the provider employed a registered manager.

People, relatives and stakeholders found the management team to be approachable, supportive and professional.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

Cottesmore House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 January 2017. The first day of our visit was unannounced and we told the provider we would be returning the next day to complete our inspection.

The inspection was carried out by a single inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for older people.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted and obtained feedback from one healthcare and one social care professionals.

During the inspection we looked at records, including six people's care plans, three staff records, medicines administration records and records relating to the management of the service. We spoke with nine people who used the service and four family members, the care services area manager, the registered manager, the scheme supervisor, a support worker employed by the London Borough of Hillingdon, a team leader, two senior care workers, two care workers and a visiting social care professional.

After the inspection we spoke by telephone with three relatives.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of 5 July 2016, we made a recommendation for the provider to seek relevant guidance about the safe management of medicines. At this inspection, we found that improvements had been made in some areas but there were some new issues with regards to the management of prescribed medicines.

Some people's medicines were stored securely in a safe in the duty office. However, one person's medicines were kept in an unlocked drawer. There was also a box of medicines on the floor in the office ready to return to the pharmacy. We discussed this with the registered manager who told us that the office was always locked when nobody was in and only authorised staff had access, however there was a risk that unauthorised people could have access to these medicines. The registered manager ensured that all medicines were securely stored on the day on our inspection.

There was no pharmacy label on one box of medicines therefore it was not possible to identify who it belonged to, or what the instructions were. We queried this with the registered manager who told us that the GP had authorised staff to use this particular box as it was from surplus stock, although this had not actually been prescribed for the person.

We also found that one box of tablets did not have a date of opening. This made it impossible to check whether the amount of tablets left in the box corresponded to the amount signed for on the medicines administration record (MAR) charts.

Medicines audits were undertaken, however these were mainly medicines administration record (MAR) charts audits. The current medicines management system was confusing and did not enable senior staff to conduct thorough audits of medicines. Following our inspection, the registered manager provided evidence that they were taking steps to improve their medicines management system.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives if they were happy with staff assisting them with their medicines and if they received these on time. Their comments included, "Yes, they are always on time", "The medication seems to always be given on time and everything seems ok", "Yes, I used to worry about my [family member] not taking her medication. Now I feel she is in safe hands", "If anything changes or if I have a question they will tell me", "I am informed if anything does change in her medication" and "I would keep forgetting to take them (medicines), I like staff doing it for me."

MAR charts were kept in people's own flats. Completed charts were kept in people's care plans. We viewed a range of MAR charts and saw that these were completed appropriately and there were no gaps in staff signatures. We also obtained authorisation to check the MAR charts in five people's flats and saw that these were also appropriately completed and that the amount of tablets left in packs corresponded to the amount of staff signatures, indicating that people had received their medicines as prescribed.

Medicines were returned at the end of each month and the team leader kept a record of all delivered and returned medicines.

On the first morning of our inspection, we found that a disabled toilet on the ground floor was dirty and the toilet seat was cracked. This meant that there was a risk of injury and cross infection. We discussed this with the team leader on duty, who told us that this had been reported to the housing department. This was confirmed by the branch manager and the housing department staff after the inspection. They also told us that the crack had been glued after it was reported. However on the day of our inspection, the crack was clearly there and the toilet had been left in use, putting people at risk. Following our discussion, the toilet was cleaned and put out of action on the day of our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw training records showing that all staff had received training in medicines management and that they received yearly refresher training in this. The senior staff carried out spot checks in people's flats to ensure that people were supported with their medicines. This meant that people were protected from the risk of not receiving their medicines as prescribed.

People told us they felt safe at Cottesmore House. Comments included, "Yes, the doors are locked so no one can just walk in", Yes, I can lock my door and not have to worry about anything. Staff will usually check on me and make sure I am alright" and "Yes I do feel safe." Relatives we spoke with agreed. Their comments included, "Yes there is someone around to make sure she doesn't fall over", "Yes she is very safe" and "Yes I think so. It is pretty secure and there is always someone around."

People living at Cottesmore House had their care needs assessed before they started living at the service. They received individual packages of care funded by the local authority. Some people required minimal support whilst others required up to four visits per day to support them with their personal care needs. Everyone living at the service was issued with a call bell and a pendant, so that they could call for assistance wherever they were in the building. Most people told us staff responded fairly promptly to their calls, however some disagreed and said that they sometimes had to wait a long time. On both days of our inspection, we noticed that people's calls were responded to in a timely manner.

When people and relatives were asked if they considered that the service had enough staff to support people, two people raised concerns. Their comments included, "The service could be better as there is no staff around at the weekend but normally it is just fine" and "At the weekend it is sometimes short staffed and sometimes there is no management here." We discussed this with the registered manager who told us that there was always a senior person on duty at weekends and the correct amount of staff to deliver care according to people's individual packages of care. We check the staff rota for the last 4 weeks and saw that to be the case. The registered manager told us they reviewed staffing levels on an ongoing basis and according to people's needs. The service employed a pool of bank staff who were available in the event of staff shortage.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. A senior care worker told us, "We have to make sure they are safe. For example, one person was at risk of harm in their flat because of their furniture. So we worked together to make it safe. Now it is fine. I am very proud to have reported this" and another care worker said, "Safeguarding is when there is a concern, when we haven't met a person's needs. It can be financially or physically. If someone was abusive, I would report." The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns or trends identified to support people's safety and wellbeing. The provider kept a log of all safeguarding alerts including details of the concern, who was involved and the outcome of investigations.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as personal hygiene, nutrition and communication. Each assessment included an action plan to minimise the risk. For example, where a person was at risk of falls, there were clear instructions for staff about how to mitigate this risk.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. People told us that staff responded to their healthcare needs. Their comments included, "Yes, they will call them (doctor) straight away", "Yes they will call the doctor", "Yes, always" and "Yes it is done the same day but not always straight away. The doctor can take a while to get here."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had scolded their forearm with their kettle, we saw records indicating that first aid was carried out without delay and appropriate care was delivered.

The provider had a health and safety policy in place and staff had access to these. The housing department had processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS) were displayed in each person's flat. These included a summary of people's impairments and abilities, and appropriate action to be taken in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who use the service and who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. This included medicines, finances and safety. However where some people did not have the capacity to manage their own medicines, there was no evidence that the provider, as the decision maker in relation to how the care was provided, had undertaken mental capacity assessments or that best interest decisions were in place.

We looked at one person's care records and saw that it stated that a relative had a Lasting Power of Attorney (LPA) in place in relation to this person. However this did not specify if the LPA was for financial matters or health and welfare matters. A Lasting Power of Attorney in health and welfare matters legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the support plan on the person's behalf. There was no copy of the LPA in the person's care plan to confirm that the relative had the legal right to make decisions on the person's behalf. The provider told us they had requested this but had experienced difficulty obtaining this evidence from family members.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people living on the top floor had been assessed as lacking capacity to sign their own tenancy, however the provider had worked with the local authority and ensured that a suitable designated officer had signed their tenancy as authorised by the Court of Protection.

People told us that most staff met their care needs in a competent manner. Their comments included, "Some staff take their time to listen to you and understand what you need. I don't really want to talk about the other", "I like them. They are helpful", "Yes they are alright", "They are helpful and do the things you say" and "I'd say most of them do." We asked relatives if they felt care staff knew people's history and health care needs. Their comments included, "Everyone I have spoken to has always been well informed with what is going on with [family member]" and "Yes, definitely. And they inform me straight away if anything has gone wrong."

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was

in place. The housing department carried out regular fire drills and weekly fire tests, and staff were aware of the fire procedure. A fire test was scheduled on the second day of our inspection and this took place as planned. Records showed that staff received regular training in fire safety.

People were supported by staff who had the appropriate skills and experience. All staff we spoke with were subject to an induction process which consisted of training that included an assessment during which the staff member's competencies were assessed. The care workers we spoke with confirmed the induction gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included, "It's quite good. I get the support I need through the managers. They listen. I shadowed for three days", "They train us in the Hounslow office where they have the moving and handling equipment like hoists. I was 100% supported after my induction", "We get a lot of training and refreshers. It helps. We're human, we forget things" and "We get training with the speech and language therapy (SALT) team about swallowing problems. That helps us look after people. When we identify a problem, we talk about it and we get support and training to help us. Now I know what to do."

Staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

In addition, staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, medicines management and MCA. They also undertook training specific to the needs of the people who used the service which included dementia care, equality and inclusion, catheter care and dealing with emergencies. Most staff had obtained a nationally recognised qualification in care, or were studying for this. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line manager. Staff told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided a chance for staff and their manager to reflect on their performance and identify any training needs. The senior staff carried out regular spot checks in people's flats. These included observations about care practices and included moving and handling, assisting a person with personal care, medicines support, safety, communication and attitudes, dignity and respect and timeliness. Any concerns or training needs were identified, and comments and actions were recorded and agreed by both the care worker and the assessor. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. People were supported to shop for their food and cook in their flats if they wanted to. Some people chose to have their meals downstairs in the canteen, where they could purchase a meal of their choice. The canteen provided a range of meals and drinks throughout the day at low cost. There was a menu displayed in the dining room that included several meal options including one vegetarian option. Those who chose to eat in the canteen were not always complimentary about the quality of the food. Their comments included, "Not very good at all. If you go in a little late then there is nothing there for you", "It's nothing to write home about", "My sister brings me food", "It's not bad but not that good either", "Worse than school dinners and it is not appetising", "You don't get a choice. It's just the same thing every week", "You do get a choice but it is usually the same thing every week."

People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. We saw recommendations from the SALT team for a person who was at risk of choking and malnutrition and needed to have all their drinks thickened. Recommendations to staff included, '[person] to sit upright when eating and drinking, to have all fluids thickened and to give [person] time between each mouthful'. Care records we viewed confirmed that staff were following these instructions.

Records showed that the service worked effectively with other health and social care services to ensure people's needs were met. We saw the service had acted to ensure people's needs were recognised by healthcare professionals. Care workers told us they communicated regularly with the registered manager and would report anything of concern. This would prompt a review of the person's care needs and a referral to the relevant professional if needed. A social care professional was carrying out a review on the first day of our inspection. They told us, "I liaise a lot with the management and they are always very helpful and communicate well with me. My client is very happy here."

Good

Is the service caring?

Our findings

People and relatives were mostly complimentary about the care and support they received and said that staff treated them with consideration and respect. Comments included, "Most of the staff are caring, some of them are just doing this as a job", "Everyone I have spoken to has been lovely", "Yes, the staff here are generally quite good and caring", "Yes, most of them are friendly and caring", "Some of them are really caring and will do anything for you. The others not so much", "Yes and no. Some of them are fantastic but some of them are a bit lazy", "Yes, they seem to be very good and helpful" and "They are when I am around, not sure what happens when I am not there." However, some people were not so positive and said, "Some of the carers try to do a lot of work, others don't bother. There are no carers at the weekend. My friend has to use the buzzer and has to wait a very long time before someone answers", "I like most of them. One or two of them I don't get on with, it is just a personality clash" and "I think the ladies in the office should come in and say good morning or happy Christmas. They have no manners."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. We saw notices on people's door saying, 'Please do not enter my flat if I am not in my property, thank you' and 'Please allow extra time for me to answer the door'. We saw care workers knock on people's doors and await an answer before entering their flats. We heard them greet people in a kind and cheerful way.

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. People were able to choose the gender of the staff supporting them and care records we viewed confirmed this.

We saw that care plans contained relevant and detailed information to identify what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service or, where appropriate, their representatives.

Care notes were recorded after each visit. These included information about the person's daily routine, activities, the person's wellbeing, personal care, food intake and any events or appointments. We saw that these records were written in a clear and respectful way and included details of people's wellbeing and social interactions.

We saw a number of compliments received which indicated that people and their relatives were happy with the care they received. Comments included, 'No complaint. All are very good to me. I'm very happy. Thank you', 'I appreciate a decent standard being maintained', 'My carers are very good. I am happy with the carers I get', 'I am very happy with Sevacare. They are all good to me', 'I love them all. They are all lovely' and 'I am more than happy with the staff. I wish my [relative] had been in your care a long time ago'.

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people, where possible, had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. People were referred from the local authority and the provider had obtained relevant information from them. This included background information which helped the service to understand each person and their individual needs. The care professionals we spoke with told us that the staff team provided a service which met people's individual needs and they had no concerns. This included the involvement of district nurses for a person whose skin was at risk of deterioration.

Records indicated that people's healthcare needs were met and we saw evidence that healthcare professionals were regularly consulted and involved when concerns were identified. We saw emails sent to the GP where a person receiving end of life care was experiencing pain. Records showed that stronger analgesics were prescribed and administered to the person without delay. Staff kept a log book where they recorded anything of importance, including where people needed more medicines ordered or any concerns about their health.

All the people living on the top floor were living with a learning disability and had a range of medical conditions. We saw information for staff displayed in the unit which included 'first aid for epileptic seizures' and 'how the brain works'. Staff told us that this helped them feel confident in the way they delivered care to people.

The care plans were comprehensive and contained detailed information of the care needs of each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. Their comments included, "It's in my flat and I have seen it", "Yes I have one and it is upstairs in my flat", "Yes, I am not sure what is in it though." Relatives confirmed this and said, "Yes, we helped set one up" and "Yes I think I saw it when she moved in." We saw in the records that we viewed these had been signed by people, which indicated that they had understood and agreed with what had been recorded.

The service had a complaints procedure in place and this was available to people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in line with the complaints procedure. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. Their comments included, "Yes, I can go into the office and say what I want", "Yes, I can talk to the manager. She will help me", "I don't know the procedure but I could talk to them over there, in the office", "I would tell my son and he will sort it out for me", "Yes, to the manager", "She seems like a lovely woman" and "I haven't had much dealings with her so I am not too sure."

People and relatives were consulted about the care they received through quality assurance questionnaires. We viewed a range of recent questionnaires received which indicated that people were happy with the service. Some of the comments we saw included, 'All good', 'Excellent', 'I love it here and my carers are very nice to me'. The company also carried out an annual satisfaction survey with people and relatives. The results were analysed and any areas of concern were addressed. This included additional training and supervision for staff who failed to wear their identification badge when visiting people who used the service.

Staff told us they encouraged and supported people to undertake activities of interest to them. People were happy with the activities on offer at the service. Their comments included, "I can do whatever I like", "Yes, plenty of things to do, you can do whatever you like, no one will stop you", "Yes they help me play games and watch TV, they also understand me" and "There is enough for me, I want to do a lot of things." A support worker commissioned by the London Borough of Hillingdon delivered regular activity sessions to people. We saw an activity plan which included a range of activities such as bingo, drumming sessions, movie afternoons and arts and crafts. The service had recently introduced 'Alzheimer's singing for the brain' sessions which we were told were very popular with people. Some people were allocated outreach workers as part of their care package. These workers took people out to places of interest or provided one to one company. We saw photographs displayed around the building of events and outings that had taken place and artwork that people had created during organised art and craft sessions.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of 5 July 2016, we found a number of breaches of regulations in relation to the leadership and governance of the service. At the inspection of 17 and 18 January 2017, we found that audits had remained ineffective in identifying issues with medicines management, safety and in relation to capacity and consent.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked care workers and office staff if they felt supported by their line manager. Their comments included, "It's all good. I love it here. Everyone is nice, the managers are supportive. It's perfect", "It's lovely. Really enjoying it" and "I like it here. Very good. Very understanding managers." However some staff felt that communication could be improved between the managers and the housing staff. Comments included, "There is a lack of communication here. Emails don't get responded to", "It frustrates me" and "We have to work as a team. It does not always work." One relative agreed and told us, "Management is the let down here. There is an issue between the staff and the management."

People and relatives' views varied when asked if they thought the service was well led. Their comments included, "Not really. They could do with some more staff and that is down to the manager to sort out", "Yes I think so. There are little problems here and there but overall it is not too bad", "It's not too bad really", "I don't know", "They are alright", "Wonderful, always able to help me", "Not bad people. They will help you if they are not too busy", "Yes I think it is", "Yes, the manager seems lovely. I can't remember her name" and "There are no major problems here, so I would say yes, it is." A healthcare professional told us that they had no concern, and another said, "Staff are always friendly. I have never seen anything of concern and I come here a lot. This is one of the nice places."

At the time of our inspection, there was a registered manager who had been in post for almost one year. They were supported by an established senior team in running the service and had a good working relationship with the care services area manager. The branch manager provided the day to day support for staff and people who used the service. The registered manager, the care services area manager and the branch manager had all achieved a high level of qualifications in health and social care. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences.

Care staff and office staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, team work, rota, health and safety, safeguarding, care plans, attitudes and respect. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions. The housing department organised regular meetings for people who used the service, where their concerns were discussed and addressed.

The provider had a recruitment incentive scheme for existing employees. For example, if an employee introduced a new care worker and this appointment was successful, the member of staff received a financial bonus. The service had successfully employed new care workers since introducing this incentive.

The provider had introduced a 'Care worker of the month' award. This was awarded to staff members who were reliable, good team members, and were willing to go beyond and above their duties to care for people. This was announced in the company's newsletter.

The senior staff carried out regular spot checks to ensure staff were meeting people's needs. These included punctuality, dress code, medicines administration and whether they were following the agreed care plan.

There was a board in the duty office displaying important dates and appointments, such as pad delivery and hospital appointments. There were also people's birthdays and important contact numbers. The provider had prominently displayed their certificate of employer's liability, certificate of registration and their last inspection report.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. Regulation 12 (1) (2) (b) (d) (e) (g) (h)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17 (1)

The enforcement action we took:

Warning notice