

Homestead Residential Care Limited

Hanwell House

Inspection report

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Hanwell
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 16 May 2017 and was unannounced.

The last inspection took place on 7 June 2016 when we rated the service Requires Improvement and found breaches of Regulations relating to person centred care, dignity and respect, safe care and treatment, safeguarding people from abuse, good governance and staffing. At the inspection of 16 May 2017 we found the provider had made improvements in all of these areas.

Hanwell House is a care home which provides accommodation and personal care for up to 52 older people. Nursing care is not provided. At the time of our inspection 47 people were living at the service. Some people were living with the experience of dementia. The home is run by Homestead Residential Care Limited, a private organisation. Hanwell House is the only location managed by the provider. The registered manager is also a director in the company.

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 and associated Regulations about how the service is run.

People were happy living at the home. They had good relationships with the staff and felt that their needs were met. Relatives were well informed and felt able to visit the home whenever they wanted.

The staff were happy working at the service. They felt supported and told us they had the training and support they needed. They worked well as a team. There was enough information for the staff on how to fulfil their roles and responsibilities. There were enough staff to keep people safe and they were recruited appropriately.

People were safely cared for. The risks to their wellbeing had been assessed and planned for. They received their medicines in a safe way and as prescribed. The environment was suitably maintained. The staff were aware of safeguarding procedures and knew how to respond if they suspected someone was being abused or at risk of abuse.

People's capacity to consent had been assessed and where they lacked capacity the provider had acted within the principles of the Mental Capacity Act 2005. People had enough to eat and drink and their nutritional needs, weight and problems associated with these had been assessed and were being met. People were supported to see healthcare professionals when they needed.

Care plans were clear, up to date and reflected people's individual needs. People took part in a range of different social activities, although some people would benefit from more engagement and being supported

to access different leisure and social activities.

People knew how to make a complaint and the registered manager was available for people to speak with. People knew the registered manager well and felt comfortable approaching them. The staff notified the Care Quality Commission of significant events. The provider had systems for auditing the service and improving quality. The provider listened to the feedback from others and responded to this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were appropriate procedures designed to safeguard people from abuse. The staff were aware of these and the provider had worked with the safeguarding authority to investigate and respond to allegations.

There were enough staff to meet people's needs and they were recruited in a safe and appropriate way.

People received their medicines safely and as prescribed.

The risks people were exposed to had been assessed and planned for.

The environment was safely maintained and clean.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent had been assessed and obtained. The provider was acting within the principles of the Mental Capacity Act 2005.

People were cared for by staff who were well trained and supported.

People's nutritional needs were being met.

People's health was monitored and the staff worked with other healthcare professionals to meet their health needs.

People lived in a suitable environment which met their needs.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind, polite and friendly staff.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were appropriately assessed, planned for and met.

People were offered the opportunity to participate in a range of different social and leisure activities. However, some people did not engage in organised activities and they were not always given support to pursue their personal interests.

People knew how to make a complaint and felt listened to.

Is the service well-led?

Good ●

The service was well-led.

People liked living and working at the service and felt it was well managed.

There were systems for monitoring the quality of the service and there had been improvements since the last inspection.

Records were appropriately maintained, were up to date and accurate.

Hanwell 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 checked 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 16 May 2017 and was unannounced.

The inspection team consisted of two inspectors 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-by-experience supporting this inspection had personal experience of caring for people.

Before the inspection we looked at all the information we held about the service. This included the last inspection report, the provider's action plan for meeting the requirements we made and notifications of significant events and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR) on 6 April 2017. The PIR 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.

During the inspection we spoke with 11 people who lived at the service and three visitors. Some people living at the home could not tell us about their experiences because of their condition and capacity. We observed how they were cared for and treated. Our observations included a Short Observational Framework Inspection (SOFI) during the morning. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We spoke with the registered manager and staff on duty, who included care assistants, senior care assistants and catering staff.

We looked at the records the provider used for providing the regulated activity. These included the care records for five people, staff recruitment, training and support records for five members of staff, records of complaints, accidents and incidents. We also looked at the provider's own audits and checks on the service, how medicines were managed, administered and stored and we looked at the environment.

Is the service safe?

Our findings

At our inspection of 7 June 2016 we found the practices of a small number of staff on duty meant that people were put at risk. The provider wrote to us telling us they would make the necessary improvements by 1 September 2016.

At the inspection of 16 May 2017 we found these improvements had been made. The staff were caring for people in a safe way. For example, when the staff supported people to move around the home they did so appropriately, allowing people to be independent if they were able, but monitoring their safety. When people who would be at risk of falling stood up, the staff offered support, but did not restrict people from going where they wished to go. The staff support for people during mealtimes was appropriate. People were seated in an upright position and the staff were attentive and supported people to eat at a pace which did not place them at risk. We saw two examples where staff were carrying hot saucepans of soup around the home and to different floors. This presented a risk because the staff could scald themselves or others. We discussed this with the registered manager who agreed that a safer way to carry these containers would be used in the future.

At our inspection of 7 June 2016 we found there were enough staff employed but they were not always deployed in a way which met people's needs. The provider wrote to us telling us they would make the necessary improvements by 1 September 2016.

At the inspection of 16 May 2017 we found these improvements had been made. People did not have to wait for care and support. We saw that when people needed attention this was quickly provided. There were always staff present in communal areas and they responded promptly to care for people, meet their needs and keep them safe. People told us they felt there were enough staff, with the exception of two people who smoked and who told us there were not always staff available to take them outside for a cigarette. The staff felt there were enough of them and care assistants told us the senior staff and registered manager helped with care tasks when needed. We saw that the staff worked well as a team, supporting each other and assisting when required. There was a smooth transition whenever a member of staff was called away or attending a particular need, with staff who were carrying out non urgent tasks stepping in as needed.

People's relatives told us they felt their family members were looked after safely in the service. Their comments included, "I go home and I don't worry about him, I know he's safe" and "I can walk out of the door and not worry because he's looked after so well."

The staff understood the importance of caring for people safely. They followed the provider's policy and procedures and showed us that information about safeguarding was displayed around the service. When we asked staff what they would do if they had concerns about a person using the service, their comments included, "I would report to the senior or the manager or tell the council," "I have to tell someone straight away," "I would tell the manager and if nothing was done I would report to Care Quality Commission (CQC) and raise a safeguarding with the local authority" and "I would tell my senior, the manager, CQC, the police

or the local authority." The staff also told us they had completed safeguarding training and we saw evidence of this in the records we reviewed. The provider had responded appropriately to allegations of abuse and incidents of harm. They had notified the relevant agencies and had worked with these agencies to help keep people safe and investigate any concerns.

People received their medicines safely. Medicines were securely stored and staff completed Medicines Administration Record (MAR) charts accurately, with no errors or omissions. The record of controlled medicines was up to date and accurate. The Clinical Commissioning Group's pharmacy inspector visited the service in February 2017 to review medicines management. They concluded, "Overall the medicines management within the home has been run well." We saw that where the pharmacist had made recommendations, the provider took appropriate action. For example, the pharmacist highlighted the need to improve communication between the service and the dispensing pharmacy and the provider had developed a new form that clearly showed any changes made by the GP to a person's medicines. This ensured the pharmacist had up to date information and they were able to dispense people's medicines accurately.

We noted that staff had not recorded the opening date on a bottle of eye drops. Although this information was available on other records, there was some confusion and it was difficult for staff to calculate the expiry date to ensure they disposed of the drops four weeks after opening. We discussed this with the senior staff on duty and the provider and they told us they would ensure they recorded the opening date on the bottle in future.

We observed the staff administering medicines. They did this in a safe and appropriate way and informed the person about what they were doing and asked for the person's permission.

The provider had arranged for people who had been prescribed sedating anti-psychotic medicines to have these medicines reviewed by their GP. As a result the ten people who had been receiving these were no longer prescribed them. This had been positive for these people and meant that they were less sedated. The provider had ensured they were given the support they needed and there had not been any adverse effects.

A number of people who lived at the home had moved there after previous placements had failed or they had presented challenges which meant they could not live independently in the community. The provider had supported people well with notable reductions in the aggressive behaviour of people since they moved to Hanwell House.

The staff recorded all accidents, incidents, falls and injuries. The records of these were clear and the provider analysed these to identify any trends or potential triggers. There was a relatively low number of falls resulting in serious injury for this type of service. The registered manager felt this was because risks were assessed and managed well. We saw detailed risk assessments which included management plans for supporting people. The risk assessments were regularly reviewed and updated. The provider had purchased equipment people needed to keep them safe, including hoists and slings which had been individually assessed by external professionals, beds which could be lowered to reduce the risk of falling and mats with sensors which alerted the staff when someone got out of bed during the night. There were clear risk assessments regarding how each person should be supported to move. These were displayed in people's bedrooms as well as their care plans so that staff had easy access to this information when supporting them in their room.

There were appropriate arrangements to protect people in event of a fire. These included individual emergency evacuation plans. Summaries of these, detailing whether the person could recognise and

respond to an emergency and the number of staff needed to support them, were displayed on bedroom doors and on the front of care plans. The provider had an up to date fire risk assessment and carried out regular checks on fire safety equipment. There were also other checks on the environment, equipment used, health and safety and cleanliness. These were all recorded and there was evidence that action was taken when concerns were identified.

The provider carried out checks to ensure staff they employed were suitable to work with people using the service. The staff records we reviewed each included an application form, interview record, at least two references from previous employers, a Disclosure and Barring Service (DBS) criminal records check, proof of identity and the right to remain and work in the UK. Staff told us the provider completed the checks before they started work in the service.

Is the service effective?

Our findings

At our inspection of 7 June 2016 we found the provider had assessed people's capacity to make decisions and taken appropriate action where restrictions were in place, with the exception of one decision about the consumption of sugar which the provider had made without appropriate consultation or consent. The provider wrote to us telling us they would make the necessary improvements by 1 September 2016.

At the inspection of 16 May 2017 we found these improvements had been made. People were not being unlawfully restricted and were able to make choices about their care. People and their relatives confirmed this. We witnessed the staff offering people choices and respecting their decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see whether the provider was complying with their responsibilities under the MCA and found that they were. People's capacity to consent had been assessed. In addition, there was information about how each person communicated and made decisions. This included any special considerations the staff needed to consider when offering people choices or explaining a situation. The registered manager had made DoLS applications where people were not able to make specific decisions about restrictions on their freedom. There was evidence the provider had worked closely with families, legal representatives and others to make decisions in people's best interests. These had been recorded.

The staff received the training and support they needed to work with people using the service. Staff records included evidence of recent training, including moving and handling, medicines management, health and safety and safeguarding. The provider gave us a copy of their training matrix and this showed most staff were up to date with training the provider considered mandatory. Where staff were due to complete refresher training the provider was able to show us when this was planned to take place. The training the provider required staff to complete met the requirements of the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers.

The staff told us they found the training helpful. Their comments included, "The training is amazing, I have learnt so much", "I enjoy the training, I have learnt a lot" and "I have done a lot of training" and "I have learnt from my colleagues. If I need to refresh my training, [the provider] arranges this for me."

Records included evidence that the provider had completed an annual appraisal for staff that included a review of their performance, training and support needs. The staff told us they felt supported and had regular opportunities to meet with the registered manager individually and as a team. There were systems for planning how work was allocated and there were clear lines of responsibility with senior staff available throughout the day and night. One member of staff said, "We work so well together, we all support one another." Another member of staff told us, "When I started work here I did not know much about caring for

older people. All the staff have been fantastic helping show me what to do and I feel I have learnt so much."

The provider had made improvements to the environment since the last inspection. These included arranging pictures in themes around the home to help support orientation as well as providing interesting talking points. They had also installed a sound system which played music in the corridors and communal rooms throughout the day. There had been improvements to the bathroom and toilet facilities, providing a number of toilets which were more private than they had been in the past.

People had personalised their rooms and these were arranged and equipped to reflect their needs and personalities. People told us they liked the environment, although one person commented that they would like a rain proof shelter for people to smoke in the garden.

Most people told us they liked the food with their comments including, "The food is very nice. There's variety. I had scrambled egg and beans and bread and butter for breakfast. They cover it up when they bring it to you so it's hot. We had ice cream the other day; they make it themselves", "We have three meals a day. They're quite good", "The food is fantastic. If you don't like something they will find you something else", "The food is good; I've no complaints about that", "The food is just average", "I think the food is good" and "The food's not bad."

People's nutritional needs were assessed and being met. There was a clear individual plan for each person detailing specific dietary needs and the support they needed. The catering staff demonstrated a good knowledge about people's needs and had easy to access information about each person. The staff regularly weighed people and made referrals to appropriate professionals when they had concerns about people's weight or nutritional intake. These were documented. The staff had a good understanding about texture modified food. The catering staff were aware of this and knew how to prepare different consistencies of food for each person.

All food was freshly prepared at the service, including making their own smoothies, yoghurts and ice creams based on high calorie, high protein or other specific requirements.

We saw that people were offered plenty to eat and drink throughout the day. People confirmed this was also the case in the evening and that food was available whenever they needed. When people requested a specific drink or something to eat the staff provided this for them. The staff also regularly offered food to people. The staff encouraged people who had low appetite, sitting with them and offering alternatives when they did not want to eat what they were offered. The staff spoke positively about the food commenting on how it smelt and looked. People were given individual portion sizes to meet their preferences and needs.

Some people had a long wait between courses at lunch time, or were served up to twenty minutes after others eating at the same table. We discussed this with the registered manager, although no one appeared to mind or complain about waiting.

People's healthcare needs were assessed and planned for. People told us they had access to their GP and other healthcare professionals as needed. There was evidence of regular consultations and that the staff had acted on advice from others. This had been included into care plans. Visitors told us the staff were prompt at identifying and acting on changes in people's health.

Is the service caring?

Our findings

At our inspection of 7 June 2016 we saw examples of care where the staff did not treat people with respect. People's privacy was not always maintained. The provider wrote to us telling us they would make the necessary improvements by 1 September 2016.

At the inspection of 16 May 2017 we found these improvements had been made. All of the interactions we observed were kind and caring and the feedback we received from people who lived at the service and their visitors was positive, telling us they had good relationships with the staff. Some of their comments included, "She's a nice lady. She is in charge", "They're very good. All of [the staff]. I can't fault any of them. Personality and caring; all the qualities", "I'm quite happy here. They're looking after me well", "It's quite pleasant here and the staff are very good. They're very caring. As a rule they respect your preferences", "I'm very happy here. It's fantastic. They really pay attention and they care. They're my friends. I've never made a complaint; there's nothing to complain about, but absolutely, if I had a complaint it would be taken seriously because of the staff are exceptional; very, very kind and accommodating" and "They are all nice, the carers."

People's relatives told us staff were caring. Their comments included, "The [staff] are wonderful, nothing is too much trouble for them," "Staff are always welcoming, they offer you a drink and are always smiling" and "The staff are wonderful, they would do anything for my [family member] it's as if he's part of their family."

Throughout our visit we witnessed positive interactions between staff and people using the service. The staff took time to sit and talk with people and there was a lot of laughter and humour, especially during activities. When people needed support, staff provided this promptly and in a calm, professional manner. The staff demonstrated genuine fondness when speaking with and about the people who they were caring for. We saw examples of positive touch, for example the staff gently stroking people's arms, giving people a hug or stroking their hair. We also saw the staff dancing with people and encouraging them to dance. The staff supporting people to eat, drink and move around the home allowed people to take their time and were led by the choices made by people. We saw people looking happy to see the staff and telling the staff how fond they were of them.

People told us their choices were respected and they were able to get up and go to bed when they wanted. We saw the staff offering people choices, such as where they wanted to sit, what they would like to drink or eat and where they wanted to spend time. There were examples of the staff responding to people's requests in a person centred way. For example, people were offered bananas as a midmorning snack. One person mentioned that they enjoyed a banana sandwich and the staff made this for them.

We witnessed a number of instances where people were rude or dismissive towards the staff. The staff responded to this with kindness and empathy, smiling and being polite, offering required assistance and also leaving the person alone if they felt this was what the person wanted and they were safe.

The staff treated people with respect for their dignity and privacy. We saw they took time to explain to

people what they were doing before they assisted them with personal care and offered reassurance when they supported them to move around the service. Staff always knocked on people's bedroom doors and waited for a response before entering.

The staff knew the people they worked with very well and were able to tell us about important people and events in their lives. They told us, "The best thing about working here is the people who live here," "It is a lovely place to work, everyone is so kind and we are all here to do the best we can for the residents" and "We try and look after people the way we would want someone to look after our own relatives."

Is the service responsive?

Our findings

At our inspection of 7 June 2016 we found people were not always provided with meaningful activities to meet their social and emotional needs. The provider wrote to us telling us they would make the necessary improvements by 1 September 2016.

At the inspection of 16 May 2017 we found these improvements had been made however further improvements in this area would benefit people who lived at the home. For example, we saw that some people had very little engagement and did not participate in any group or individual activities. There were a large number of resources for games, craft work and other leisure activities available in the lounge, but people did not help themselves to these. The staff used these to support some people with a variety of different activities. People involved in these enjoyed them and the staff were enthusiastic and thoughtful, ensuring the individuals involved in the activity were happy and enjoyed themselves. However, a lot of people did not join in with these group activities and for the whole of our inspection were not engaged in any social or leisure pursuits. Some people sat looking around the room or slept in armchairs. We carried out observations in the ground floor lounge and saw that for some people their only interactions or activities for an hour and a half were when the staff offered them drinks and snacks. We discussed this with the registered manager and suggested that the staff made sure they spent some time focussing on the needs of these people and not just the group of people involved in the main activity at any given time.

People gave us mixed feedback about social activities and how they spent their time. Some people said that they would like more to do and more opportunities to spend time pursuing the interests that they had. Other comments we received included, "I watch movies on TV and I read. I go for a walk every day for exercise", "I go downstairs sometimes. I make friends with the carers; [The senior carer] is nice. I get my hair done by the hairdresser", "We have entertainers sometimes. A load of singers came in yesterday. We have a load of board games, but I don't play them because of my eyesight. It gets a bit boring after supper", "It's good to do some activities. I like dancing, listening to music and singing. Yesterday's singing was really fantastic. We get to go on walks around the local neighbourhood. I go into the garden; I am escorted out but I think I can stay there unattended. My visitors are surprised it's so relaxed and cool here when they come", "I receive a weekly visit from the Irish chaplaincy. A man visits with a small dog and there is a room where I can watch TV, which I like to do" and "I'm quite happy with everything."

The care assistants and senior care assistants were responsible for organising and providing leisure and social activities. There was a board with planned activities for the week, which included visits from entertainers and others. The staff told us that the plan was flexible depending on what people wanted to do and we saw this to be the case. One member of staff told us, "We have a mixture of people [living here] and we do mix together. We try to be active; we draw and do painting. We were all down [on the ground floor] dancing yesterday. It is a happy place. We have to have fun!"

People's needs were met at the service. Their individual needs had been assessed and there were clear and detailed care plans. These included outcomes based on the person's preferences, wishes and abilities. The

staff regularly updated care plans and reviewed individual needs. The staff also wrote about how they had supported people each day and we saw that these records showed people's care plans were being followed. Changes in people's needs were reflected in care plans.

We saw that the staff were quick to respond to people's individual needs and when they asked or indicated that they needed attention or support.

Visitors were made welcome at the service and those who we met confirmed this. They also told us they were involved in planning and reviewing care and discussing the needs of their relatives. They said that the staff contacted them if their relative became unwell or had an injury.

There was an appropriate complaints procedure. People living at the service and their visitors told us they would speak with the registered manager if they had any concerns. We saw that the registered manager was visible and people were happy and able to speak with them. The registered manager dealt with minor concerns people raised and we witnessed this. There was a record for any formal complaints, but there had not been any since our last inspection.

Is the service well-led?

Our findings

At our inspection of 7 June 2016 we found the provider had not always assessed, monitored and mitigated risks to people's safety and wellbeing. The provider wrote to us telling us they would make the necessary improvements by 1 September 2016.

At the inspection of 16 May 2017 we found these improvements had been made. The provider had responded to the concerns we identified at the previous inspection and had put these right. In addition there were systems for monitoring the quality of the service, health and safety and risks. These were recorded and we saw that the provider had responded to any problems which audits had identified, for example where improvements were needed for the safety of the environment.

People liked living at the service. Some of their comments to us included, "I would rather stay here than go home" and "It's lovely here, the people; we sit at the table and have a drink. It's like a country village."

The registered manager was also the owner of the service. They had owned and worked at the service since it was first registered.

People told us they liked the registered manager and that they were always available if people needed to speak with them. People's comments included, "Mr [registered manager's surname] is in charge. He's a nice fella and is often here until nine in the evening. I would feel comfortable about seeing him if I had a complaint", "There is a nice man who potters around; it's his centre", "[The registered manager] is very nice. He always keeps me informed" and "I have a good relationship with [the registered manager]." The staff told us they found the registered manager supportive. One member of staff commented, "The manager is very supportive. He is very caring and always insists that residents come first." We saw that the registered manager knew the people who lived at the service very well. They had a good relationship with people and this was demonstrated throughout our visit.

The records used at the service were clear, accurate and up to date. Information about people who lived and worked at the service was complete and it was easy to access this. The provider had developed a number of their own record templates. The registered manager told us that they designed these based on identified needs and then trialled them with the staff asking for their feedback and comments. In 2016 the registered manager had developed a specific care plan template and risk assessment around food and nutrition, which looked at all aspects of supporting people in this area. Information was very clear and laid out in an easy to read way. The registered manager told us he was developing a similar plan for end of life care at the time of our inspection.

The provider asked people who used the service and their relatives for feedback about their experiences. In January 2017 relatives were asked to complete a survey about the service. Responses were unanimously positive. Where people had made a negative or less than satisfactory comment, we saw that the registered manager had responded to these and made changes where needed. Some of the comments relatives had

written in the surveys included, "I am very happy with care you give [my relative], "Just keep doing what you are doing", "Very happy with the new sound system and the standard of care is excellent", "[My relative] is on soft diet and his food is always well presented and varied with drinks available all of the time", "Our whole family is very impressed with Hanwell House", "There is such a homely atmosphere and the moment you walk into the home the staff are friendly and caring", "As a family we are happy our relative is looked after so well and wouldn't want them to live anywhere else", "We are so happy and grateful that it is such a beautiful clean home with wonderful staff" and "The staff are always here to help in any way."

The provider notified the Care Quality Commission of significant events.