

Homewards Care Ltd

Homewards Limited - 20 Leonard Road

Inspection report

20 Leonard Road
Chingford E4 8NE
Tel: 020 8531 6340

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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 

Overall summary

We inspected Homewards Limited - 20 Leonard Road on 25 March 2015. This was an announced inspection. The service was given 24 hours' notice because we needed to be sure that someone would be in.

Homewards Limited - 20 Leonard Road is a care home providing personal care and support for people with learning disabilities. The home is registered for three people. At the time of the inspection they were providing personal care and support to three people.

There was a registered manager at the service 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.

We spoke with one person who used the service and two relatives and they told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe.

Summary of findings

For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff. People were given their prescribed medicines safely.

Staff received regular one to one supervision and undertook regular training. People had access to health care professionals and the home sought to promote people's health. People were supported to make their own decisions where they had capacity. Where people lacked capacity proper procedures were followed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs

and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were caring and respectful to people when supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Good



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service had a registered manager in place and staff told us they found the manager to be approachable and accessible.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Good



Homewards Limited - 20 Leonard Road

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.

The inspection was undertaken by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place in January 2014. We reviewed the information we held about the service which included any

notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that have placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing the bedroom of one person who lived at the service with their permission. We spoke with one person who lived in the service and one relative. Two people living at the service were non-verbal. We talked with the provider, the registered manager and one support worker. We also spoke with one support worker and one relative after the inspection. We looked at three care files, staff duty rosters, four staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, staff training matrix, accidents & incidents, safeguarding folder, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

We asked one person if they felt safe living at the service and they told us, "Yes." One relative when asked if their relative was safe told us, "Yes, safe. I go every week."

Staff understood the safeguarding procedures and were able to tell us what they would do if they witnessed or suspected any abuse had taken place. Staff were aware of the different types of abuse. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would report to the manager. I would have to take it further if manager didn't take the next step." Another staff member said, "I would report to the managing director. If it is not dealt with I can whistle blow." The service had both a safeguarding procedure and whistleblowing policy in place that all staff understood and followed.

We saw records that there had been one safeguarding incident since our last inspection. The manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

Systems were in place to reduce the risk of financial abuse. Records and receipts were kept of any purchases and these were checked by the registered manager. We examined two financial records which indicated monies had been spent appropriately in line with the assessed needs of people.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered included physical health, personal care, eating and drinking, social and leisure engagement, medicines, moving and handling and mobility. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's

behaviour differently according to their individual needs. People and their relatives had been involved in the development of their risk assessments and we saw these were reviewed annually or sooner in response to any incidents that had occurred. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. We saw in daily records examples where staff had de-escalated situations with people that challenged.

There was enough staff to meet the needs of people. We saw there were support workers available to provide personal care and support to people when they needed it. We also saw additional support staff was available from the provider's other services in the local area. One staff member told us, "If someone is sick they [the provider] will send someone from another home."

We looked at staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

The premises were well maintained and the registered manager had completed all of the necessary safety checks and audits. We saw that fire safety checks were done regularly and fire drills completed every two months. Daily fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

Medicines were managed safely. We looked at the Medicines Administration Record (MAR) sheets for all of the people living in the home. We saw they had all been appropriately completed, with clear records of what medicines people had been given and at what time. We checked the stocks of medicines and saw that all of them corresponded with the MAR sheets with no errors. The registered manager told us they carried out a monthly audit of the medicines and showed us the process for returning any unused medicines. We saw records which confirmed this.

Is the service effective?

Our findings

One person when asked if they liked the staff told us, “Yes.” One relative told us, “I like the workers. There is continuity there and the staff don’t change.”

Staff told us they received regular training to support them to do their job. One staff member told us, “The training is very good. It is good to learn more.” Staff received regular formal supervision and we saw records to confirm this. One staff member said, “Supervision is every two months. We learn more and can ask questions.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

We looked at the training matrix which covered training completed. The core training included safeguarding for adults, dignity and respect, food hygiene, medicines, moving and handling, health and safety, challenging behaviour, infection control, person centred care, nutrition, first aid, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), and fire safety. We saw records of completed training logs which showed that staff had received up to date training as required.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The registered manager told us and we saw records that the home was applying for DoLS authorisations for all the people living at the home. We found most people were able to make choices in line with the principles of the Mental Capacity Act 2005. People identified as being at risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out. We observed that most people were able to make choices about their daily lives, such as if they wished to go out for lunch and shopping. We saw people during the inspection going out throughout the day.

We saw in the care files we reviewed that consent for care was sought and that people using the service had signed their care plans. Staff told us about how they would always ask permission before carrying out any tasks and ensured that people who used the service were supported to do as much for themselves as possible.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing input when planning the menu in resident meetings. Records showed relatives were also asked for input with food choices for people. We saw fruit was available to people in the kitchen. We saw food and fluid intake was recorded daily. A relative said, “I look at the shopping list every week and they buy everything I ask for.” The care plans we looked at included information on any nutritional issues which might need monitoring and what the person’s favourite foods were. We saw weight records for each person which were up to date.

People’s health needs were identified through needs assessments and care planning. We spoke to relatives about the access to health services. One relative told us, “[Person] has access very quickly to a doctor and chiropodist.” Records showed that all of the people using the service were registered with local GP’s. Hospital passports were in place for people. A hospital passport is designed to help people with learning disabilities to communicate their needs to doctors, nurses and other healthcare professionals. We saw people’s care files included records of all appointments with health care professionals such as GPs, dentists, district nurses, psychiatrist, optician and chiropodist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people’s files.

Is the service caring?

Our findings

One person when asked if they thought the service was caring told us, "Yes." A relative told us, "The staff are more caring from where [relative] was before". Another relative said, "They [staff] seem to be caring."

We observed care being provided and saw that people were treated with kindness and compassion. For example, we saw a person being supported doing a jigsaw puzzle. The support worker sat with the person and spoke calmly and was encouraging throughout the task.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. For example, one staff described how one person was non-verbal and would use a specific noise to let a staff member know they are in pain. One staff member told us, "Day to day working with people you get to know them."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, including a pictorial profile of the person and clear guidance for staff on how to meet people's needs.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The home supported people to become more independent in other ways, for example with helping with food shopping, doing laundry and activities in the community. On the day of our inspection we saw two people were at a day centre and one person had asked to go out for lunch, which staff arranged. One person told us, "Sometimes I go out."

People's needs relating to equality and diversity were recorded and acted upon. The registered manager told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, staff supported one person to participate in their traditions on specific religious holidays. We saw this recorded in the person's care plan and a relative confirmed this.

People we asked told us their privacy was respected and staff didn't disturb them if they didn't want to be. Relatives we spoke with told us people's privacy was respected. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I will ask if they want a shower. They chose what they want to do." Another staff member said, "We respect their choice and we value them."

Is the service responsive?

Our findings

A relative told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. One relative said, "Staff help [relative] go to bed and feed her. They [staff] seem to know her."

People who used the service and their relatives were involved in decisions about their care and they got the support they needed. We saw that care plans contained comprehensive assessments of people needs, which looked at all aspects of the person. We looked at care plans which all contained details of health and wellbeing, mobility, nutrition, mental health, cultural and religious needs, and hobbies and interests. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the register manager. One relative told us, "I came to a review the other week to discuss reducing [relative] medication. They also invited the psychiatrist, support worker and the manager." Staff told us care plans were reviewed every twelve months or more often if required. Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Regular support sessions were held with the keyworker and we saw records of this. For example, we saw key worker records of people being supported on making hot beverages.

Staff told us people living in the home were offered a range of social activities. People's care files contained a weekly activities programme. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the local market, shopping, day centre, going out for lunch, and courses at a local college. We also saw people could engage with activities within in the home which included listening to music, puzzles, gardening, and drawing.

Resident meetings were held every two months and we saw records of these meetings. Staff told us and we saw records that relatives were also invited. The minutes of the meetings included topics on food choices, activities, repairs to the home, privacy and dignity, cultural and religious needs and complaints. We saw the resident meeting minutes were available in pictorial format which helped to make them more accessible to people.

There was a complaints process available and this was available in easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We asked one person what they would do if they wanted to make a complaint. The person told us, "[speak] to one of the staff." We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. The relatives we spoke with felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One relative told us, "I would speak to who is in charge to complain without hesitation." We saw the service had no complaints since the last inspection.

Is the service well-led?

Our findings

The service had a registered manager. Staff we spoke with were aware of the lines of accountability within the service and who they reported to. One staff member said, "Anything you discuss he takes on board. I am supported." Another staff member said, "The manager is very good. He listens to my opinion and takes action. You can talk to him anytime." We saw during our visit that staff were relaxed and at ease discussing issues with the registered manager who made themselves available to staff as required throughout the day. One relative told us, "The manager put me at ease."

Staff told us the service had regular staff meetings. One member of staff said, "We talk about how to treat people. We can say our opinions and ask questions." Another staff member told us, "We have staff meetings every two months. We discuss medication, training, things about the residents and the home." We saw records that confirmed staff meetings took place. Discussions recorded at staff meetings included visits from health professionals, medicines, infection control, activities, recording notes in care files and people living at the service.

The registered manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. For example, the service issued a survey to people. Topics included on the survey covered relationships, meeting care needs, cultural needs, food, activities and respect. We saw the results were positive.

Comments included "happy with activities", "I am happy", and "very welcoming and friendly." The service also carried out a six monthly staff survey. The survey covered topics which included communication, reward and recognition, training and job satisfaction. The results overall were positive. Comments included, "We work as a team and the manager recognised each person's rights, needs and we respect each other" and "Management team very supportive."

Various audits and checks were carried out. Staff told us and records confirmed that they carried out daily checks which included health and safety, infection control, finances, and medicines. The registered manager carried out audits of the service which included medicines, infection control and care files. Accidents and incidents were recorded and analysed to see if anything could be learnt from them. For example, we saw an incident for a person that was at risk of choking on food. Records showed that the person had been referred to a speech and language therapist for support and the incidents had decreased.

Monitoring visits were carried out at the service by the provider. The most recent visit was carried out on 24 February 2015 and we saw the record of this visit. Records showed the provider looked at care files, activities, discussions with the residents, complaints and training. The monitoring visit found that staff were not using a new version of a care documentation form. Records showed that this was addressed after the monitoring visit and staff were now using the correct form.