Outward

Drayton Road

Inspection report

2 Drayton Road
London
E11 4AR
Tel: 020 8556 2550
Website: www.outward.org.uk

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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 Drayton Road on 4 and 5 February 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. At the last inspection in August 2013 the service was found to be meeting the regulations we looked at.

Drayton Road provides accommodation and personal care for adults with learning disabilities. At the time of inspection there were six people living in the home. The service had a registered manager. 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.

The service had good procedures for safeguarding adults. Staff knew the types of abuse, what signs to look out for and how to report any concerns they had.

People had risk assessments that set out potential risks and had clear guidance for staff for managing these risks to keep people safe. People's care plans reflected these risks and provided a good structure for support.

Summary of findings

There was sufficient staff to provide personalised care for people using the service. We saw enough staff to enable people to go out with support and for others to remain in the home.

Medicines were managed safely and were recorded properly. We saw that the medicines were audited each month and the stocks were correct when we checked them.

Staff were well supported and all had a structured induction and received regular supervision and appraisals. We saw there was a range of training available for staff, and they told us they had received regular training and were able to ask for additional support when they needed it.

Managers and staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of these and worked in line with the code of practice when supporting people.

People liked the food they were provided with, and were given a choice about what they had. We saw they were supported to cook for themselves and given the help they needed to do this as independently as possible.

Staff had good, caring relationships with people using the service. We observed good standards of care and caring interactions while staff were providing support.

People were actively involved in the running of the home. We saw details of regular house meetings to get feedback about the service and involve people in making decisions about the running of the home.

Care plans were personalised to each individual's needs. Each person had a needs assessment which was reflected within the care plan, stating their preferences and details of how they wanted to receive their care.

People who used the service, their relatives and staff all felt able to speak to the manager about any issues and give their feedback and ideas for improvement to them. They knew how to make a complaint and there was a policy and procedure in place for responding to complaints.

We saw there were regular audits completed to monitor the quality of the service and to plan improvements. We saw that people using the service were given surveys to complete and these had been used to plan changes to the service. People had also been involved in recruiting new care staff and were able to have a say in the development of the service.

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?

Good

The service was safe. Staff knew the types of abuse and how to report any concerns.

People's needs and risks had been assessed and care plans put in place to address these risks and keep them safe.

Medicines were managed safely by staff who were trained and supported in administering medicines safely to people.

Is the service effective?

Good

The service was effective. Staff were trained and supported to provide high quality care to people.

People were always asked for their consent before any care and they were fully involved in any decisions about their care. The provider met the requirements of the Mental Capacity Act 2005 and DoLS to help ensure people's rights were protected.

People were given a choice of food and supported to maintain a balanced diet that met their own health and cultural needs.

Is the service caring?

Good

The service was caring. Staff had good caring relationships with people and knew what each individual needed.

People were supported to be involved in decisions about their care and support.

People's privacy and dignity were respected by staff.

Is the service responsive?

Good

The service was responsive. Care was tailored to each person's individual needs and preferences.

Care plans were regularly updated and reviewed with the involvement of people and their relatives.

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

The service used feedback and complaints to develop and improve performance and standards of care.

Is the service well-led?

Good

The service was well-led. We saw an open culture that encouraged people and staff to share their views and give feedback.

The service was well managed and had good systems in place to support staff and promote good standards of care.

There were good quality assurance systems in place to learn from people's experiences and constantly improve care.

Drayton 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 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.

The inspection team included two inspectors and one 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.

Before the inspection we reviewed the information that we held about the service. This included statutory notifications including safeguarding concerns, two previous inspection reports and details of the registered manager. We also contacted the local authority safeguarding team.

During the inspection we spoke with all six people living at the home, three relatives, six members of staff, one volunteer and the registered manager of the service. We also reviewed five people's care files and three staff records, including recruitment information, accident and incident logs, safeguarding folder, health and safety documents, quality audits and supervision and appraisal records.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "Of course I do [feel safe]. I wouldn't live here if I didn't." We spoke to family members of people using the service who told us their relatives were safe and comfortable at the home.

People told us what they would do if they felt unsafe. They told us they would be able to speak to a member of staff or the manager and would be able to ask for help. One person said, "I'd tell the person in charge."

The service had a clear safeguarding procedure in place and we saw that incidents had been recorded in the accidents and incidents log, and that appropriate referrals had been made to the local authority safeguarding team and notifications sent to Care Quality Commission (CQC). Where incidents had occurred, we saw these had been investigated and there had been changes to risk assessments, care planning and staffing.

Staff knew what the different types of abuse were and could tell us what they would do if they had any concerns or witnessed abuse. One staff member told us, "We're here to protect people and keep them safe. We must report any concerns."

The service had a whistleblowing procedure in place, and the staff we spoke to understood the detail of this policy and felt confident to report any concerns they had.

We saw that comprehensive risk assessments had been completed for people using the service and that these had been regularly reviewed and updated to reflect changes in people's needs. For example, there had been changes made to the risk assessment for one person following a change in their condition and increased support needs to prevent falls. This risk assessment had clear details for staff to minimise the risks to people while maintaining their freedom and promote their independence.

We observed a team meeting and staff handover and saw that people's care needs were discussed and safeguarding was always on the agenda. We saw that risks were discussed and staff were encouraged to give ideas for ways to support people more effectively and continually improve the safety of the service. For example, they talked about updating people's care plans following observations of people's behaviour and preferences.

There was enough staff to meet the needs of people. We saw there were care workers available to provide personal care and support to people when they needed it. We also saw additional support from a student nurse placement, an apprentice and a full time volunteer who provided activities and general support for people in addition to the care workers. This enabled staff to spend time with people and give them the support they wanted and needed.

The service had ensured all relevant checks were carried out before someone was employed. We saw that people had completed application forms, provided references and had completed checks from the Disclosure and Barring Service (DBS) prior to starting work.

Medicines were managed safely. We looked at the Medicines Administration Records (MAR) 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. We spoke to people using the service who confirmed they were given their medicines at the right time and were supported to take them. All medicines were stored in locked cupboards in people's rooms, with the additional supply in a separate locked cupboard. The deputy 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 that confirmed this.

Good

Is the service effective?

Our findings

People told us that they liked the staff and thought they worked well. One person said, "People that work here are nice. If I need help I ask them." A relative of someone living in the home told us, "The staff have a good rapport with [person]. I notice their interactions with others, and they are always polite and nice with them."

People's needs were assessed fully and they were involved in the development of their care plans and support package. We reviewed people's care files which contained comprehensive information about people's backgrounds, preferences and life histories. The needs assessments looked at every area of the person's life and these were all reflected within the care plans.

The registered manager told us that staff complete a full induction programme and then received regular support through supervision, appraisals and through team meetings. We saw supervision records that confirmed all staff received supervision every four to six weeks. We spoke to staff about the support they received and they told us they felt well supported. One care worker told us, "I can always ask for help and talk through any issues with the manager. I know they will listen and help me."

Staff had all received a range of training in order to provide care for people. We saw the training matrix that showed what training staff had received, when they needed to be repeated and details of training that had been booked. Staff told us they received regular training and were able to request additional training through their supervision and appraisal.

People were always involved in their care and consent was obtained by staff for support they gave. We saw that people signed consent forms for medication and consent to care in their care files, and these were reviewed and signed each year.

We spoke to staff about their understanding of mental capacity and the requirements under the Mental Capacity Act 2005, associated code of practice and the Deprivation of Liberty Safeguards. Staff had a good understanding of promoting people's freedom and ensuring that consent was always sought for care and support. We saw that there was nobody using the service whose liberty was restricted. We spoke to the registered manager who confirmed they had considered people's capacity and showed us minutes of best interest meetings. One staff member told us, "People here have capacity to make decisions. We cater to every resident. We try and meet their needs and give them independence."

People were supported to maintain a balanced diet and had enough to eat and drink. One person told us, "Sundays we have roast chicken. I don't like chicken. I'd like something else." We spoke to three other people living in the home who were all positive about the food provided.

We saw that people were given choices about their meals and were encouraged to prepare their own food wherever possible. One member of staff told us, "At the house meeting we always ask what they enjoyed and if there is anything else they would like."

People's health needs were identified through needs assessments and care planning. We spoke to two relatives about the access to health services. One relative told us, "[Person] has regular GP visits and the district nurse comes every day." We saw records of other health services people used, including details of referrals to hospitals and support required after discharge. We saw that the service had supported one person to access health services and increased their support programme in order to help them go to the hospital for treatment. We saw in people's care records that their health was monitored and any changes to their health were referred to their GP or specialist services and people received the treatment they needed.

Good

Is the service caring?

Our findings

People told us they felt comfortable in the services and that staff were caring. One person told us, "Of course they do [care]. You can tell by the way they treat you."

We observed care and saw that staff treated people with kindness and compassion and had good, caring relationships with people living in the home. We saw positive interactions between staff and people, supporting them to make choices about what they wanted and helped them to complete tasks for themselves.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. One staff member told us, "We always view each person as an individual. For example, [person] is very organised and likes tea on their left side and sits in a particular spot. Another likes music on while getting dressed so I help him put a CD on while dressing."

We saw that people's care files had detailed information about people's backgrounds and life histories, with pen pictures giving staff their life stories and personal preferences. This helped staff to know people better and provide care that was tailored to each individual person.

People were involved in their care and were able to make decisions about their support. We saw that people had been involved in setting and reviewing their care plans and these were personalised to their individual needs. People confirmed they had been involved in reviewing their care plans and were happy with them.

People's privacy and dignity was respected. We saw that documents were stored securely in locked cupboards and that people's personal information was stored securely and people's private space was respected. One staff member told us, "We keep things confidential, we don't talk about their personal care needs in front of other residents." We saw that people were supported discreetly for personal care and they were given privacy by staff. One member of staff told us, "I always knock first and when they answer I introduce myself."

People were promoted to be independent and supported to do as much for themselves as they could. We saw that people were given money to go to the shop to buy food for the house and there were support plans in place to enable people to be as independent as possible. One relative told us how staff supported their relative to use public transport and to cook for themselves. We saw that people were supported to cook for themselves where possible, clean their rooms and supported to wash and dress themselves as much as possible.

We saw that people's religious and cultural backgrounds were supported, with examples of different foods being made available to them in response to their background and preferences.

People's friends and family were able to visit without any restrictions, and we saw that people were encouraged to maintain regular contact with their families. We saw that one person was supported to attend a family event and another regularly visited friends at the weekend, so they could keep contact with their communities and families.

Good

Is the service responsive?

Our findings

People received care that was tailored to their individual needs. We saw details of house meetings and individual meetings with key workers where people discussed what activities they wanted to do, what support they wanted and set goals to achieve. People told us, "I tell them [what I want]." Another person told us, "They take me out to the music group, to the cinema and the farm."

We saw that people and their relatives had been involved in creating and reviewing their care plans. The care files we reviewed contained easy-read versions of documents and had been signed by people and they had been given copies of their care plans if they wanted them.

The care files were all regularly updated and contained clear guidance for staff on what care was to be provided for each person, and these plans were based on the needs identified. Each plan had a clear needs assessment for each person, and each area of need had guidelines for staff to follow. We saw in one person's care file there was detailed information about their health, preferences, hobbies and details on how to manage any behaviours that challenges the service.

People were supported to maintain hobbies and activities outside of the home. We saw that people regularly attended different social activity groups and had regular contact with family and friends. One person told us, "I go to keep fit classes. I get a cab to these places."

People's care was tailored to their individual backgrounds and responded to their age, disability, race, belief, gender and sexual orientation. We saw that people were supported to attend religious ceremonies and people went to groups related to their ethnic backgrounds. For example, we saw that people were supported to attend religious and cultural activities that reflected their backgrounds. People told us they liked going to these groups.

There was a complaints procedure that was displayed in full and easy-read versions in the communal hallway. One person told us if they were unhappy, "I could tell somebody in the office." Another person told us, "I would go see the governor and if that's no good I'd see the next person up." We spoke to two relatives who both told us they thought their relatives were listened to by the staff.

We saw the compliments and complaints book that was in the hallway for people to fill in. We saw comments and suggestions from relatives and these had been addressed by the registered manager and staff.

We saw details of regular house meetings where people could give their feedback to the staff team, discuss any issues and make decisions about the house, including food, activities and choosing new furniture for the communal lounge. One staff member told us, "In the house meeting we ask if they are happy with other residents, staff, living here and how the house looks."

We saw there was a regular feedback survey, where people had filled in easy-read questionnaires about he service. These had been reviewed by the manager and a report and action plan created that responded to the feedback given.

Good

Is the service well-led?

Our findings

Staff told us they felt comfortable working in the home and that the registered manager valued and respected them. One staff member told us, "If there is a problem you can always approach the manager and we go through it together. I can go to them for anything."

The service had good links with the local community. We saw that there was a programme in place for student nurses to volunteer to gain experience, and there was also a full time volunteer and an apprentice, who supported people to do activities and access different social groups.

There was a registered manager in place. Staff told us the registered manager provided an open culture and encouraged them to give feedback and to help improve the service. We observed a staff meeting where the manager asked for suggestions about developing the service and all the staff present were able to give their ideas. We saw that the actions from the previous meetings were discussed to give progress reports on them and any additional changes to be made from them.

We saw that staff were given regular verbal feedback that was constructive and supportive. This included telling staff about what had been working well, where they could improve and helping new staff to learn from more experienced staff about working with the people living in the home.

The registered manager had a good understanding of their responsibilities. We saw the details of notifications submitted to CQC and the local authority related to any safeguarding concerns. All of them had been reported and fully investigated.

The service had good systems in place to assess risks to the services and we saw plans to manage these. We saw there was a business plan in place for the service and emergency plans to deal with any incidents that would affect the running of the home.

Staff told us they felt motivated and well supported and enjoyed their work. One staff member told us, "I know what decisions I can make and when I need to go to the manager." Another staff member told us, "I liaise with the manager. I have a very good relationship with them. There is a lot of interaction between the manager and the care staff. There is an open office."

The premises had been maintained and the manager had completed all appropriate safety checks. We saw that all fire safety checks had been completed and the service had recently undertaken a fire safety audit, with changes from the recommendations already implemented. This included an additional member of staff on the night shift to make sure all people could be safely evacuated in the event of a fire at night.

We saw records of accident and incident logs, complaints and safeguarding records. The manager reviewed all of these showed us changes made to the service following these, including changes to care plans following safeguarding concerns.

We saw that there was a quality assurance system in place, with the registered manager and deputy manager conducting regular audits of the service to identify areas to improve and also highlight what was being done well. These included audits of medication, safety checks and audits of care files. We saw the business plan and action plans to develop new opportunities to engage people more in the running of the service. We saw that people living in the home had been involved in the recruitment of staff, with two people being on the interview panel for new care staff.