Homewards Care Ltd

Homewards Limited - 20 Leonard Road

Inspection report

20 Leonard Road
Chingford
London
E4 8NE

Date of inspection visit:
21 August 2017
25 August 2017

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31 October 2017

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

Homewards Limited - 20 Leonard Road is a care home providing personal care and support for people with learning disabilities and autistic spectrum disorder. The home is registered for three people. At the time of the inspection they were providing personal care and support to one person with learning disabilities and autism with complex needs. The home is located in the borough of Waltham Forest and is set in a residential property with two floors. The home is situated close to shops and amenities.

At our last inspection the service was rated Good.

At this inspection we found the service remained Good.

People received personalised care from staff who understood their needs. We observed positive interaction between staff and the person using the service and staff respected the person's choices and preferences. Staff understood the importance of maintaining the person's privacy and treating them with dignity and respect.

Safe recruitment procedures were being followed to ensure people were supported by staff who were suitably vetted before starting work. Staff received regular support and supervision and relevant training to carry out their jobs effectively.

People were safe from the risk of abuse because staff knew the signs to look for and what action to take should they suspect any abuse, including reporting any concerns to the relevant authorities.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of staff on duty to meet people's needs. Staff felt supported in their role and received training relevant to their job.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and staff knew their likes and dislikes and preferences for care. People's care plans were person-centred and included information on their life stories and individual needs and preferences.

People's cultural, religious and spiritual needs were acknowledged and supported when required. The provider updated staff on people's changing needs and recorded them in their care plans. Staff were responsive to those needs.

The provider maintained effective systems and processes, and carried out regular monitoring checks and audits to identify gaps and areas of improvement to ensure the quality and safety of the service delivery.

Risk assessments identified risks and how these should be mitigated. Medicines were managed safely. We made a recommendation regarding the management of controlled drugs.

Further information is in the detailed findings below.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-Led.	**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 was planned to check whether the provider was 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 over two days on 21 and 25 August 2017, the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications from the service. We also looked at safeguarding referrals, complaints and information from members of the public.

Before 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 spoke to the person, and observed care and interactions between the person and the staff. We also spoke with the registered manager, two directors, three support staff and a health and care professional. We undertook general observations and reviewed relevant records for the person using the service and other relevant information such as policies and procedures. Following our inspection the registered manager sent us information relating to recruitment and medicine management.

Good

Is the service safe?

Our findings

We asked the person using the service whether they were happy living at the home and they responded, "Yes." We observed interactions between the person and staff and saw that the person was relaxed with staff, and smiling when calling each staff member by name. They nodded to indicate yes when we asked whether they were treated well by staff. This showed that the person was comfortable with staff.

People who used the service were protected from the risk of harm and abuse. The safeguarding policy and procedure provided staff with guidance on the actions they must take should they suspect abuse, including the contact details of the local safeguarding authority. Staff had received training in safeguarding adults and knew the signs to look for that might indicate someone was being abused, including being withdrawn or unexplained bruising. Staff knew the relevant reporting procedures, including reporting any concerns in the first instance to the registered manager, and if not satisfied to the local authority or Care Quality Commission (CQC).

There were sufficient staff on duty to meet the person's needs. The service employed three staff members to provide one to one care to the person, based on their high level of need. The staffing rota showed that staffing levels were evaluated and arranged according to the person's level of need. On the days we visited the number of staff on duty corresponded with the rota. The registered manager told us that staffing levels at night consisted of one waking night and one sleep in staff.

Safe recruitment practices were followed. The registered manager sent us details of relevant checks carried out before staff started working with the service. This included criminal records checks and references. The registered manager told us that staff completed an interview questionnaire to ensure they possessed the right skills and qualifications. There were 11 staff employed by the provider, some of whom worked across other services managed by the provider. The registered manager and directors told us that they were still in the process of building a team and recruiting new staff.

The environment was made safe to meet the complex needs of the person using the service. Risk assessments were detailed and identified the risks to the person using the service and others. Areas assessed included going out in to the community, having a shower, water temperature, having a shave, nail cutting and refusal of medicines. The registered manager told us that there was a system in place for reviewing these risks every six months or when the needs changed, and records reviewed confirmed this.

The provider had a personal evacuation emergency plan for the person using the service. Records showed that weekly fire drills took place and the necessary checks in relation to emergency lighting had been carried out. There was an emergency evacuation plan dated May 2005. We asked why this had not been reviewed. A director told us that this was because the layout of the building had not changed; therefore this plan did not require updating. Records showed that an independent fire risk assessment for the building was in place. These measures ensured that risk had been assessed in the event of a fire.

Medicines were managed safely. There were systems in place for ordering and returning medicines. Records

showed that the medicine administration record was up to date and accurate. We checked the controlled drugs records and noted that staff were recording the amounts administered and stock remaining. Although a controlled drugs register was required this was not being used. Following our inspection the registered manager provided records which showed that the controlled drugs register was now in place.
We recommend that the provider refer to guidance on the safe use and management of control drugs as recommended by the National Institute for Health and Care Excellence.

Good

Is the service effective?

Our findings

Records showed and staff confirmed that they received regular quarterly supervision. Two of the three staff spoken with had joined the service in 2017 therefore were not yet due a yearly appraisal. Staff said they felt supported by senior management. Staff told us that supervision gave them the opportunity to discuss any training needs or concerns. As well as an opportunity to discuss training needs the registered manager told us that this was also an opportunity to check staff's understanding of policies and procedures. This was confirmed by supervision records.

Staff completed training in areas relevant to their role, such as infection control, first aid, food safety, fire prevention in a care home and health and safety. Health and safety training covered areas such as moving and handling, risk, first aid and behaviours that challenged the service. Other specialist training included epilepsy and understanding learning disabilities and autism. Training records showed that refresher training in these subjects took place on an annual basis.

As well as the above training staff completed specialist intervention training in positive behaviour support (PBS), organised and delivered by the local authority and tailored to meet the needs of the person using the service. The registered manager and staff told us that this training had helped them to work more effectively with the person using the service and meet their needs Refresher training was planned for this year.

Records confirmed that staff completed external conflict resolution training accredited by the British Institute of Learning Disabilities (BILD). The training included understanding challenging behaviour, de-escalation, communication skills, diversity and service user perspective and breakaway techniques. Staff told us that this training helped them to understand their role and how to support the person using the service.

We checked whether the service was working within the principles of the MCA. The MCA provides a legal framework for making particular decisions on behalf of people 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. Staff had completed training in the MCA, this covered how staff should act in people's best interest, including assuming capacity and supporting people to make their own choices. Staff understood and worked within the principles of the MCA. Consent forms had been completed and signed by a relative.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that a DoLS was in place and the decision making processes had been followed correctly. There was evidence of best interest meetings which involved the family, the registered manager and health and care professionals.

The person using the service had their nutritional and hydration needs met. Records showed that they were given a choice of the types of food and drinks they liked. Menu choices were displayed in a prominent place in the lounge and kitchen. Recommendations made by the speech and language therapist (SALT) provided guidelines for staff, which they followed. Records showed that a report for the person using the service from the occupational therapist had made recommendations for sitting positions at mealtimes. We observed that this report was displayed in a prominent place in the dining area. This helped staff to provide the person with the support they needed.

Records showed that the service worked in partnership with various health and social care professionals to ensure the person's needs were met, such as a consultant psychiatrist, an occupational therapist, opticians, and a speech and language therapist.

Good

Is the service caring?

Our findings

We observed good interactions between staff and the person using the service. Staff were caring towards the person, reassuring them throughout their interactions and respecting their space. For example, when the person became anxious about going out, they spoke in a calm manner, using a soft tone whilst explaining to the person when they would be going out.

Staff created an environment that enabled relatives to visit at any time and be involved in the care provided to their relative. Records showed that the person using the service received regular daily visits from family members.

Staff adopted a person centred approach to care. Records showed that staff met with the person in May and July 2017 for a meeting to review their care, pictures were used to help the person participate and be involved in the review of their care. Staff knew the person's likes and dislikes and were familiar with the person's needs and how to support them to maintain their independence, such as listening to music and making choices about what they liked to do. This was documented in the person's care plan.

Care plans were person centred and included an 'at a glance' support plan, giving staff a snap shot of the key areas of support, including how to communicate and behaviours to look for that might challenge the service. Care records included information about the person's personal life history and medical health.

Staff respected the person's need for privacy, for example the person did not want curtains fitted in their room, so the provider had installed special windows which prevented people from seeing inside the home, but allowed the person to see outside. Staff completed training in dignity and respect and care planning.

Records showed that the person using the service had an advocate who visited them at the home. In one report from the advocate the feedback stated, "[Person's] care and medical files are up to date and in excellent condition." The registered manager told us that the last visit from the advocate was unannounced and they reported that "Staff appears to be meeting [person's] extensive care needs and [person] appears to have settled well at the home."

At the request of the registered manager staff created a health action plan, this detailed health visits and the outcomes of these. Hospital passports (documents used to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital) were in place and provided personal and medical details about the person in an emergency, including their likes and dislikes and how to communicate with them.

Good

Is the service responsive?

Our findings

Staff were responsive to the person using the service and designed the service around their needs. There was a detailed assessment of need before the person moved into the home. As part of their transition staff made regular visits to the person before they moved in which enabled them to build up relationships with the staff team. This was also an opportunity to gather feedback on preferences and needs. Special adaptations were made according to needs, and included specially designed furniture.

There was a process for reviewing and involving the person in decisions about their care. There was a contingency plan in place in case of an emergency or if the placement broke down. This was put in place by the funding authority and had been created with staff input as part of the care programme approach meeting which took place in March 2017. Care was carefully planned and involved a series of meetings between staff, the funding authority and health and care professionals prior to the person moving in, including visits to the home. This ensured that the person had an opportunity to become familiar with staff and their new environment. This process involved the person, their relatives, staff at the service and health and care professionals involved in the persons care.

One of the directors told us that over a period of six to eight weeks, there was a transition timetable, which included regular care planning approach meetings involving the funding authority the person's former local authority, health and care professionals and senior staff at the service. This enabled the person to choose the type of equipment they wanted before moving in. For example, as part of meeting the person's sensory needs staff purchased garden equipment including a trampoline and garden leaf blower, as these were recommended by the occupational therapist. Gym equipment was also purchased as this was what the person wanted.

The person using the service took part in activities suited to their needs. There was an activities plan which had been created with input from the occupational therapist. On the day of our visit we saw that the person went out with staff to the park as they enjoyed doing this and liked listening to music whilst being driven to the park. This was confirmed by staff who knew the person well and understood their needs. Staff understood the importance of giving choice and encouraged the person's independence. For example, due to their complex needs the person did not have any experience of using public transport and staff carried out a trial to take the person out using public transport. The registered manager told us that it was good to see the positive impact this had on the person who also travelled on a train. The registered manager said, "We give a choice every morning. We have to give [person] that choice."

Care plans were person centred and covered the person's individual needs and preferences for care. We observed there were personal effects throughout the home, such as pictures and photographs and posters of the person's favourite performing artist. Senior management had just purchased a bespoke visual chart from overseas designed specifically for the person using the service to help them to communicate their needs and choices. This covered areas such as 'my time' chart, personal hygiene, activities and shopping trips. This meant the person using the service was able to use pictorial objects as terms of reference to plan their day and helped staff to maintain boundaries. Records showed that staff worked with a behaviour

specialist to ensure that they communicated with the person appropriately and were able to meet their complex needs.

The person's cultural and religious needs were respected. Staff and records showed that they liked to watch movies relating to their culture and visit the local Mosque.

There was a complaints policy and procedure in place and a system for logging and addressing complaints. This described what people could do if they were unhappy with any aspect of their care and support. There had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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. On our first day of inspection the registered manager was on leave, but was available on the second day of our visit.

The service promoted a positive person-centred culture where the person using the service and staff were involved in how the service was run and delivered. The registered manager told us, "You have to make sure there is transparency, and give feedback to the family. We are here for the person, that's the main goal. Always make yourself available and do continuous training."

We observed that the person using the service knew the registered manager and support staff well and referred to staff by their first name, staff responded in a friendly manner and this had a positive effect on the person who smiled throughout their interaction with staff. This showed that the person was comfortable approaching staff and asking them questions.

Staff spoke highly of the registered manager and directors, they told us that they were friendly. One staff member told us, "I don't feel you are just a worker, more like a family. Whenever you do something you feel appreciated." Other comments from staff included, "I like it, they [managers] are good, they look after staff," "Anything you ask they help. You can call anytime they pick up your call. They are ready to listen," and "I feel like they appreciate staff."

Staff meetings were held every two months, the last being in July 2017 with 11 staff in attendance. Records showed that these covered areas relevant to the person using the service and how the service operated. For example, activities, shopping, occupational therapist visits and family visits. The registered manager told us that this ensured that staff were kept up to date with current recommendations to ensure consistency. One staff member told us, "If any improvements are needed, we don't have to repeat ourselves."

Records showed that a staff transition meeting was held in April 2017 prior to the person moving in. The registered manager told us that this enabled him to provide staff with an overview of what to expect and provide staff with the required training prior to the person moving in; records confirmed this. This showed that the planning of the service had been structured and well managed.

Systems were in place to ensure the quality and delivery of the service was maintained. Records showed that these systems included two monthly unannounced audits carried out by the directors and regular maintenance inspection checks, the last one being in July 2017. Directors' audits covered areas such as health and safety, care files, fridge and freezer temperatures and food labelling. Records showed that the registered manager carried out random spot checks, sometimes at night and in the early hours in the morning. These included checking to see if staff wore their identification badges and how they were engaging with the person using the service. The registered manager told us that these checks would include

giving staff praise where they were doing a good job to encourage them to keep doing their best.

The management worked in close partnership with other organisations, including the British Institute of Learning Disabilities, local authorities, advocacy services and professionals such as a psychiatrist, local authority commissioners, an occupational therapist and the local authority learning disabilities team to deliver effective care and promote the physical health and well-being of the person using the service.

We spoke with a health and care professional who worked closely with the staff to ensure the person's needs were met. They felt staff were professional, did a good job and knew the person well. However, they also commented that although the provider was responsive, communication could be improved and lines of management responsibilities made clearer, such as responding to emails or reporting incidents.