Homewards Care Ltd

Homewards Limited - 51 Leonard Road

Inspection report

51 Leonard Road
Chingford
London
E4 8NE

Date of inspection visit:
17 October 2018

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09 November 2018

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

This inspection took place on 17 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Homewards Limited - 51 Leonard Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Homewards Limited - 51 Leonard Road provides care and support for up to three people with learning disabilities and/or autistic spectrum disorders. At the time of our inspection there were three people using the service.

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 and associated Regulations about how the service is run.

People and a relative told us they felt safe with staff and there were enough staff to meet their needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People's risk assessments were completed, regularly reviewed and gave sufficient information to staff on how to provide safe care. Staff kept detailed records of people's accidents and incidents. Staff wore appropriate protection equipment to prevent the risk of spread of infection. Medicines were stored and administered safely. The home environment was clean.

Staff undertook training and received regular supervision to help support them to provide effective care. 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 legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their best interest. We saw people were able to choose what they ate and drank. People told us they enjoyed the food. The home was well decorated and adapted to meet the needs of people using the service.

People told us that they were well treated and the staff were caring. We found that care records were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. People had access to a wide variety of activities. The service had a complaints procedure in place. People's end of life wishes were explored.

Staff told us the registered manager was approachable and supportive. The home had various quality assurance and monitoring mechanisms in place.

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 Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Homewards Limited - 51 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, and the local borough safeguarding adult's team. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, a manager who worked for the provider, the trainer officer and one support worker. We also spoke to one person who used the service and one relative. We looked at two care files which included care plans and risk assessments, two staff files which included supervision records and recruitment records, quality assurance records, three medicine records, two finance records, training information, and policies and procedures.

Good

Is the service safe?

Our findings

One person and a relative told us they felt the service was safe. One person said, "I feel safe here."

There was a safeguarding policy in place which made it clear the responsibility for the provider to report any allegations of abuse to the local authority and the Care Quality Commission. Records showed staff had completed training in safeguarding adults. A staff member told us, "I need to report to management straight away if I find abuse here. I can report to social workers, CQC and [the] police." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. This meant the provider ensured people were protected from avoidable harm and abuse.

Risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were abuse from others, medicines, absconding, environment, challenging behaviour, substance misuse, personal care, out in the community, and self-harming. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. One staff member told us, "[Read] the risk assessments to see what the risks are when I take [people] out." Risk assessment processes were effective at keeping people safe from avoidable harm.

Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were logged by two members of staff and checked by the registered manager. Records confirmed this. This minimised the chances of financial abuse occurring.

Accident and incident policies and procedures were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were recorded. This meant the service learned from incidents and put procedures in place for prevention.

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Sufficient staff were available to support people. People and a relative told us there were enough staff available to provide support for them when they needed it. Staff told us they were able to provide the support people needed. One staff member told us, "We have three support workers and one team leader because we take clients out a lot. Yes we do have [enough staff]."

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records

confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. Reasons for giving PRN medicines were documented in the medicine folder and the care file for people. This meant people were receiving their medicines in a safe way.

Equipment checks and servicing were regularly carried out. The home had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, portable appliance testing, gas and electrical safety checks, and water temperature checks. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Records confirmed this.

The home environment was clean and the home was free of malodour. The home managed the control and prevention of infection well. Records showed staff had completed training on infection control. Staff had access to policies and guidance on infection control. Infection control audits were conducted regularly. Records confirmed this. One staff member told us, "I need to use gloves. I can't use the same gloves on different [people]. I have to change."

Good

Is the service effective?

Our findings

One person and a relative told us the staff were supportive. One person said, "I like the staff."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities to visit the service. The registered manager told us there had been no new admissions since our last inspection.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "I do get training here. It is good. I like getting training as it sharpens my mind. The trainer is very accessible and you can call him if you want help." Staff we spoke with confirmed that they had received all of the training they needed to do their job effectively. The training records confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such as medicines, first aid, fire safety, food hygiene, infection control, health and safety, equality and diversity, challenging behaviour, positive behaviour, active support, learning disability, COSHH, autism, safeguarding, dignity and respect, epilepsy, nutrition, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

New staff joining the service completed the care certificate. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records confirmed this.

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included training needs, choice and privacy, updates on people who used the service and safeguarding. Each supervision focused on a different policy such as equality and diversity, and whistle blowing. One staff member told us, "Supervision is very helpful. I discuss with the manager about planning activities for the [people who used the service]. I speak about what I need." Records showed annual appraisals were being completed.

The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchen. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good. We saw records of fridge and freezer checks. People had access to food and drinks and were able to choose what they wanted to eat. One person told us, "[Food] nice. I like it." A relative said, "[People] always get plenty of food." Food menus were developed from people's feedback recorded from the key worker meetings. Staff encouraged people to eat a healthy balanced diet.

People were supported to maintain good health and to access healthcare services when required. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helps people to make sure that the service had thought about people's

health and that their health needs were being met. Records showed people visited a range of healthcare professionals such as GPs, opticians, dentists, chiropodists, and psychiatrists. One person told us, "I see the GP." This showed the service was seeking to meet people's health care needs.

The premises, décor and furnishings were maintained to a high standard. They provided people with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use. The home was spacious and free from clutter. People's bedrooms were personalised. One person told us, "I got a new bed. I picked the bed in the shop."

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).

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). The registered manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the registered manager was able to explain the process he would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications. We saw evidence of these principles being applied during our inspection.

People told us that staff members asked their consent before helping them. This consent was recorded in people's care files. One person told us, "[Staff] ask if I want a shave and shower." A staff member said, "I do ask [people] with like taking them out. Ask if they want a drink. I ask them what restaurant they want to go for lunch." This meant the service was meeting the requirements relating to consent, MCA and DoLS.

Good

Is the service caring?

Our findings

One person and a relative told us the staff were caring. One person said, "I'm happy. [Staff] caring and nice. They speak nicely." A relative told us, "[Person] seems happy. I can't fault the place."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "[People] need support so that is why we are here. Sometimes [person] cries and I will ask if he wants to speak to his [relative]." We saw staff engage with people and show genuine interest in their welfare.

Staff knew the needs and preferences of the people they were caring for and supporting. Staff could tell us about people's interests and their preferences. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. One person said, "Meetings talk about [me]." One staff member said about key working, "I am keyworker for [person]. I need to monitor their behaviours. Any new behaviours I need to report. I need to know if any changes in the care plan. I would let my team leader know that. I arrange their day to day activities to make sure they are going out every day."

People and their relatives were actively involved in making decisions about the care and support provided. Care plans were reviewed every six months with input from people and their relatives. Records showed when relatives visited the home they had read people's care records.

People's privacy and dignity was respected. One person said, "[Staff] knock on [my] door." Staff we spoke with gave examples of how they respected people's privacy. One staff member told us, "We need to respect [people's] values. After the shower give the proper clothes. We need to close their curtains while getting changed in their rooms."

People's independence was encouraged. One person said, "I'm independent". Staff gave examples of how they involved people with domestic tasks and doing certain aspects of their personal care to help become more independent. One staff member said, "I watch how [person] puts clothes in washing machine. I prompt him. [People] like to help me wash the plates after dinner." This was also reflected in the care plans for people. For example, one care plan stated how a person wanted to learn to make a cup of tea and how they would be supported to do this.

Good

Is the service responsive?

Our findings

One person and a relative told us that staff were responsive their needs and knew their likes and dislikes. Staff demonstrated good understanding of people likes and dislikes and their support needs.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. People's care plans were easy to follow and provided details of individual routines. Pictorial aids were included in the care plans to ensure they were accessible to people. The care plans covered health and wellbeing, personal care and hygiene, dressing and undressing, mobility, mental health, emotional wellbeing, hobbies and leisure activities, communication, eating and drinking, religious and spiritual requirements, and housekeeping. The care plans were person centred. For example, one care plan stated, "Staff need to know that I like wearing jogging bottoms. However, if not supervised, I will put it on inside out or front to back. Staff need to hand me the jogging bottom in a way that when I put them [on], it is the right way."

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We need to respect their needs. There are services available for [LGBT]. We can talk to them if they are interested. We would incorporate into the care plan. We are flexible with their cultural and sexual needs." A staff member said, "We need to treat people equally, that is very important. We don't treat differently based on race and sexuality."

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection people went out to an art and craft class. One person told us, "I go to the park. I play darts and football. Don't get bored." One relative told us, "[Person] goes to art class. He does go out. He has been on holiday to Bournemouth."

The home held a regular house meeting where people could share and receive information. Records confirmed this. Staff told us these meetings were held one to one with people instead of a group meeting. The minutes of the meetings included topics on activities, independent living skills, choices, cultural and religious needs, health appointments, food menu, privacy and dignity, and family contact.

There was a complaints process available and this was available in an easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The complaints policy had a clear procedure for staff to follow should a concern be raised. The registered manager told us there had been no complaints since the last inspection. One person said, "I would speak to [registered manager] in charge." One relative told us, "I would have a word with the [registered manager]."

At the time of our inspection the home did not have any people receiving end of life care. The home had an

end of life policy which was appropriate for people who used the service. Each person had an end of life form completed which covered funeral arrangements and any special requirements.

Good

Is the service well-led?

Our findings

One person and a relative told us that they liked the home and they thought that it was well led. One person said, "He's [registered manager] nice." One relative told us, "[Registered manager] has always been quite alright."

There was a registered manager in post and a clear management structure. Staff we spoke with told us the registered manager was supportive. One staff member said, "[Registered manager] is doing a good job. If I need any help I can easily contact him. He comes here every day."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Minutes from these meetings included topics on actions from previous meeting, training, [culturally specific] holidays, data protection, annual health reviews for people who used the service, complaints, medicines recording, daily records and incident reporting. One staff member told us, "We do have staff meetings. Every month. We talk about [people's] needs and their behaviours. How we can improve on activities."

The registered manager told us that various quality assurance and monitoring systems were in place. Records confirmed this. The registered manager conducted a six monthly audit. The audit included checking the kitchen, care records, medicines, DoLS, quality assurance audits, food and hygiene, recording keeping, complaints, accidents and incidents and the environment. The registered manager also conducted monthly audits on infection control, medicines, finances and night spot checks. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The provider had a system in place to obtain the views of staff members. Records showed five staff surveys had been returned for 2018. Topics included communication, recognition and reward, training and development, job satisfaction, supervision, work environment, and health and safety. Overall the results were positive. Comments included, "Manager is helpful. We always given opportunity to discuss about holidays and training" and "I am happy working here with [people who used the service] and staff. I receive training every year to update knowledge and skills."

The home worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us they worked with the local authority, social services, local learning disability teams, health professionals, psychiatrists and GPs. The registered manager also told us they were part of social media group with other care home managers where ideas and knowledge could be shared.