

Homewards Care Ltd

Homewards Limited - 48 Leonard Road

Inspection report

48 Leonard Road
Chingford
London
E4 8NE

Tel: 02082811204

Date of inspection visit:
25 August 2021
02 September 2021

Date of publication:
26 November 2021

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 – 48 Leonard Road provides accommodation with personal care for up to four people with a learning disability or autistic people. At the time of this inspection there were three people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and/or autistic people.

People's experience of using this service and what we found

The service could show how they met the principles of Right support, right care, right culture. The provider had made significant improvements to the service since the last inspection.

Right support:

The model of care and setting maximised people's choice, control and independence. People lived in a small homely environment where they felt safe and comfortable. The provider had made improvements to the health and safety of the service in relation to the maintenance of the property and ensuring risk assessments were more detailed. Staff supported people to live up to their goals and aspirations. People were encouraged to make choices and decisions in accordance with their level of understanding.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights. The provider had made improvements around staffing of the service in relation to recruitment checks, numbers of staff and their deployment. People were supported to maintain their privacy and dignity by a staff team who knew them very well. Staff demonstrated they provided kind and compassionate care to people and relatives. People were supported to maintain links with their culture and family. Staff engaged people in a variety of indoor and outdoor activities in accordance with individual care plans.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. People's representatives and staff spoke positively of the new registered manager and the positive changes they had made to the care provided. The provider had made improvements since the last inspection and now had a regular system of quality checks. People and their representatives were asked by the provider about their opinions of the service.

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

- People's care and support was provided in a safe, clean, and well-maintained environment which met people's sensory and physical needs.
- People were protected from abuse and poor care. The service now had enough appropriately skilled staff to meet people's needs and keep them safe.
- People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly in a person-centred way. Risk assessments were now more detailed and robust. People had opportunities for positive risk taking and were involved in managing their own risks whenever possible.
- People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
- People's care, and support plans, reflected their sensory, cognitive functioning needs. Support focused on people's quality of life and followed best practice.
- People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- Where people were at risk of placement breakdown there was a clear support plan and regular care reviews. Staff worked well with other services and professionals to prevent admission to hospital.
- People were supported by staff who understood best practice in relation to learning disability and/or autism.
- Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 25 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after this inspection to show what they would do and by when to improve.

We carried out an unrated targeted inspection (published 19 September 2020) due to concerns raised by a whistleblower about lack of activities, reporting of accidents and incidents and food and nutrition. We found no evidence at this time that people were at risk of harm from these concerns.

During this comprehensive inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 25 October 2019. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this inspection to provide assurance that the service is applying the principles of Right support,

right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homewards Limited – 48 Leonard Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Homewards Limited - 48 Leonard Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and a member of the CQC medicines team visited the service. An Expert by Experience was not used for this inspection because it is a small service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Homewards Limited – 48 Leonard Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service two hours' notice. This was because the service is small and people were often out. We wanted to be sure there would be somebody there to support the inspection and people at home to speak with us.

What we did before the inspection

We reviewed the information we had received about the service. This included details of its registration,

previous inspection reports and any notifications of significant incidents the provider had sent us. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We visited the service on 25 August 2021. We spoke with one person who used the service and one member of care staff. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed care and support provided in communal areas. One inspector returned to the service on 2 September 2021 to spend time understanding people's quality of life.

We reviewed a range of records including medicine administration records and care plans for three people. We looked at two staff files in relation to recruitment, supervision and training. We also looked at incident and accident records, policies and procedures and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us documentation we requested including quality audits, rotas and risk assessments. We spoke with one relative and two staff as part of the inspection.

Recording breaches of regulation:

Following up breaches

At the inspection carried out in August 2019, we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. We found gaps in risk assessment and health and safety issues put people at risk of harm. During this inspection we found the provider had made improvements. Risk assessments were more detailed and the identified health and safety issues had been fixed. This meant the provider was no longer in breach of regulation 12.

At the inspection in August 2019, we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. We found there was a lack of effective audit systems to ensure the safety and quality of the service. During this inspection we found the provider had made improvements and effective audit systems were now in place. This meant the provider was no longer in breach of regulation 17.

At the inspection in August 2019, we found the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. We found insufficient numbers of staff were deployed to ensure people were kept safe. We also found staff were often working 24 hour shifts and working at other services without a visible break which meant they may be too tired to keep people safe. During this inspection we found the provider had made improvements. Staff were now only based at a single service and were given adequate breaks between shifts. This meant the provider was no longer in breach of regulation 18.

At the inspection in August 2019, the service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. We found recruitment checks were not robust enough to ensure people using the service were supported by suitable staff. During this inspection, we found the provider had made improvements and a robust recruitment system was now in place. This meant the provider was no longer in breach of regulation 19.

Following up recommendations

At the inspection carried out in August 2019, we made a recommendation in relation to medicines administered on an "as needed basis" (PRN) because there were no protocols for staff to follow. During this inspection, we found the provider had made improvements and PRN protocols were now in place.

At the last inspection in August 2019, we made a recommendation in relation to the management of accidents and incidents and the learning that can be taken from them. During this inspection we found the provider had made improvements. Incidents and accidents were now discussed with staff so that learning from these could be shared.

At the last inspection in August 2019, we made a recommendation in relation to continuous learning and sharing improvements with all staff. During this inspection we found the provider had made improvements and best practice was now discussed with staff.

New recommendations

We have made a recommendation in relation to associated risks when using paraffin-based skin products.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

- Recruitment checks and the deployment of staff had improved. A relative told us, "The staff before were not so good. The service has now got more positive staff who are there to do the job. Always have enough staff."
- People were kept safe from avoidable harm. The service now had a dedicated staff team consisting of enough staff who knew people well. Staff had received relevant training to keep people safe.
- The health and safety issues identified at the last inspection were found to have been fixed. The registered manager now carried out regular health and safety checks. All relevant building safety checks had been completed with no issues identified and were up to date.
- People's care and support was provided in a safe, clean, well-equipped, well-furnished and well-maintained environment.
- Risk assessments had improved and were now more detailed. Areas covered included falls, missing person, shaving, eating unsupervised, drinking hot drinks and self-harming. The provider had also carried out COVID-19 risk assessments.
- People's care and support was provided in line with care plans. Staff anticipated and managed risk in a person-centred way. They understood people's needs and abilities. For example, staff were supporting one person to achieve their goal of making a cup of tea independently in a safe way.
- There was a missing fire risk assessment for a person prescribed a paraffin-based skin cream. The provider acted to amend this on the day of the inspection.

We recommend the provider seek advice and guidance about paraffin-based skin products and associated risks.

- People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
- Staff used the principles of Stopping over-medication of people with a learning disability, autism or both (STOMP) to only administer medicine that benefitted people's recovery or as part of ongoing treatment. We saw examples of medicines being reduced or stopped in line with these principles.
- Information around people's medicine needs were accessible to staff, and it was easy for them to maintain high quality clinical and care records. The provider had made improvements since the last inspection and PRN protocols were now in place.
- We found one newly prescribed "as required" medicine had not been included on the person's medicines administration record (MAR). The service took immediate action to correct this. Stock records showed this medicine had not yet needed to be administered.
- The provider had made improvements since the last inspection and now recorded all incidents where people got distressed/anxious and needed support to manage their feelings. Managers reviewed these incidents and learning from this was actively taken forward and discussed with staff to reduce the likelihood of the incident reoccurring.

- Restrictive practices were only used where people were a risk to themselves or others, as a last resort, for the shortest time possible. The service had not used any restrictive practices since the last inspection.
- Staff were knowledgeable about how people reacted when distressed and how to support them positively. They followed advice provided by specialists which helped to prevent potential incidents. One staff member said, "[Person] can be quite challenging. If [they] get upset, I sit down and talk to [them]." A relative told us, "Generally the staff do know what to do when [person] is upset."
- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so.
- We were assured the provider was following appropriate infection prevention and control processes including accessing testing for staff and people using the service.
- We were somewhat assured the provider was using PPE effectively and safely. We saw one example where an incorrect mask was worn. We discussed this with the registered manager, and this was addressed immediately to ensure people continued to be protected from the risk of infection in line with current guidance.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider had the correct processes to admit people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. Staff and families gave us positive feedback around the provider's response to the pandemic.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance. Where visits were not possible the provider had supported people to keep in contact with the families and friends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

- People's human rights were upheld by staff who supported them to be independent and have control over their own lives. Care plans promoted independence; tasks were split into stages, with people being encouraged to do as much as they could for themselves.
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans.
- Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place. For example, for one person there was a section around their emotional wellbeing which gave guidance to staff to give constant reassurance to them when out in the community.
- People, those important to them and staff developed individualised care and support plans. Care plans were updated regularly as needed. For example, one person liked to go to the gym but when this was closed due to the COVID-19 pandemic, a nearby small outdoor gym was sourced.
- Following the previous inspection, the provider had now ensured care plans were thorough and more detailed. However, we found there was a lot of repetition which made it difficult for new staff to easily find relevant information. We discussed this with the management who explained they were in the process of introducing electronic care plans which would give clearer advice to staff.
- People were involved in choosing their food and had their own individual menu. One staff member explained, "I ask [people] for their choice. Today at lunch time, one person said, 'Today I fancy pasta', so I made them a vegetable pasta."
- Staff supported people to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. Guidance for staff about supporting people to stay hydrated during hot weather was discussed at staff meetings.
- Care plans detailed people's food preferences and dietary needs which were reflected in people's individual menus. For example, some people preferred traditional English food such as fish and chips. One person had a healthy eating guidelines and their care plan advised staff about appropriate portion sizes.
- Staff took the time to understand people's distress/anxiety and how it affected them. They completed functional assessments for people who needed them and referred to other professionals for support where necessary.
- People had access to a range of meaningful activities in line with their personal preferences. Each person had their own pictorial timetable which included a variety of indoor and outdoor activities. Examples of people's chosen outdoor activities included, feeding ducks in the park, using the park's open gym, gardening, swimming, visiting farms.
- People were referred to other professionals, where appropriate. For example, one person with diabetes had regular diabetic eye screening and had an appointment in relation to their hearing and the maintenance of their hearing aids.
- People had good access to physical health care and were supported to live healthier lives. For example,

people had an oral health care plan and had regular check-ups with the dentist.

- People received support from staff who had received relevant training. This included training in positive behaviour support to enable them to support people in managing their anxiety and behaviour. We observed staff putting their training into practice through the way they interacted with people to reduce their anxiety including giving positive feedback when a person did something well.
- Staff had regular supervision and appraisals. Managers provided an induction programme for any new or temporary staff. Staff meetings were used to reinforce areas of training.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation. This meant people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people who the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- The registered manager described how people, their relatives, advocates and other professionals were involved in making best interests decisions. They described how the decision was reached for each person in relation to receiving the COVID-19 vaccine.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

- People were enabled to make choices for themselves. One staff member told us, "The person I was supporting wanted a drink and so we went shopping and they bought a juice so was happy."
- Staff knew people and their care needs well. Staff described how they supported people with making decisions. One staff member explained, "I just help [people] and encourage them to be independent."
- People were empowered to feedback on their care and support. They felt listened to and valued. This was documented in one to one meetings people had with staff when they were asked to give feedback about the service.
- People or their families told us that they received kind and compassionate care. A relative told us how supportive the service was when their spouse passed away. They said, "The staff were very supportive and [registered manager] was very kind."
- We observed positive interactions between staff and people. For example, we saw a staff member constantly talking to a person when out on an activity. The person enjoyed the chatting, seen by the smiles and head nodding. The registered manager explained how talking to the person helped them to not become over-excited.
- People were part of the community in the area they lived. We observed neighbours waving across the street and people waving back to them.
- Staff protected people's privacy and dignity and understood people's needs. For example, we observed staff encouraging a person to go to their bedroom to change their clothes before going out for an activity.
- People had easy access to independent, good quality advocacy.
- Staff supported people to maintain links with those that are important to them. A relative told us they had regular phone calls and visits with their family member and said, "I speak with [care staff] every other night. [They] really listen."
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. A relative told us staff sent them photos of new curtains their family member had chosen and of the new bed that was being specially made,
- The registered manager and nominated individual told us staff supported people to celebrate special events. One staff member told us, "We had a party for [person's] birthday. [Relative] came and we cut a cake to celebrate the birthday."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

- The service worked in a person-centred way to meet the needs of people with a learning disability and autistic people. Care plans included details of people's preferences and things that made them happy or sad. They also detailed the qualities they expected from other people. Our conversations with staff demonstrated they were knowledgeable about these details. The provider was aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.
- People had regular care plan reviews. Staff worked well with other services and professionals to ensure people received joined up care. For example, one person's anxiety increased after a family member passed away so staff worked jointly with the psychologist to identify the best way to manage this. The outcome included the person being referred for bereavement counselling.
- Support with self-care and everyday living skills was available to people who needed it, this was provided in a person centred way. For example, one person wanted to put their socks on independently so the task was broken down into steps to enable them to do this.
- Each person had their own bedroom. People had personalised their bedroom to their own taste. The services design, layout and furnishings enabled people to live in a small homely environment.
- The service worked with advocacy services when this was appropriate. For example, two people had previously received support from an advocacy service to represent their views around decision-making.
- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with cultural and spiritual support. For example, people were supported to celebrate spiritual days relevant to their chosen faith.
- People's communication needs were always met. People had access to information in appropriate formats including pictorial and easy read. One person had a hearing support plan which gave guidance to staff on how to communicate with them when they did not have their hearing aids in.
- People, and their representatives, could raise concerns and complaints easily. Information about how to do this was presented in an accessible format. People's representatives confirmed they knew how to complain.
- The nominated individual and registered manager confirmed there had been no complaints since the last inspection. A relative confirmed they had not made any complaints but were confident their concerns would be treated appropriately. They said, "They do take my comments on board."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

- Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
- The nominated individual and registered manager had the skills, knowledge and experience to perform their roles and understood the services they managed. The registered manager was visible in the service and approachable for people and staff.

There had been a change in registered manager since the last inspection. A relative said, "Since [registered manager] has been manager, it has been good. [Registered manager] has their input and we try and work together."

- The provider had made improvements since the last inspection and now had a system in place to check the quality of the service. For example, records showed the registered manager checked thorough daily cleaning of the premises was carried out to reduce the risk of infection.
- Staff knew and understood the provider's vision and values. Records showed these were discussed at staff meetings. The registered manager had introduced a system of a 'Daily conversation' each morning. This enabled the registered manager to motivate and encourage staff ahead of the day. This also ensured night staff could have a conversation with management if they wished at the end of their shift.
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. Staff felt able to raise concerns without fear of retribution. One staff member told us, "I would speak to [registered manager]. [They are] very helpful, always available."
- Staff had the information they needed to provide safe and effective care. They used information to make informed decisions about how to support people. Where required, information was also reported externally.
- The provider worked with other professionals to ensure people received consistent and joined-up care. For example, the registered manager told us they had a monthly telephone or video call with the psychiatrist and fortnightly telephone calls with the nurse from the GP surgery.
- The provider had worked closely with local authority commissioners to improve the quality of the service provided. The most recent report from the local authority was positive about the improvements that had been made.
- People, and those important to them, worked with managers and staff to develop and improve the service. People had individual person-centred meetings to give feedback about their care. The provider sought feedback from people's representatives and used the feedback to develop the service.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information on suitable support, and applied duty of candour where appropriate.