

# Outward

# Drayton Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

The inspection took place on the 15 and 20 June 2018 and was unannounced. Two inspectors and a pharmacy inspector carried out this inspection.

Drayton 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.

Drayton Road provides accommodation for up to seven people with learning disabilities. It is divided across three floors with one ensuite bedroom, two shared bathrooms, two living room spaces and kitchen facilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the previous inspection on the 9 and 16 March 2017 the service was rated as requires improvement in Safe and Well Led. The service has now made improvements in Well- Led.

The service had a new 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.

People were kept safe at the service and told us they felt safe at Drayton Road. Staff understood their safeguarding obligations and clear easy read information was provided for people who used the service on safeguarding. Staff were recruited safely at the service and appropriate checks completed to confirm suitability. Staff had been trained in medication but understanding in safely administering certain medicines risked incidents occurring.

People's care plans were detailed and provided background information about people so staff could get to know them. Risk assessments were present and gave information on how to mitigate risk. People at Drayton Road were supported to take positive risks while avoiding harm in order to live their life freely.

Staff wore appropriate personal protective equipment to protect people from the risk of infection. However areas within Drayton Road was not always cleaned fully.

People were supported to eat and drink sufficient amounts and encouraged to make meals independently or with staff support where needed.

The service sought consent before giving care and always encouraged people to make their own decisions

where possible. The service worked within the principles of the Mental Capacity Act 2005 and had made appropriate applications under the deprivation of liberty safeguards (DOLS).

Staff received training in mandatory areas and specialist training to support them in their role.

There was a robust complaints procedure that ensured people and their relatives knew how to make a complaint. Where incidents had happened, lessons learnt exercises were completed to minimise the risk of them happening again.

People, relatives, staff, and external stakeholders spoke positively of the management of the service. Quality systems were in place to ensure the service was running as it should be and where improvements needed to be made this information was fed back to management and staff.

We have made two recommendations about medicines management and infection control. 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?

**Requires Improvement** 

The service was not consistently safe.

People received their medicines on time but were not always managed in a safe way.

People were protected from the risk of abuse. Staff had been trained in safeguarding adults.

The service was generally clean however there were areas in bathrooms that required cleaning.

People had risk assessments and were supported to take positive risks to support living an independent life.

Staff were recruited in a safe way.

### Is the service effective?

**Good** 

The service was effective.

People were supported by staff who had the skills, knowledge and training.

Peoples needs were assessed jointly with staff at the service. Care plans provided full information on people's goals, likes and dislikes .

The service supported people to make their own decisions and worked within the principles of the MCA 2005.

People were supported to eat and drink sufficient amounts and make their own meals where they could.

People had access to health care services and had their health regularly monitored by staff.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people in a kind and respectful manner and people

liked the staff who supported them.

People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

The service had an accessible complaints policy and staff supported people to make a complaint.

People's end of life wishes were documented if they wanted to discuss it.

### Is the service well-led?

Good ●

The service was well- led

Staff spoke positively about management of the service and people at the service knew who was in charge.

The registered manager performed audits with the support of the area manager and deputy manager.

Feedback on the service was requested from people, their relatives and external stakeholders.

# 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.

This inspection took place on 15 and 20 June 2018 and was unannounced on the first day.

The inspection was carried out by two inspectors and a pharmacist inspector attended on the second day of the inspection.

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 reviewed the information we already held about the service which included notifications submitted to us by the service.

During the inspection we observed care in communal areas, spoke to three people who used the service, two relatives, four staff, registered manager, deputy manager, area manager and human resource manager. After the inspection we contacted the lead nurse for learning disabilities who works with the service and a social worker.

We looked at four care plans and associated risk assessments, six staff files including their recruitment and training and supervision records. We also reviewed various meeting minutes, policy documents and audits relevant to the management of the service.

# Is the service safe?

## Our findings

People living at Drayton road told us they felt safe. One person said, "Yeah I feel safe." Another person said, "Yeah, I like it here." Relatives told us they felt their loved ones were safe living at the home. One relative told us, "Yes, as far as I can tell he's quite safe. I've never had any concerns about his safety. There are systems to monitor visitors." This relative explained during a visit to see their relative they noted that contractors had to show their identification badge. "You can't just wander in." Another relative told us they felt their relative was "Completely," safe.

Staff understood how to keep people safe from abuse and had received training in safeguarding adults. People at Drayton Road were also supported to understand what it meant to keep them safe. This was because information on who to contact and examples about understanding and recognising abuse was provided in easy read picture format for people.

Staff were able to tell us the different types of abuse and the signs they would look for, for example neglect of personal hygiene, lack of appetite and unusual bruising. One staff member told us, "It's important to notice any changes." Staff knew about the whistle blowing policy and could tell us what this meant in relation to their responsibilities, including reporting any suspicions of abuse to their manager or any relevant authorities. Staff were aware of the external agencies they could report their concerns to which included the Care Quality Commission, Local Authority and the Police should they be dissatisfied with the way their concerns were addressed by the provider.

Staff were recruited safely at Drayton Road and records confirmed the service had completed relevant checks against new staff. These included identification, Disclosure and Barring Service (DBS) criminal records check and two references. Records confirmed that staff had experience in care and were interviewed against competencies. Information was sent after the inspection to clarify issues relating to people's previous employment history. Some people who lived at Drayton Road were part of the interviewing panel which meant they were involved in recruiting suitable staff.

On our tour of the service we identified some windows in people's bedrooms did not have window restrictors. This posed a risk of serious harm if someone was to fall. We raised these concerns directly with the registered manager on the first day of the inspection and they responded promptly by installing window restrictors. We saw evidence to confirm this on our second day of the inspection. This showed people were protected from the risk of serious injury.

People at the Drayton Road had appropriate risk assessments to support them living as independent a life as possible while also protecting them from harm. Records showed people were encouraged to take positive risks which included being able to go to local shops in the community by themselves and crossing the road independently. The registered manager explained the work they had done to ensure people could travel independently.

Staff had been trained in managing behaviour that challenged the service. Staff gave examples of how they

would separate people if there had been an altercation and gave people time alone to calm down and relax.

Medicines were prescribed by the local GP surgery and dispensed by a local pharmacy. Most medicines were dispensed into blister packs. Medicines were delivered each month by the pharmacy staff. Staff at the home took responsibility for ensuring that the medicines and the medicines administration record (MAR) charts were correct for each resident. Care workers signed the MAR charts to provide assurance that medicines had been given as intended by the prescriber. All staff were trained in medicines administration and assessed as competent before being allowed to administer medicines. We saw that medicines were returned to the pharmacy for disposal, and records were kept of this activity. Staff documented medicines errors on an electronic incident report form. However, we identified an incident where one person did not receive their medicine as prescribed and this had not been documented appropriately. This meant there was a lack of staff understanding about this medicine.

We recommend the service seeks advice and guidance from a reputable source on effective medicines management.

We saw that when incidents were reported, staff took appropriate action to ensure they were resolved, and shared learning appropriately. We saw that medicines audits were completed monthly. Staff completed medicines stock counts for medicines that were not dispensed in blister packs. This provided a level of assurance that all loose medicines were given appropriately.

Weekly fire tests were performed and each person at Drayton Road had their own fire risk assessment and evacuation plan to keep people safe in the event of a fire or emergency. For example information was given how to support each person for example "[Person] needs prompting and incentives to evacuate."

Relatives felt there were sufficient staff on duty to meet people's needs. Comments included, "You always want more, I have always found sufficient staff on duty. Staff extremely welcoming. They [staff] all know me now. I pop in two to four times a week, generally they are just absolutely ok" and, "There are enough staff. I would say there's always enough staff."

There were enough staff to support people at Drayton Road. Staff told us they were able to meet people's needs however when people wanted to go out staff expressed a need for more staff. We raised this with the registered manager and they advised they supported staff to ensure people could still complete their daily activities.

We viewed the rotas from the last six months and shifts were covered. The registered manager advised they had sufficient existing staff so there was no need to use agencies to cover staff absences. This meant there was continuity of care for people at Drayton Road.

As part of the inspection we spoke to the area manager who completed an audit every three months of the service to check compliance. The audit covered areas which included checking safeguarding recording was up to date, staff training was in date, accidents and incidents logged correctly, fire risk assessments were up to date, health and safety, people's finances and any medicine errors. Where the audit had raised issues such as medicine errors not being recorded as an incident this was recorded and a learning point raised with staff during team meetings. The area manager also performed a monthly spot check and an unannounced night spot check every six months to check that staff were meeting people's needs. Records of this confirmed that staff were available and supporting people.

Staff were trained in infection control and used colour coded personal protective clothing (PPE) such as gloves and aprons when completing personal care and preparing food. The home had no malodour and



was generally clean. However we found areas in bathrooms that needed additional cleaning and repair. For example in one person's shower room we saw the shower cubicle had not been cleaned and the toilet seat was loose. This put the person at risk of acquiring any infection and falling when using the toilet. This was immediately rectified by the service and we saw that these issues were addressed on the second day of our visit. We also showed the registered manager some areas in bathrooms where cobwebs were found and dirt on the window sills. The registered manager showed us confirmation they had booked an external company to complete a deep clean of the service before our return. However, while this had been completed it showed that the daily cleaning tasks which were to be completed by staff were not reaching the areas needed.

We recommend the service seeks advice and guidance from a reputable source about controlling the risk of spread of infection.

# Is the service effective?

## Our findings

People told us the staff at Drayton Road were good when asked if they had sufficient skills to perform their roles well. Relatives felt that regular staff were sufficiently skilled to meet their relative's needs. One relative told us, "Generally, yes, but could do with extra training. Regular staff very much up to speed." Another relative said, "I cannot fault them [staff] on the quality of their care."

Staff undertook mandatory training in areas such as, care planning, fire training, first aid awareness, diversity and equality, risk assessment, safeguarding, care planning and assessment of needs. The registered manager and head of HR informed us that staff completed on-line and classroom training and training records confirmed this. Staff also completed specialist training which included behaviours that challenged the service and mental health awareness. This showed the service ensured people at Drayton Road were supported by staff with specialist knowledge. The head of HR told us that staff completed a two-week induction programme upon successful recruitment. Staff were not signed up to the Care Certificate (a set of standards staff working within health and social care are expected to achieve) however these were used as part of staff induction.

Records confirmed that staff had received recent supervision in 2018 and an appraisal where this was due. However, most supervision records for 2017 were not available as we were informed they were changing to a new IT system. Staff said they felt supported by their manager. One staff member told us the registered manager, "Is very helpful. She's ready to help you. Our job is to tell her and she takes this on board."

Supervision covered a number of areas such as, how the staff member was finding their role, service and 'customer' updates, staffing updates, quality compliance/audit check samples, service improvement, progress against previous actions, business updates and learning and development. This also included mandatory training and progress towards achieving individual development plans.

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had made appropriate applications for people at Drayton Road and records confirmed they had been in constant contact with the local authority for authorisations.

Consent to care and treatment was sought in line with legislation and empowered people to make their own decisions about their care and daily living. In one care plan we viewed, in order to always promote choice it stated, "options provided to [person] should be given in plain and simple language and use pictures".

Staff understood people's needs and were able to give us examples of the care provided and giving people choices. "We give them [people using the service] choices, they have a choice. You can't force anything on them." For example, a person using the service will open the cupboard and tell you what they want. "They have their say."

Relatives told us that people were given choice about what they wanted to eat. Comments included, "Always varied [relative] eats anything, I have no real concerns" and "I know that he gets to choose his food and goes out and helps with shopping."

People at Drayton Road were able to choose and make their own breakfast which supported them to live an independent life. Staff prepared fresh meals and offered a take away option once a week. Choice was always offered and people decided what food they would like to eat each week at their 'house meeting'. Pictures of the different meals available were used to support people to make choices. Staff were aware of who needed smaller portions to support maintenance of a healthy weight and people with diabetes were supported to eat healthy foods. We observed people enjoying their lunch at a pace that suited them. Cultural and religious needs were respected and met in relation to people's food. Staff were aware of individual preferences and people confirmed that staff would often make their favourite cultural meals.

Staff at the service constantly observed people for changes in their health and interacted well with health services. Feedback from a professional who worked with Drayton Road said, "I have generally had positive contact with staff there who are caring and person centred. They have had a resident admitted a number of times and they have been generally responsive when contacted". People's care files contained hospital passports to support a hospital admission. These provided important information about each person such as, presenting health conditions, current medication being taken and how people communicated.

Records confirmed that staff ensured people were taken to routine health appointments, annual health checks, opticians, chiropodist and dentist to maintain their health and well-being. One person said, "[Staff] take me to the GP for my hay fever."

The layout and design of Drayton Road met people's needs. We observed that people had access to two outdoor spaces with a garden and seating areas. There was an upstairs space with recreational games and a place for people to seek quiet time if they wanted. People moved freely about the service where they used mobility aids. People's bedrooms were all individual and decorated as they wished.

## Is the service caring?

### Our findings

People told us they liked living at Drayton Road. One person said, "I have my friends here and the staff look after me."

Relatives told us staff were caring and kind. One relative said, "The level of care I find absolutely amazing." The relative advised after several visits to the Neurological Department [person] would develop infections. The relative described the level of care from staff at Drayton Road service as, "simply fantastic". Another relative said they had observed staff with their relative and other people using the service and described the care as, "That is what you call devoted caring. I've been welcomed from the beginning, they made me part of the family. Very, very welcome."

We observed staff speaking to people in a respectful and kind manner, dancing with them while listening to people's favourite music, asking them what their plans for the day were and paying them compliments. For example staff would tell people they liked the clothes they were wearing which we saw made people feel good.

Drayton Road held monthly residents' meetings where people were encouraged to give their views and say how their care was managed. For example one person wanted to travel to Cornwall and talked about their favourite food, "If they [people] don't want something they will let us know." During key working, which was protected time between staff and the person, people expressed their needs further. For example one person wanted to go to Spain in September and this had been arranged. This meant the service was taking the time to listen to people and respond to their requests.

The registered manager and staff told how they went the 'extra mile' as they visited people when they were admitted to hospital to provide them with comfort and personal care. A health professional provided feedback to confirm this and they said, "I have observed [person] was clearly very pleased to see them and would take advice and action from them when they would not do so from hospital staff."

People's privacy and dignity was respected at the service and we observed this during the inspection. Where people were receiving personal care, staff closed the door and covered people while encouraging them to carry out the personal care tasks they could. This further demonstrated that independence was promoted as much as possible at Drayton Road. Staff knocked on bedroom doors before entering and waited for permission before entering. Relative's felt people were treated with dignity and respect. One relative told us, "As far as my experience and visits, completely, yes."

People's records were also kept private in locked cabinets and online files. Staff explained their responsibility to keep people's information confidential and not discuss with people outside of Drayton Road. A member of staff said, "Don't expose to anyone outside, they [people] trust you, need to be safe."

## Is the service responsive?

### Our findings

Staff were required to complete handovers at each shift which would inform the next staff how people felt during the previous shift or to advise them to observe people if there had been any concerns about people's health or incidents. All daily actions and activities undertaken by people were recorded in people's daily log books. Staff said, "Everything is recorded in daily logs." This meant the service was keeping an accurate record which could be used to update their care plan and risk assessment if needed.

Families were involved in their relative's care. One relative said, "[Relative's] care plan done annually, sometimes more often if needed. Involved in pretty much every one of these [care plan reviews]." Relatives told us that staff contacted them, "Immediately," when there was a change in their relative's health and care. This confirmed that Drayton Road were responsive to people's needs if they changed.

People were supported to maintain relationships that were important to them. For example a care plan clearly stated that staff should support [person] to call their relative and this relative should be invited to all their reviews. People told us they had relationships with people who were special to them and that they looked forward to spending time visiting them. The registered manager had researched learning disability organisations to support people who were seeking other people to commence a relationship with. This showed the service cared about people's need to develop and maintain relationships important to them for their emotional well-being.

The service had a complaints policy that was available in pictorial easy read. People at Drayton Road told us they knew how to make a complaint and they could approach any member of staff, the registered manager or deputy manager. Records showed a complaint had been made by someone at the service with the support of a member of staff. Records showed the person received a resolution that was satisfactory to them within a timely manner.

Relatives felt that they were listened to if they had a concern or a complaint. One relative told us, "Only once but nothing to do with staff. It was a maintenance issue." The relative said that they were happy with the outcome eventually but this was initially slow as the service had to wait for the landlord. Another relative told us they never made a complaint internally about the service. They felt comfortable approaching senior management should they not be happy about any aspect of their relative's care. They gave an example of how they had worked together with the assistant manager to ensure that their relative received physiotherapy in a timely manner.

People's end of life wishes were recorded in the care plan if they wanted to discuss it. People who had expressed their wishes had this recorded in detail with funeral arrangements which included music to be played.

## Is the service well-led?

### Our findings

People at Drayton Road knew who the registered manager was and could identify other senior managers who worked at the service and the head office as the "people in charge". One person said, "I know who the manager is." People at the service understood that the registered manager had day to day responsibility in running the service. We observed people approached the registered manager with queries they had.

Relatives spoke highly of the service and the way it was run. One relative told us, "Everything leads me to say, yes, I am so happy that we [the family] managed to get a place, I cannot fault them [staff]. Another relative told us, "Yes, indeed," when asked if they felt the service was well run.

Relatives felt the manager consulted with them and asked their opinion about the service. One relative told us, "They will consult me on anything that is relevant. If I had an opinion or view I would say." Another relative told us, "Yes indeed," to the question of whether they would recommend the service. Although they had not completed a questionnaire the relative felt they were asked their views as part of their relative's annual care review.

The manager operated an open door policy and told us they were there to help and support people and staff at Drayton Road. The registered manager said, "Staff can come to me including customers [people who use the service], I respect them, they respect me". A member of staff commented the atmosphere at the service was good and they said "everyone [staff] pulled their weight." Staff told us they felt supported by the registered manager. One staff member commented the registered manager is "Very helpful. She's ready to help you. Our job is to tell her and she takes this on board." Another member of staff said, "Management are good. [Registered manager] is lovely and the deputy fits in really well."

The vision and values of the service were described by the registered manager and by staff and were embedded in Drayton Road and this was to ensure people's independence and engagement. The service had an improvement plan that was reviewed at each area manager audit. Drayton Road were also audited by an independent company against the CQC five key questions we inspect against. Action points arising from the audit were linked into the service improvement plan.

The registered manager explained they understood their duty to report matters that affected people at the service and records confirmed they sent notifications and safeguarding concerns to the CQC.

The registered manager had listened to staff and feedback from relatives in order to make improvements. This included recruiting more permanent staff at Drayton Road to reduce the need for agency staff.

The registered manager and staff had monthly meetings and records showed they had taken place. Topics discussed included business updates, how staff were to enable and empower people in activities, policy of the month, updates on people and discussing action plans.

Quality audits were performed against people's files to check their care plan and risk assessments were up to date and that planned reviews had taken place. Other checks included fridge, freezer and water temperature checks, daily shift plans for cleaning, weekly fire drills, emergency lighting checks and portable

appliance testing( PAT) . These were all up to date with no issues identified.

Drayton Road requested feedback from people who used the service, their relatives and external stakeholders on the quality of service provided. Comments from questionnaires included "I'm very satisfied", "Staff courteous and respectful" and "Support is good, they take me out."