Homewards Care Ltd

Homewards Limited - 48 Leonard Road

Inspection report

48 Leonard Road
Chingford
London
E4 8NE

Date of inspection visit:
05 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Homewards Limited - 48 Leonard Road on 5 May 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Homewards Limited - 48 Leonard Road is a care home providing accommodation and support with personal care for men with learning disabilities. The home is registered for three people. At the time of the inspection they were providing personal care and support to three people.

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 2008 and associated Regulations about how the service is run.

The experiences of people who lived at the home were positive. People and their relatives told us they felt the home was safe, staff were kind and compassionate and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

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). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

The service had a registered manager in place and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Homewards Limited - 48 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 checked 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team. 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.

The inspection was carried out by one inspector. During our inspection we observed how the staff interacted with people who used the service and also looked at two people's bedrooms with their permission. We spoke with two people who lived at the service during the inspection. We spoke with the registered manager, the deputy manager, and one support worker. We spoke with two relatives after the inspection. We looked at three care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, two medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe. One person told us, "I feel safe." A relative said, "While he is there, he is safe."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff were aware of the different types of abuse and could tell us the procedure they would follow to report suspected abuse. One staff member told us, "I would tell the manager. If the manager did not act on it then I would go to CQC". Another staff member told us, "First of all I would tell the manager. If the manager did nothing about it then I would tell CQC." Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. Staff were confident in how to raise concerns with their manager and other health and social care professionals if required. Safeguarding policies were available at the service and were in different formats so that they were accessible to people, staff and their relatives.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant the service reported safeguarding concerns appropriately so that the CQC was able to monitor safeguarding issues effectively.

People were protected against identified risks. The service had in place comprehensive and robust risk assessments which were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves and details of the support they required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. For example one risk assessment involved a person requiring support with poor mobility. The risk assessment detailed the staff member was to support the person with their left arm whilst the person used a walking stick with their right arm. Another risk assessment involved a person with behaviour that could challenge. The risk assessment detailed diversion techniques and a reward system to de-escalate the situation. Risk assessments covered all aspects of people's lives such as self-harm, substance misuse, mental health needs, medicines, mobility, personal care and being in the community.

Any accidents or incidents were recorded within people's care plans. Actions taken were recorded and families, social workers and health professionals were documented as being informed when necessary.

The provider had processes in place to ensure people's finances were kept safe. Financial records of the people using the service did not show any discrepancies. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked regularly and we saw records of this. The registered manager told us and we saw records that an audit of finances was completed regularly. This minimised the chances of financial abuse occurring.

People had their medicines managed safely and as prescribed. People had their medicines recorded on medicine administration records (MAR). We checked people's MARs and found these were complete and

accurate. Each person had a medicine care plan, which detailed their specific needs. Medicines administered followed the provider's procedure for the person as outlined in their care plan and the prescriber's instructions. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed. Medicines were audited regularly to ensure any errors were identified swiftly and appropriate action taken to mitigate the errors. There were processes in place for the safe administration, ordering, and disposal of medicines.

The service had a robust staff recruitment system. Records confirmed that appropriate checks were carried out before staff began work, references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service.

Sufficient staff were available to support people. Relatives told us there were enough staff available to provide support for people when they needed it. One relative told us, "Always two or three staff on at any given time. Amount of staff on is sufficient." Staff told us they were able to provide the support people needed. One staff member told us, "Never have a deficiency of staff. We have bank staff." The registered manager told us staffing levels were determined according to people's individual needs and risk assessments. Some people required or had allocated one to one support. Any appointments for people, vacancies, sickness and holiday leave were covered by bank staff. Staff rotas showed there was sufficient staff on duty.

The premises were well maintained and the service had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including room and fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

The premises, décor and furnishings were maintained to a good 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. One relative told us, "They [staff] keep the home clean."

The service had a business continuity plan to ensure people would continue to receive care following an emergency. Plans had also been designed for action to be taken in specific weather conditions.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "The staff are ok. They look after you." One relative told us, "They [staff] really look after his needs."

New staff were supported with an induction programme. Newly employed and existing staff had embarked upon the Care Certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. The induction included meeting all staff and people who used the service, shadowing more experienced staff, reading care plans and risk assessments, and a range of training sessions. Records confirmed this. One staff member told us, "Induction took a couple of months. I am still going through the Care Certificate."

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions in a classroom environment. Training completed included medicines, first aid, fire safety, food hygiene, health and safety, infection control, equality and diversity, challenging behaviour, safeguarding adults, nutrition, care planning, moving and handling, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff also received training specific to the needs of the people they were caring for which included learning disabilities, autism and epilepsy. One staff member said, "The training is quite good. There is a specialised person to train all staff." Another staff member told us, "The way [trainer] explains makes it quite helpful."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is every two to three months. Last time we talked about dignity and respect and if I had any concerns and feedback." Another staff member said, "We talked about infection control last time. We can always give feedback and [registered manager] takes it seriously." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We heard staff offering people choices and gaining consent from them throughout the day. We saw that people could access all shared areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge, kitchen, and dining room. People could go to the local community with support from the staff. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager told us and records confirmed they had applied for DoLS authorisations for all the people living at the home. Where people had been assessed as not having mental capacity to make decisions, the registered manager and staff were able to explain the process followed 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 in a timely manner and the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

People's dietary needs and preferences were discussed with them or with people who knew them. Menus were developed monthly and displayed in the kitchen. Staff encouraged people to eat a healthy balanced diet, and recorded peoples food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. Some people had very specific dietary requirements. For example, one person had gained weight and was now on a low calorie diet. Records showed this was clearly documented in the person's care plan and staff when asked knew this person's needs. We also saw this person had their dietary information clearly marked in the kitchen with their specialised food stored. The person with the specific dietary requirement told us, "I like the food. I have tuna pasta." The same person said, "I am going to have a cheese and tomato sandwich for lunch. That is what I want." Discussions had taken place with relatives and health professionals to ensure the appropriate level of support was given and staff were vigilant about how much people ate and drank. People's weights were regularly recorded. People told us they enjoyed the food provided by the home. A relative told us, "The food is not bad. [Relative of the person] seems to enjoy it. They do lots of chicken and fish." Another relative said, "They get a wide variety of food."

People had their health care needs met to support their physical, mental and psychological wellbeing which was demonstrated by the range of appointments we saw in people's care files. Records of appointments showed the outcomes and actions to be taken with health professional visits. One person told us, "I can see the doctor when I want." A relative told us, "The week before [relative of the person] had a cough and they [staff] got him straight to the GP and they rang me". Another relative said, "He gets regularly dental check-ups. They [staff] will tell me if anything needs to be done." People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. The service used a community dentist who specialised in people with learning disability needs.

Good

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "Staff give you support. They care for you." The same person said, "I'm happy." A relative said, "They [staff] care for him and they are patient with him." The same relative told us, "From what I have seen they [staff] are exceptionally caring." Another relative said, "They [staff] are very dedicated to the residents." The same relative said, "[Relative] will hug staff."

We observed care being provided and saw that people were treated with kindness and compassion. For example, we saw a person being supported to visit another home across the street. The staff member was encouraging the person to visit the home while holding their hand. We also saw a staff member wipe a person's face gently and the person said, "Thank you". We also overhead a staff member say to a person, "When you are ready to go out let me know." One staff member told us, "They [people who used the service] are like a very good friend."

People told us their privacy was respected by all staff and they told us how staff respected their personal space. One person told us, "I can go to my bedroom when I want." The same person said, "I get private time." A relative told us, "If [relative] wants to go to his bedroom and shut his door they [staff] let him." Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "When [person who used the service] watches his favourite television show no one is to disturb him." Another staff member said, "Knock on the door before going in their bedroom. Make sure door is closed when they are having a shower and we don't share their information." Throughout the inspection we saw staff members knocking on people's doors before entering their bedroom.

People were supported by staff that encouraged their independence. One staff member told us, "We support them to be independent like making a cup of tea, brushing their teeth and making the bed. [Person who used the service] can now boil a kettle." One relative said, "They [staff] encourage [person who used the service] as much as possible." Staff were available in the communal areas of the home to support people when they wished.

People told us that they were listened to and their views were acted upon. Each person using the service had an assigned key worker. One person told us, "I like the staff. They get to know you." One relative told us, "They asked [person who used the service] if he wanted a downstairs bedroom when it came available. They asked his advice." Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. Staff used various communication tools and aids to enhance each person's ability to make active decisions about their care and support in their everyday routines, this included using pictorial information.

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs.

People had regular contact with people that mattered to them. People maintained relationships with

people outside of the home and arrangements were made to support them to visit friends and relatives if they chose. Relatives were encouraged to visit people at the service. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished.

The provider stored people's information securely. Only people who had authority to access people's information had access to care plans and other relevant information.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care planning. One person said, "They [staff] talk about your behaviour and everything." A relative told us, "We do discuss [relative's care plan] and have meetings." Another relative said, "Periodically we will go down there and discuss things."

People had care plans that were person centred. The service had comprehensive care plans that gave staff clear guidance and understanding of the people they were supporting. Care plans included a one page profile that explained how the person preferred to communicate, "about me" section, allergies, preferred name, and ethnicity. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, health and wellbeing, personal care, dressing, mobility, finances, eating and drinking, mental health and emotional wellbeing, spiritual requirements, hobbies and leisure activities, making decisions, and communication. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated, "Staff needs to take me to the barber shop. Make sure that they let me know how long before it's my turn for a haircut. I like to have number two on my hair so staff need to tell the barber how I want my hair to be done. Staff need to take me for a haircut once a month." Another example, a support plan stated, "Staff to assist me with shaving. Staff to inform me of what they are doing and which part of the face they are trying to shave so that I can be in a more comfortable position. I like to use electric shaver to do my shave." Pictorial aids were incorporated in care plans to assist peoples understanding.

People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager and records confirmed this. The registered manager told us care plans were reviewed every six months or more often if required. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

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 we saw people going out for lunch, shopping, attending the gym and visiting the provider's other services locally. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I went to the gym." The same person told us, "I go out with [staff member]. Sometimes I ask to go out and they [staff] take you." A relative said, "He goes out frequently shopping. He loves going out in the car. He has enough to do." The same relative said, "They [provider] has three homes and if there is a big party they pick a home and everyone gets together. All the residents know each other which is a good thing." Another relative told us, "They go for walks in the park and last year they went on holiday." Each person had a weekly activities planner in their care file and activities were recorded in people's daily notes. Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected.

Resident meetings were held regularly and we saw records of these meetings. The registered manager told us these meetings were held one to one with people instead of a group meeting. The registered manager also told us these meetings were used to get feedback about the service from people. The minutes of the meetings included topics activities, dignity and respect, family contact, daily tasks, cultural and religious needs, health appointments, food menu, 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. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. One relative told us, "I would complain first of all to [registered manager]."

Good

Is the service well-led?

Our findings

People and their relatives told us that they liked the home and they thought that it was well-led. One person said about the registered manager, "I like him. He looks after you. He is good." A relative said, "He [registered manager] is a wonderful man. He cares for everybody around him. The people working there are just as nice." Another relative said, "He [registered manager] is good. He does try and is on the ball." The atmosphere between people living in the home and staff was very relaxed and their interactions were calm and friendly.

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "He is a very good person especially when getting training or any sort of (home) improvement." Another staff member said, "He is a good manager. Takes things seriously. If struggling he will support you."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on activities for people, arranging review meetings with relatives, health appointments, infection control, gardening, audits, recording people's behaviour, care plan reviews, and updates of people who used the service. One staff member told us, "Staff meeting is every two months. The last one was in March and we talked about cleaning and the commissioner's visit." Another staff member said, "Any issues you can raise in the staff meeting."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a monthly audit. The audit included checking care plans and risk assessments, medicines, staff and resident meetings, surveys of staff and relatives, activities, accidents and incidents, recording and cleanliness of the home. 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 family members of the people who used the service. Feedback surveys were completed by family members every six to eight months. The feedback we saw was positive and covered topics on meetings the needs of people, food, activities, respect and facilities. For example, one person's relative stated, "I do feel the care offered meets the needs of my relative." Another feedback form from stated, "Very happy with the home. They should open more homes like this."

The provider also obtained the view of staff members every six months. The staff survey covered topics on communication, recognition and reward, training and development and job satisfaction. Overall the feedback was positive. Comments included, "Trustworthy company", "I am happy to be part of the team" and "Very happy working for Homeward. They respect their staff and always take staff opinions."