

# Outward

## Primrose Road

### Inspection report

38 Primrose Road  
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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 

### Overall summary

Primrose Road is a care home providing personal care to six people with learning disabilities. It is a spacious purpose built care home situated in a quiet residential road. It has six bedrooms, two on the ground floor and four on the first floor with lift access.

There was a registered manager at the home. 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.

At the last inspection on 22 August 2013, the service was meeting the legal requirements. This inspection was unannounced and was carried out over two days on 18 and 22 December 2014.

# Summary of findings

The home provided a safe and secure environment to everybody on the premises. Building maintenance and equipment checks were up to date. Staff were knowledgeable about safeguarding and knew how to report concerns. Medicines were managed safely.

Safe recruitment checks were made. Staff received regular training and were knowledgeable about their roles and responsibilities. They knew the people they were supporting and provided a personalised service. People were involved in their assessment and care planning and staff knew what their preferences were. Risk assessments were carried out to ensure people were able to participate in daily activities and go out as safely as possible.

Each person had an activity plan and staff supported people to make choices using different methods of communication. Staff obtained consent before giving support to people. People had access to healthcare professionals as required. There were enough staff to meet people's needs and the service had a stable staff team.

The registered manager and deputy manager supported people living in the home alongside staff. People knew how to make a complaint. People and staff were able to give feedback through quality surveys which were acted upon.

# Summary of findings

## 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 a safe environment for people who used the service, staff and visitors.

The building was safe and maintenance records were up to date.

Staff in the home had received safeguarding training and knew how to recognise and report abuse.

There were enough staff at the service to keep people safe.

Risk assessments were carried out which included plans to minimise risks.

Medicines were stored safely and staff had received training in the management and administration of medicines.

Good



### Is the service effective?

The service was effective.

People were assisted by staff to take part in activities in the home and in the community.

Appropriate recruitment checks were carried out for new staff.

Staff had received training in the core areas of care and had the opportunity to gain further qualifications.

People took part in planning the menu and in food preparation.

People were able to access appointments with health professionals as required.

Good



### Is the service caring?

The service was caring.

Staff had developed good positive relationships with people and spoke to them in a supportive and patient way.

People were treated with respect and their privacy, dignity and confidentiality were promoted.

People were involved in their care planning and were asked to consent to the care they received.

Good



### Is the service responsive?

The service was responsive.

The service had a plan to respond to foreseeable emergencies.

The manager responded to any concerns or issues that were raised by staff or people using the service.

People and their representatives knew how to make a complaint.

Good



### Is the service well-led?

The service was well led.

There was a registered manager in the home.

Good



# Summary of findings

Staff were supported by the deputy manager and the registered manager and the manager was supported their area manager, head of care and head of quality.

The service had systems in place to monitor the quality of care and support in the home. There was a system in place to obtain the views of people using the service, friends and family, stakeholders and staff.

# Primrose 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.

The inspection was unannounced and took place on 18 and 22 December 2014. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider some key information about the

service, what the service does well and improvements they plan to make. We reviewed notifications that the provider had sent us since the last inspection and the previous inspection report where the service was found to be meeting the regulations we checked.

During the inspection we spoke to one senior care staff, two care staff, two people who lived at the home and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at care records for three people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

The provider had effective procedures in place to ensure the safety of people using the service. People told us they felt safe in the home.

Premises were safe. The building safety checks had been carried out in accordance with building requirements with no issues identified. We saw the gas safety landlord check was carried out on 13 November 2014 and the electrical portable appliances were checked on 22 April 2013. Fire equipment had been checked in April 2014 and the fire alarm system and emergency lighting were checked on 22 October 2014. The hoists had been serviced on 30 January 2014 and the lift was service on 19 September 2014.

There were enough staff. The manager told us the home had two staff on shift during the day. At night there was one staff member on duty who was awake and one staff who slept at the home who could be called upon if needed. We checked the staff rota and through our observations we saw this was the case. The manager explained the staff numbers are decided by social services who decide how many staff hours to fund for each person before the person moves in or when their needs change. At the time of this inspection, the service also had a volunteer staff member who helped with activities. The manager explained that to cover gaps in the rota due to staff sickness, training or annual leave, they used the company's internal agency of bank staff. The manager and staff told us extra staff are used from the agency of bank staff for specific trips or holidays.

People were protected from abuse. We reviewed the policies in place at the service and found them to be detailed and clear. Staff signed the policies when they had read them. The safeguarding policy gave definitions of abuse, described different forms of abuse and gave the step by step process of dealing with a safeguarding incident. The whistleblowing policy gave a definition of whistleblowing, informed staff of the process and included a statement on the protection of whistleblowers. We saw from the training matrix that staff had up to date training in safeguarding and whistleblowing. Staff described the different types of abuse and said they would "would report it to the manager", and "inform police, social services and CQC if needed."

People had risk assessments to assess if it was safe for them to move freely around the home and to take part in activities in the community. The risk assessments were incorporated into people's individual support plans and we saw evidence they were reviewed every six months. We saw from people's care records there were risk assessments which included the risks of a change in climate, of falls, of choking, and community outings. The risk assessments detailed what the risk was, measures in place to prevent the risk and ways to minimise the risk.

Medicines were managed safely. The provider had a medicines policy which covered the process of receiving and storage of medicines, how to administer medicines, record keeping and what to do if there was an error with administering. The policy was comprehensive and clear. The manager had also put in place a local policy in relation to the specific needs of people using the service which operated alongside the provider's organisational policy. The local medicines policy included storage of medicines, auditing of medicines and carrying out daily checks at staff handovers.

We checked the training matrix and found all staff had received training in medicine administration. The manager explained that after completing this training, new staff observed experienced staff members administering medicines and then were observed by their line manager administering medicines until they were assessed as competent. We saw that a medicine competency sheet was completed for new staff which was signed by the line manager when the staff member was assessed as competent to administer medicines unsupervised.

Medicines were stored safely and were safely administered. We found people's medicines were kept in a locked cabinet in people's own bedroom. Medicines were in date, clearly labelled and accounted for. We checked three people's medicines and found all blister packs were dispensed correctly. People had their photograph on an information sheet at the front of their medicines administration record (MAR) sheet to make sure the right person received the right medicine. We found the MAR sheets had been completed and signed appropriately. Medicine information leaflets were filed with the MAR sheets which meant that staff knew why they were giving medicines to people.

We saw there were guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We

## Is the service safe?

found that PRN medicines had been administered and signed for as prescribed. We saw evidence that a medicines systems audit was carried out by the pharmacy on 22 January 2014 and no issues were identified.

# Is the service effective?

## Our findings

We discussed the Mental Capacity Act 2005 (MCA), associated codes of practice and Deprivation of Liberty Safeguards (DoLS) with the registered manager and staff who were able to tell us about what this was. 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. The manager was aware of the Supreme Court judgement (March 2014) and understood the importance of identifying people whose liberty was deprived. At the time of this inspection there was nobody who had a DoLS but the manager explained they were liaising with the local authority in order to make appropriate applications for people.

We saw that staff obtained people's consent before carrying out any aspect of care. Staff explained that where people had limited or no verbal communication, they would use their facial expressions or body language to give or refuse consent.

People had signed to say they agreed with their care plans if they had the capacity to do so. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements and "best interests" meetings had taken place where appropriate. We checked the staff training matrix and found staff had received training on the Mental Capacity Act (2005). Staff we spoke with confirmed this and were able to demonstrate awareness and understanding of the Act. We saw that one person had recently had a mental capacity assessment carried out for managing their own finances.

Safe recruitment checks were made. We looked at the recruitment records for three staff and found that all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had been checked for any involvement in criminal activity and had permission to work in the UK. We saw from staff records that staff received regular supervision every month and topics discussed included personal development, progress towards appraisal goals, the people using the service and keyworker responsibilities. Staff we spoke with confirmed they received regular supervision.

We saw evidence from staff records that staff had an annual appraisal. One staff member we spoke with had not had an appraisal because they had not been in employment for one year but there were plans for this staff member to have their appraisal in the New Year.

Staff had up to date training in all areas of care including health and safety, fire safety, infection control, first aid. We saw that new staff had to complete an induction training period which included three to four weeks shadowing experienced staff. The manager told us new staff had to complete a six month probationary period before their position was confirmed.

Staff told us the manager monitored the training and reminded them when their training needed to be updated. One staff member told us they had "training with staff from other services so can get ideas." We saw that six members of staff had achieved a National Vocational Qualification (NVQ) at level 2 or above or had a diploma in health and social care.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were weighed monthly to ensure the service monitored weight loss or gain. We saw that a food and fluid chart was kept for one person and this person had the involvement of a speech and language therapist and a district nurse. Staff told us that people needed their food cut up into bite size pieces and one person was on a pureed diet. Food that was opened was stored in appropriate containers with lids and labelled with the food name and opening date. We saw records of fridge, freezer and food temperatures were up to date and correct. This showed that food was stored and served safely to prevent people becoming ill.

We saw people were involved in planning the menu during the weekly "resident house" meetings. Menus showed who had chosen the main meal of the day and if any person had chosen an alternative. People were supported to choose food they liked with the help of pictures. We observed lunch on the first inspection day and saw that people were given a choice of fillings to have in their sandwiches. People were encouraged to take part in making their own sandwich and were offered yoghurts and fruit afterwards.

People's health needs were met. People had separate health files which had contact details of health professionals involved in their life. A record of health appointments was kept in the health files with a sheet for



## Is the service effective?

the outcome of these appointments to be recorded. We saw from the health files that people were able to access chiropody, dentist, optician, occupational therapy, district nursing, speech and language therapy and the GP as and when required.

# Is the service caring?

## Our findings

People told us staff were caring. One person said the staff were “all right” and another person told us the staff were “lovely.” A staff member told us “we got to listen to them, put ourselves in their shoes [and consider] how they would want to be treated.”

We saw the service kept a “compliments book” and a relative had left a comment on 21 December 2014, “the standard of care is always above and beyond the level needed. They care for the whole person and not just the physical needs.”

Staff were able to tell us about how they developed positive caring relationships with people using the service. One staff member explained that they got to know people by “getting involved with them, get to know their routine, get information from their family and from other services.” Another staff member told us that each person had one to one sessions during the week and people could choose the day before what they wanted to do during their one to one session.

The service had a “keyworker” system. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person’s life. Staff told us that people had regular meetings with their “keyworker” where they could talk about activities they wanted to do or goals they wanted to achieve. The deputy manager told us the manager and “I oversee the keyworking” during staff supervisions.

The manager told us they believed staff had positive caring relationships with people because they “have a very settled

staff team.” The manager explained this enabled continuity of care and consistency. Staff told us that people were involved in their assessment before moving into the service and in their review meetings. At the time of this inspection nobody was using an advocacy service. The manager explained that they would access advocacy services as and when people required them. We saw evidence that an advocacy service was used for one person who had moved into the service in 2014. People had a communication section in their care files which detailed their ability to communicate and their preferred method of communication. Staff described how they used different methods of communication with people who had limited verbal language by using Makaton signs, pictures or showing actual items. One staff member gave an example of how they encouraged a person to choose their own clothes, “make environment comfortable, open wardrobe and let them choose.”

During the inspection we saw that people were treated with respect and in a caring and kind way. We saw that staff took the time to speak with people as they supported them. Staff told us how they ensured people’s privacy and dignity was respected. One staff member said “make sure doors are closed when helping with personal care and knock before entering rooms.” Another staff member told us they respected people’s confidentiality by “not talking about service users in front of other service users.”

We observed that one person became upset and chose to sit in the quiet lounge. Staff respected this person’s choice to spend time alone but checked that they were okay and offered support. We saw that this person was able to choose to have staff assistance when they were ready to go to their bedroom.

# Is the service responsive?

## Our findings

People's care plans were written in a person centred way and we saw evidence they were reviewed every six months. The manager told us if a person's needs changed the care plan would be reviewed as required. We looked at three people's care records. They consisted of a personal details page and a description of the person's likes, dislikes and preferred method of communication. People had a support contract with an easy read version. The deputy explained that people's person centred plans were currently being updated with next year's goals.

We saw that people were able to choose what types of activities they wanted to take part in. People had an activity plan as part of their care plans. One staff member told us they "put the service user at the centre of their care and needs, giving them choice and listening to their preferences." One person told us they liked to do knitting and "sometimes shopping." Another person said, "I like colouring, I usually go to the [day centre] but they are on holiday this week." We saw that people had taken part in barbecues, parties, carol singing, social clubs and day trips.

The manager explained, and showed us, that people were given an information pack in an easy read format which included a complaints leaflet. We reviewed the complaints book and found there was a system to record the complaint, the response to the complaint and the date it was resolved. We found there had been no complaints made against the service logged in this book since the last inspection. However, we saw that on 19 August 2014, people had been supported to make a complaint against the landlord when they were left without water for two weeks. A response to this complaint was received and shared with people during the residents meetings.

We saw there was a complaints policy which was updated on 1 September 2014 and gave clear guidance to staff on the definition of a complaint and the process for dealing

with complaints with timescales. Staff were able to describe the complaints process to us. One staff member said they would "encourage the person to tell them what they are not happy about," and then "I would discuss with my manager."

The manager described an example where the service was responsive when a relative constantly raised concerns and issues. The manager explained the service responded by introducing a communication book which was "used two ways and prevents small issues becoming big." We saw people had a hospital passport on their healthcare files containing important personal and medical information which the person could take with them in the event of them going to accident and emergency.

The service had a system in place for dealing with foreseeable emergencies. There was a policy about dealing with emergencies which covered the definition of emergency, different types of emergency and the procedures to follow. The policy included guidance on how staff could get support for themselves or the people using the service following bereavement.

Staff told us there was an on-call system which consisted of a senior manager and a manager or deputy manager who they could call if they needed support out of hours. One staff member told us about an emergency situation they had recently dealt with when working a night shift which involved a burst water pipe in the home. The staff member explained "I awoke the sleep-in staff, called the on-call person who gave the instructions and knew where the stopcock was."

There was missing person's policy in place which covered the procedure for staff to follow in the event of a person going missing. Each person had a missing person's information sheet on their care file which detailed the person's basic information and contained a photograph. The policy also advised staff on how to support the person once found.

# Is the service well-led?

## Our findings

We found that the service was well-led. There was a registered manager in post at the time of inspection. The manager told us they attended a managers' meeting every six weeks and that they were supported by the area manager. The manager said they attended the same training as staff to ensure they had the same knowledge and skills and they could access management training courses as well.

We saw quality assurance surveys were carried out with people using the service in July 2014. The surveys were pictorial with "yes" or "no" answers. The surveys seen showed that people liked living in the home and liked the staff and food. Two people indicated they would like more activities. We saw the outcome of this was staff explored with people during the weekly "residents house meetings" which activities they wanted to do and a plan of action was drawn up to help them achieve this. We saw that other discussions that took place in the weekly "resident house meetings" included, what activities people had tried during the week and whether they enjoyed them. Discussions at these meetings also included what people wanted to do in their one to one sessions with staff, and menu planning for the week.

A stakeholder survey was carried out in August 2014 and we saw a social worker had indicated that customer care and general level of service was "very good." We saw there was a quality check carried out by a small group of people with learning disabilities from Outward on 13 August 2014. This report gave positive feedback about the building, food, and communication. However the group suggested that people with learning disabilities should take part in recruiting new staff.

The provider reported staff survey results in the "service annual review report," each year. We saw from the report of 15 July 2014, that staff had made suggestions to improve the service, for example, more activities should be offered and people should be encouraged to take part in daily tasks. One staff member had said, "the service is friendly environment to work in, and [staff] want the best possible for the service users." An annual audit of the service was carried out by the "head of quality", and "head of care" and the outcome of this was recorded in the "service annual review report."

The manager had put together an action plan in response to the quality surveys and to the report from the quality check carried out by people with learning disabilities. This action plan included the area raised, the action to be taken and by whom, what action has been taken and target date to be completed. For example, we saw from the plan that two people had been involved in the September staff recruitment. This included choosing the questions to ask applicants and developing a pictorial format of questions, and sitting on the interview panel. We saw as a response to the request for more activities, two day trips had been arranged and more day trips were being planned. The action plan showed the increase in activities should be an ongoing goal.

The manager told us the provider had a system of managers auditing each other's services every month and the outcome of this audit was shared with staff at staff meetings. Staff meetings were held regularly every four weeks, and we saw the record of a recent meeting held on 6 November 2014. We saw the topics discussed at this meeting included people's health and care needs, policy of the month, health and safety and maintenance. Staff confirmed they attended these meetings and were able to raise issues of concerns if needed.

The manager carried out a monthly health and safety check of the building and recorded the outcome. We saw from the check carried out on 2 December 2014, it was noted the freezer was still working but looked to be in a "fair" condition and should be replaced. We saw that a new freezer had been ordered and was due to be delivered in January. The monthly checks looked at all aspects of the building including the floor coverings, windows, lighting and equipment in each room and people using the service were encouraged to take part in these checks. The records noted the condition of all items checked and action needed where appropriate. The manager signed and dated the checks and actions taken when completed.

We saw evidence from staff records that staff had an annual appraisal. One staff member we spoke with had not had an appraisal because they had not been in employment for one year but there were plans for this staff member to have their appraisal in the New Year.

Staff told us they felt able to raise concerns or issues with the manager or deputy manager. One staff member said

## Is the service well-led?

“we ask, they listen and respond to us quickly”, and the management “are approachable, if I need a hand with a service user they will help.” Another staff member said the manager was “approachable and will never turn you away.”

We saw the local authority carried out an annual monitoring visit and gave recommendations where

appropriate. Their report format showed the timescale for any recommendations to be completed and indicated previous actions which had been completed. The most recent monitoring visit report on 11 March 2014 showed there were no outstanding actions to be completed.