

Outward

Primrose Road

Inspection report

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Date of inspection visit:
22 August 2019
23 August 2019

Date of publication:
14 October 2019

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

About the service

Primrose Road is a residential care home providing personal care to six adults with a learning disability in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People who could communicate told us they felt safe at the service.

People had appropriate risk assessments to reduce their risk of harm in the service and out in the community.

Care workers understood their safeguarding responsibilities and told us they would report any concern or poor practice to the registered manager. Care workers also advised they would blow the whistle if their concerns were not being taken seriously.

There were enough care workers to support people at the service. People were supported by care workers who had been recruited safely and people were involved in the recruitment process.

The service was clean and care workers followed good infection control practices to minimise the risk of infection.

Care workers received the skills and knowledge through regular training and support from the provider. People and their relatives told us staff were good at their jobs and knew how to provide effective care.

People were able to choose what they wanted to eat and drink at the service and people who needed support to eat meals received this from care workers.

People and their relatives told us care workers were kind and patient and care workers did not discriminate against people at the service. People's privacy and dignity was respected at the service.

Care plans were personalised and stated people's preferences and communication needs. People were supported to engage in activities of their choice, attend places of worship and to spend time with people

important to them.

People, relatives and care workers spoke positively about the management of the service. The service actively sought feedback from all involved in people's care and used this to improve the service. Quality assurance systems were effective to check people were receiving care that was of high quality.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection- The last rating for this service was good (published 24 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Primrose Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of care provided.

We spoke with six members of staff including the registered manager, deputy manager and three care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medicine records. We looked at five staff files in relation to recruitment and three for staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and that staff kept them safe.
- Care workers had received training in safeguarding adults and could tell us the different types of abuse people could experience.
- Care workers were aware of the policy and procedure to follow if they suspected or witnessed abuse. A member of staff said, "If I witness a bruise I have to report it and record it as an incident. I will also tell my manager."
- Care workers told us they would blow the whistle to report poor practice if their concerns were not being acted on. Care workers knew they could approach senior management, the local authority, GP, police and the CQC to raise concerns.

Assessing risk, safety monitoring and management

- People living at the service had appropriate risk assessments in place to reduce risks that could cause them harm. Assessed risk included; injury, choking on food, behaviours that challenged the service, travelling in the community and falls.
- Relatives told us their family member was kept safe at the service. A relative said, "I have no qualms about [person's] care, I'm sure they are kept safe." The same relative said, "I sometimes turn up unannounced."
- The service used assistive technology to keep people safe within the service so they would be alerted to a smart phone when someone had a seizure, fall or when their bed was wet so they could be changed promptly. This helped staff monitor people's safety and respond to them quickly.
- Care workers knew how to keep people safe and could explain the different risk management plans they followed for each person. For example, a care worker said, "We try not to let [person] walk to the bathroom alone, we walk with them as they are prone to falls." The same member of staff said, "[Person] likes to talk to people in the community but we explain to them about strangers. We still want them to express their communication skills, but we don't leave them alone." This meant people were supported to live in a non-restricted way and staff managed their risk.
- Care workers told us they kept people safe as they observed people within the service. A care worker said, "Yes they are kept safe, staff are always here 24 hours. We never leave them alone, except in their bedrooms."
- Equipment used by people was checked by staff before use and was serviced appropriately.
- Health and safety checks were performed daily and weekly, these included water temperature checks, fridge and freezer temperature checks.
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Staffing and recruitment

- The registered manager ensured there were enough care workers to meet people's needs during each shift.
- We observed people received support when they needed it and there was always a member of staff available to provide help.
- Records confirmed people received care from care workers who had been recruited to the service safely. We saw evidence of relevant pre-employment checks which included references from previous employment, criminal records check from the disclosure and barring service to ensure staff were suitable to work with vulnerable people and proof of identity.
- Care workers completed an interview and were asked questions related to the care profession.

Using medicines safely

- People received their medicine on time and in a safe manner.
- Medicines were stored securely in people's bedrooms and the temperature of medicine storage was monitored.
- We observed a medicine round and care workers showed they followed safe practices to ensure people received their medicine. This included asking people to confirm their name and date of birth to ensure they were administering to the right person.
- We observed staff ask people, "Are you ready to take your medicine now?" This was to gain people's consent before administering.
- Care workers recorded medicine administered on a medicine administration record and we checked these records and there were no gaps present.
- Care workers followed guidance when administering medicine on "an as and when required" basis. This was to ensure people at the service received pain relief when they needed it.

Preventing and controlling infection

- The service was clean and free from any malodour.
- Care workers followed procedures to reduce the risk of infection to people. Care workers used appropriate protective equipment when handling medicine and preparing food.
- The service ensured cleaning materials were kept in a locked cupboard and hazardous waste was disposed of appropriately
- Each person's laundry was washed and kept separate to reduce the risk of cross infection.

Learning lessons when things go wrong

- The service had a system in place to record and analyse accidents and incidents. Actions were provided on how to prevent these from happening in the future.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- During this inspection there had been no new admissions to the service. However, the service displayed records to show how they would assess any new admission to the service taking into account their health needs.
- People's needs were assessed to take into account what they wanted to achieve in their care and the service set goals. The service also assessed people's mobility and existing health conditions.

Staff support: induction, training, skills and experience

- People told us the care workers who supported them were good at their jobs.
- Relatives told us care workers were well trained and gave good support to their family member and other people at the service. A relative said, "I can't fault them at all."
- Records confirmed people were supported by care workers who received training relevant to the role and refresher training when needed.
- Care workers had to complete an induction and read the policies and procedure relevant to the service before starting work.
- Care workers were supported to receive specialist training such as understanding epilepsy and diabetes, so they could support people effectively.
- Care workers told us they received supervision and an annual appraisal, staff told us these were helpful.
- Records showed supervisions did take place however, the frequency was not always in line with the providers policy. For example, one member of staff had completed four supervisions in 2019 and another had completed only two.
- Care workers told us they were able to get support from their colleagues and management when they were unsure of anything. We observed this took place during the inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed, and they were provided with healthy food and fluids throughout the day.
- We observed people who required support with their nutrition received this in safe way from care workers.
- People who had guidelines for eating and drinking had this information clearly stated in their care plans and displayed in the kitchen area.

- Sufficient amounts of fluids were made available to people throughout the day and people chose what they wanted to eat and drink at the service.
- Relatives told us they liked the food served at the service and they were always offered something to drink when they visited.
- During times of hot weather, the service followed best practice to ensure people stayed hydrated with cold drinks and fruit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with health professionals for the benefit of people's health and wellbeing and made relevant appointments and referrals when needed.
- People were supported to maintain healthy lives as they were supported to attend regular health screening appointments and check-ups with the dentist and optician.
- People's care plans contained details of all the health professionals involved with people's care, these included, GP, social worker, speech and language therapist, chiropodist and psychiatrist.
- Health passports were completed to provide information for people to take with them on an admission to hospital. This ensured staff at hospital knew people's health conditions and communication needs to provide care in a timely manner.

Adapting service, design, decoration to meet people's needs

- People's rooms were decorated to their individual taste with personal effects and photos displayed. A person said, "I love my room."
- A member of staff told us some people were due to have their rooms redecorated and people had purchased paint in preparation.
- The service was accessible to people who lived there, and a lift was available to support people with mobility needs to access their rooms on the first floor.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Appropriate applications had been made to the local authority to deprive people of their liberty where it

was required for their safety.

- Records confirmed the registered manager had applied before the expiration to extend the deprivation of liberty for people living at the service and they had copies of emails to show they had chased the relevant local authorities for an outcome.
- Throughout the inspection we observed care workers ask people for their permission before providing care. This showed people were able to consent to care they received.
- People were encouraged to make their own choices as much as possible whether it be deciding what to eat or if they were ready to take their medicine.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by care workers who were kind and compassionate towards them. One person said, "I like it here, they are kind."
- We observed people having their nails painted by a care worker. A relative commented "It's the little things like [that] which are nice."
- Relatives spoke positively about the service and how care workers treated their family member. A relative said, "It's such a blessing, a gem this little place." Another relative said, "They [care workers] are absolutely wonderful. [Person] is so well looked after."
- People who were non-verbal were observed to be comfortable in the presence of care workers and welcomed interactions with them.
- We observed care workers speaking to people in a kind way and were having a laugh and joke with them.
- The service had an equality and diversity policy where care workers and all staff were not to discriminate against someone based on their protected characteristics as stated in the Equality Act.
- Care workers respected people's equality and diversity and did not discriminate against people at the service. A care worker said, "We treat everyone as an individual and respect their needs."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by care workers to make decisions about their care. Care workers told us they asked people what they wanted and where people were unable to express themselves verbally they used objects of reference to help people with communication.
- Relatives told us they were regularly contacted to provide additional support for people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed care workers closed doors while people received personal care and care workers would knock before entering people's bedrooms.
- Relatives told us care workers respected their family members privacy. A relative said, "They do respect [person's] privacy, they cover him up [during personal care] and are careful that their catheter is not on show."
- Care workers understood the need for confidentiality and to not discuss people's private details or health information with anyone not connected to the care package.

- Independence was encouraged by the service. The registered manager told us where people could still wash themselves or brush their teeth this was important to prevent people losing those skills.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and treatment organised and delivered to meet their individual needs.
- Care plans were specific to each person and ensured they gave people the opportunity to achieve what they wanted.
- People's likes and dislikes were clearly documented and goals people had achieved or wanted to achieve. For example, one person had expressed they liked game shows and had wanted to meet a TV host. The service had arranged for this to happen and the person showed us photographs of when they did this.
- People had regular reviews of their care to check the service was meeting their needs and to update care plans if there were any changes. Records confirmed relatives and health professionals were invited to meetings and relatives told us they attended when possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care workers knew how to communicate effectively with people using the service. Some people were verbal and others non-verbal. Care workers followed guidance from the care plan on people's communication needs whether it be observing body language, speaking clearly and slowly or to provide reading support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to have important friendships and maintain contact with their loved ones.
- We observed people were able to enjoy activities of their choice and to spend time with friends they had made within the service or from the providers other services.
- People had activity planners which included attending the local day centre, in house painting and exercise. The service also arranged excursions and trips abroad for people who wanted to travel.
- People were supported to attend their chosen place of worship or to attend groups of interest to them.
- Care workers and the registered manager told us they supported people to maintain contact with family members who lived far from the service by travelling with them to enable the relationship to continue.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure and people were supported to make a complaint or raise a concern with help from the care workers if needed.
- Records confirmed the service had not received any complaints during the last year to date.

End of life care and support

- People were supported to receive care that met their needs at the end of their life.
- At the time of the inspection there was no one requiring end of life support. Care workers received training in end of life care.
- The service raised this question with people and their relatives to make sure people's wishes would be respected at that time. If people did not wish to discuss this, it was respected.
- Care plans documented people's end of life wishes and during reviews the service asked people and family members if information was still up to date.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a staff team that were focused on providing good care.
- The registered manager told us they operated an open door policy and wanted care workers to feel comfortable to approach them with anything, even if it was a mistake as they saw it as an opportunity to learn.
- Relatives told us they had good interactions with all care workers and the registered manager. A relative said, "[Registered manager] introduced themselves to me, the staff on duty are so helpful."
- Care workers told us the work atmosphere was good and they were supported by management. A care worker said, "My managers are all so lovely, if I have a concern they will listen." Another care worker said, "We all work well as a team, we are all very interactive."
- We observed a morning handover between care workers where they were able to provide detailed information about each person to the next shift. Care workers found this to be useful and were fully aware of each person's current need.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they were aware of their duty of candour responsibilities and to be open and transparent when things went wrong.
- The registered manager and deputy manager submitted notifications to the CQC as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who was visible to people using the service and to care workers. The registered manager was supported in their role by a deputy manager and an area manager provided additional support to the service.
- Care workers knew what was expected of them in their roles as care workers and this was discussed during their supervision and team meetings.
- A number of audits were performed to check the quality of the service, this included; finance checks, fire drills, medicines, day and night spot checks to ensure people were being supported by staff safely.
- The service also received an internal audit which was performed by the area manager of the service. Records confirmed the service was identified as low risk, where actions for improvement were found, this had been acted upon by the service. For example, it was identified the service could provide information on

certain health conditions such as epilepsy so care workers could understand the condition in more depth.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in house meetings where they discussed menu ideas and upcoming activities.
- The service sent survey's to people and relatives to seek feedback on the service. Records showed the service analysed people's responses to see what was working and not working so well.
- Care workers were also asked to provide feedback on the quality of the service and this was used to drive improvement.
- External health professionals were encouraged to leave feedback

Continuous learning and improving care; Working in partnership with others

- The registered manager and other managers demonstrated they were always wanting to improve the care for people living at the service.
- The registered manager actively sought health professionals and training sessions for care workers to provide them with skills and knowledge to do a good job. For example, the registered manager requested dietitians and speech and language therapists to provide training on reducing the risk of choking.
- Records confirmed the registered manager attended internal managers forums where they discussed best practice in the providers other services, provider meetings and worked with the local authority to improve care for people using the service.