Homewards Care Ltd

Homewards Limited - 48 Leonard Road

Inspection report

48 Leonard Road
Chingford
London
E4 8NE

Date of inspection visit:
10 July 2018

Date of publication:
09 August 2018

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

This inspection took place on 10 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. At our last inspection on 5 May 2016 we rated the service good. At this inspection on we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Homewards Limited - 48 Leonard 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. Homewards Limited - 48 Leonard Road provides care and support for up to 4 people with learning disabilities and/or autistic spectrum disorders. At the time of our inspection there were 4 people using the service.

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 and associated Regulations about how the service is run.

People told us they felt safe with staff and there were enough staff to meet their needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People's risk assessments were completed, regularly reviewed and gave sufficient information to staff on how to provide safe care. Staff kept detailed records of people's accidents and incidents. Staff wore appropriate protection equipment to prevent the risk of spread of infection. Medicines were stored and administered safely. The home environment was clean.

Staff undertook training and received regular supervision to help support them to provide effective care. 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 legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their best interest. We saw people were able to choose what they ate and drank. People told us they enjoyed the food. The home was well decorated and adapted to meet the needs of people using the service.

People told us that they were well treated and the staff were caring. We found that care records were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. People had access to a wide variety of activities. People's end of life wishes were explored.

The service had a complaints procedure in place and we found that complaints were investigated and

where possible resolved to the satisfaction of the complainant.

Staff told us the registered manager was approachable and listened to concerns. The service had various quality assurance and monitoring mechanisms in place.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 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 10 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, and the local borough safeguarding adult's team. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, the deputy manager, the nominated individual, and one care worker. We also spoke to two people who used the service. After the inspection we spoke with two relatives. We looked at two care files which included care plans and risk assessments, two staff files which included supervision and recruitment records, quality assurance records, two medicine records, three finance records, training information, and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "It's safe here at number 48." A relative said, "[Person] has challenging behaviours and [staff] think of his safety. They make it a safe situation for him. [Staff] are very aware of safety." Another relative told us, "I think [staff] look after [people who used the service] and keep them safe."

There was a safeguarding policy in place which made it clear the responsibility for the provider to report any allegations of abuse to the local authority and the Care Quality Commission. Records showed staff had completed training in safeguarding adults. A staff member told us, "I would report to the manager. If manager not taking action I would report to social worker and CQC." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. This meant the provider ensured people were protected from avoidable harm and abuse.

Risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were abuse from others, sexual exploitation, risk of offending, risk of self-harm, substance misuse, absconding, health needs, physical environment, changing incontinence pads, eating, mobility, and medicines. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were logged by a member of staff and checked at daily handovers. Records confirmed this. This minimised the chances of financial abuse occurring.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were recorded. This meant the service learned from incidents and put procedures in place for prevention.

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Sufficient staff were available to support people. People and relatives told us there were enough staff available to provide support for them when they needed it. One person said, "Enough staff." One relative told us, "They have regular staff. It's not like some homes that juggle staff around. They are consistent with staff and they are dedicated." Staff told us they were able to provide the support people needed. One staff member told us, "Two staff in the day. That's enough. We have got bank staff that we can call to come in."

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. Reasons for giving PRN medicines were documented in the medicine folder and the care file for people. A relative told us, "You can see they are very organised with medication. They always have it ready when [relative] stays overnight. They give us the proper pillbox that is labelled." This meant people were receiving their medicines in a safe way.

Equipment checks and servicing were regularly carried out. The home had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, portable appliance testing, gas and electrical safety checks, and water temperature checks. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Records confirmed this.

The home environment was clean and the home was free of malodour. A relative told us, "Everything is spotless." The home managed the control and prevention of infection well. Records showed staff had completed training on infection control. Staff had access to policies and guidance on infection control. One staff member told us, "We have got different equipment to keep environment clean. We wear gloves and aprons while we are dealing with the residents' [personal care]."

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supportive. One person said, "Staff been here a long time." One relative told us, "The [staff] I have met I have liked them. They are always polite." Another relative said, "[Staff] are hardworking. The two [staff] in the day give a lot of attention."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities to visit the service. The pre-admission assessment looked at personal care, domestic needs, sleeping patterns, mobility, access and transport, medicines, mental health, social relationships and interests, and likes and dislikes. The registered manager told us there had been one new admission since our last inspection.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "The trainer we get is very helpful. Whatever training I am interested in I will let the manager know and he will enrol me. I wanted more safeguarding training and I got it." Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such as medicines, first aid, fire safety, food hygiene, infection control, health and safety, equality and diversity, challenging behaviour, positive behaviour, active support, learning disability, COSHH, autism, safeguarding, dignity and respect, epilepsy, nutrition, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

New staff joining the service completed the care certificate. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records confirmed this.

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included incident reporting, daily recording, support plans, and health reviews. Each supervision focused on a different policy such as infection control, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member told us, "Supervision is every two months. Ask how I am getting on. We discuss policies and procedures. How the residents are getting on and are we supporting them enough." Records showed annual appraisals were being completed.

The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchen. We saw records of fridge and freezer checks. People had access to food and drinks throughout the day and were able to choose what they wanted to eat. One person told us, "Food is pasta, tuna, baked potato. Food [is] nice. Pick what you want to eat." A relative said, "It is ok. They make pasta, rice dishes, salads and fruits. They do give [healthy food]." Food menus were developed from people's feedback recorded from the resident meetings. Staff encouraged people to eat a healthy balanced diet.

People were supported to maintain good health and to access healthcare services when required. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helps people to make sure that the service had thought about people's health and that their health needs were being met. Records showed people visited a range of healthcare professionals such as GPs, opticians, dentists, medicines reviews, and psychiatrists. One person told us, "I get to see the doctor. I see dentist, [and] psychiatrists." One relative said, "[Staff] deal with psychiatrist and make arrangements. Sometimes [health professionals] come and visit [person] to observe him. Recently he had a [skin condition] and they made him a GP appointment. Anything else like optician and flu jabs they make sure it's done." This showed the service was seeking to meet people's health care needs.

The premises, décor and furnishings were maintained to a high 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. The home was spacious and free from clutter. People's bedrooms were personalised.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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). The registered manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the registered manager was able to explain the process he would follow 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. We saw evidence of these principles being applied during our inspection.

Staff were seen supporting people to make decisions and asking for their consent throughout the inspection. People told us that staff members asked their consent before helping them. This consent was recorded in people's care files. One person told us, "[Staff] ask you if you want to be alone or watch TV." A relative said, "If [person] has been out [staff] will say 'do you need help with your coat?'." This meant the service was meeting the requirements relating to consent, MCA and DoLS.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. For example, we overhead one person say to a staff member, "Can you take me for a ride to the park." The staff member agreed and they both went to the park. People also had choices about their day to day life. One person said, "Get up when you want. Wear what you want like jumpers and socks." A relative told us, "Very much so [has choices]. Main thing is what [person] likes to eat. He requests what he wants for dinner. He gets a choice what he wants to eat and what he wants to do. [Staff] ask if he wants to play music in his room."

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person said, "[Staff] care about you. They care about everyone." A relative told us, "Definitely [caring]. [Staff] give [person] a hug and put their arm around him. They seem genuinely caring." Another relative said, "What I have seen [staff are caring]. They try and make it more like a home then a care centre. That is what I like about it."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "[Relationships with people are] very friendly. Even the parents are friendly. [Person] always says he loves me and we are best friends. Even when he goes home he will mention me to his parents. They say he talks about me all the time." Throughout the day we saw staff sitting with people engaging in conversation with laughter, and singing with people. Staff knew the needs and preferences of the people they were caring for and supporting. Staff could tell us about people's life histories, their interests and their preferences.

People and their relatives were actively involved in making decisions about the care and support provided. Care plans were reviewed regularly with input from people and their relatives. Records confirmed this. One relative told us, "Generally get invited [care plan review]." Another relative said, "[Registered manager] phones me and says do we want to go down for [care plan review] and I say yes please."

People's privacy and dignity was respected. One person said, "[Staff] leave you alone." A relative told us, "If [person] wants to go to his room and get undressed, [staff] will leave him alone. People deserve dignity and I would say he gets it there." Staff we spoke with gave examples of how they respected people's privacy. One staff member told us, "When [person] has a shower he doesn't like anyone with him when he gets dressed. We leave him." The same staff member said, "People have their own space. They go to the lounge or their room. We don't stop them from having their free time."

People's independence was encouraged. Staff gave examples of how they involved people with domestic tasks and doing certain aspects of their personal care to help become more independent. One staff member said, "[People] do have independent needs. Like if they have eaten we will guide them to pick up their plate and put in the sink. We help them fold their clothes." This was also reflected in the care plans for people. For example, one care plan stated, "I want to learn how to make cup of tea. I want staff to teach me how to put the kettle on, where are the cups, tea bags, and sugar stored, how much milk I need to put in the tea, skimmed or semi skimmed milk." Records showed the person was now able to make a cup of tea independently.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to people's needs. One person told us, "[Staff] give you a personal life. It's personal everything." One relative said, "[Staff] let you know what is it happening. Its settling for [person] to have regular staff." Another relative told us, "[Registered manager] has my number if anything happens."

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. People's care plans were easy to follow and provided details of individual routines. Pictorial aids were included in the care plans to ensure they were accessible to people. The care plans covered health and welling, personal care and hygiene, dressing and undressing, mobility, mental health, emotional wellbeing, hobbies and leisure activities, communication, eating and drinking, religious and spiritual requirements, and housekeeping. The care plans were person centred. For example, one care plan stated, "Staff to notify me in advance that they are going to cut my hair. Staff to re-assure me throughout when they are cutting my hair so I do not feel scared and agitated." Another example, one person needed support with personal care. The care plan stated, 'I am unable to take bath on my own. Staff need to make sure they prepare bath for me in the mornings. They need to check water temperature before letting me in the bath. I can walk to the bathroom and get undressed on my own. Staff has to ask me of my choice before I get to the bathroom. I would usually choose bath.'

People's cultural and religious needs were respected when planning and delivering care. Staff told us and records showed people visited their place of worship. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We would make sure we have an open door policy. We would welcome [LGBT people] like other residents. We could find services online for them." A staff member told us, "We treat them the same. It is just how they are, we wouldn't treat them different."

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 most people were out at a café and visiting the park. We observed one person in their room playing with toys and another person sitting with a staff member talking and singing. One person told us, "I go the park and music class." One relative told us, "They take [people] to the park and to the cafeteria." Another relative said, "They try and keep [person] busy. He attends art classes. It is something he likes."

The home held a regular house meeting where people could share and receive information. Records confirmed this. Staff told us these meetings were held one to one with people instead of a group meeting. The minutes of the meetings included topics of dignity and respect, activities, food choices, holiday ideas, health appointments and support with daily tasks. One person said, "We have meetings. We talk to each other."

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. The complaints policy had a clear procedure for staff to follow should a concern be raised. The registered manager told us there had been no complaints since the last inspection. One relative told us, "I would complain to [registered manager]. After that I would go to local council or CQC."

At the time of our inspection the service did not have any people receiving end of life care. The home had an end of life policy which was appropriate for people who used the service. Each person had an end of life arrangements form completed which covered funeral arrangements and any special requirements. Records showed relatives were involved. One staff member said, "We would support them with their last wishes to help him."

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, "[Registered manager] looks after you." One relative told us, "I think [registered manager] is a lovely guy. He is a really nice guy." Another relative said, "[Registered manager] is a very good man and helpful. Anything we would ring up. We have all the numbers on my telephone number. We make contact with them. Anytime we can walk in. We choose when we want to come in. They have a very relaxed attitude about visiting the home."

There was a registered manager in post and a clear management structure. Staff we spoke with told us the registered manager was supportive. One staff member said, "[Registered manager] is really good. If you need anything urgently he will be there. If you call him or text him he will be here. He is very supportive. He has supported me with anything I need like with the residents and training."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Minutes from these meetings included topics on actions from previous meeting, annual holidays, dietician recommendations for [person], medication policy, gardening and cleaning, weather precautions for the hot weather, infection control, new data protection laws, and training. One staff member told us, "We talk about residents, care plans, any changes for the house, medication. We can bring our suggestions into the meeting."

The registered manager told us that various quality assurance and monitoring systems were in place such as medicines and infection control audits. The director of the company conducted a bi-monthly audit. The audit included checking the kitchen, care records, medicines, DoLS, quality assurance audits, food and hygiene, recording keeping, complaints, accidents and incidents and the environment. 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 the home facilities. For example, one relative stated, "[Person] is well looked after. We do come sometimes unannounced and always find [person] clean, happy and well dressed. He is attending art classes, cinema [and] holidays. We always get an update regarding activities. [Person] is enjoying his life here. We are thankful to Homewards Care for such a support to [person] for many years." Another feedback form from stated, "[Care plan] is in place. Consistency of staff really helped my [relative] to settle in. Staff on duty discuss her needs and respect my wishes for my [relative]."

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us they worked with the local authority, social services, local mental health teams, day centres, health professionals, psychiatrists and pharmacies. The registered manager also told us they were part of the national autistic society where they had access to

policies and training sessions. Records confirmed this.