

Homewards Care Ltd

Homewards Limited - 51 Leonard Road

Inspection report

51 Leonard Road
Chingford
London
E4 8NE

Date of inspection visit:
13 October 2016

Date of publication:
16 November 2016

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 the 13 October 2016. At the last inspection of this service carried out in September 2014 we found they were fully compliant with all the outcomes we inspected at that time.

The service is registered with the Care Quality Commission to provide accommodation support with personal care and to up to three adults with learning disabilities or autistic spectrum disorder. Three people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

Although medicines were mostly managed in a safe manner, we found that correction fluid had been used on some medicines records. The service did not always have clear records of medical appointments. We have made recommendations about these issues within the report.

The service had appropriate safeguarding adults procedures in place. There were enough staff working at the service to support people in a safe manner and checks were carried out on staff before they began working at the service. Risk assessments were in place which included information about how to mitigate risks people faced.

Staff were well supported and received regular training and supervision. The service was operating within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy.

People's needs were assessed before they moved into the service. Care plans were in place which set out how to meet people's individual needs. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff told us they found the registered manager to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

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 understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were mostly managed in a safe way. However, we found the use of correction fluid on some medicines records.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. Where people were subject to a DoLS authorisation this was in line with legislation. People were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals, although records of medical appointments were not always properly maintained.

Is the service caring?

Good ●

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way.

The service promoted people's dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed prior

to them moving in to determine if the home was able to meet people's needs. Care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

The service was well-led. There was a registered manager in place. People and staff told us they found the registered manager to be approachable and helpful.

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

Good ●

Homewards Limited - 51 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 the 13 October 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications they had sent us. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with one person that used the service and observed how staff interacted with people. We spoke with four members of staff. This included the registered manager, the assistant care manager and two support workers. We looked at two sets of records relating to people which included care plans and risk assessments. We reviewed medicines records, staff and service user meeting minutes, quality assurance and monitoring systems and various policies and procedures.

Is the service safe?

Our findings

The service had policies in place about safeguarding adults and whistle blowing. These made clear the services responsibility for reporting any allegations of abuse to the appropriate agencies. The registered manager told us there had not been any safeguarding allegations since the previous inspection.

Records showed staff had undertaken training about safeguarding adults and staff we spoke with had a good understanding of their responsibilities for reporting any safeguarding allegations. One staff member said, "I would report it to the manager and if he was not taking any action I would have to report it to CQC or the local authority." Another staff member said, "We have got the Waltham Forest safeguarding team [the host local authority], we have all their contact details in the policy. If there is some sort of abuse going on we need to call the safeguarding team." Staff were also aware of issues relating to whistle blowing. One staff member said, "The manager said when I came here 'This is the number [CQC] you can call if you think I am doing anything wrong'."

Systems were in place to protect people from financial abuse. Two people had their money managed by their family and the other person managed their own money. The home held money on behalf of people. This was kept locked securely and records were kept and the money was checked at each staff shift handover. We checked the money held and found it tallied with the amount recorded as being held.

Risk assessments were in place which included information about the risks people faced and about how to mitigate those risks. These were personalised around the risks faced by individuals. Risk assessments covered risks associated with various community based activities such as shopping and swimming, having a bath, using transport, self-harm, bullying, epilepsy and medicines.

The service had worked with psychiatrists and behaviour therapists to support people who exhibited behaviours that challenged the service. Guidelines had been developed to support people with this. These included information on likely triggers of challenging behaviours and indicators that the person was becoming distressed. The plans then went on to describe how staff should intervene to de-escalate the situation, for example by offering people activities they enjoyed or giving people time and space to calm down. Staff we spoke with had a good understanding of how to support people with behaviours that challenged the service and the guidelines in place around this.

Staff told us the service had enough staff and they had enough time to carry out their duties. We saw staffing levels were provided in line with people's assessed needs. For example, one person was assessed as needing the support of two staff during the day and we saw they had this during the course of our inspection. Staff were seen to be able to respond to requests for support from people in a prompt manner.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that checks were carried out on them before they commenced working at the service. One staff member said, "I had to carry out the DBS [Disclosure and Barring Service] and references." A DBS check is to see if a prospective staff member has any criminal convictions or is on any list that bars them from working with

vulnerable people. Another staff member said, "He [registered manager] called me and said I had to wait for my DBS before I could start work." Records showed that checks carried out by the service on prospective employees included DBS checks, references, proof of identification and a record of their employment history.

Medicines were stored securely in a locked and designated medicines cabinet. The registered manager told us none of the people using the service were prescribed any controlled drugs at the time of our inspection. Where people had been prescribed 'as required' (PRN) medicines protocols were in place advising staff on when these were to be administered. Most medicines were stored in blister packs which meant individual doses were separated which reduced the risks of errors occurring with medicines administration. The service carried out medicines audits to regularly check the amounts held in stock. We checked several medicines and found the amounts held in stock tallied with the amounts recorded as being in stock.

Medicine administration record (MAR) charts were in place which included the name, strength and dose of each medicine to be administered. Staff signed the MAR charts each time they supported a person to take their medicine. However, we found several instances where correction fluid had been used on MAR charts. This contravened National Institute for Clinical Excellence (NICE) guidelines 'Managing medicines in care homes' which states, "Care home staff must record medicines administration, including the date and time, on the relevant medicines administration record, as soon as possible and ensure that they: correct written mistakes with a single line through the mistake followed by the correction and a signature, date and time (correction fluid should not be used)." We recommend that the service follows the NICE guidelines and that they do not use correction fluid on MAR charts.

Is the service effective?

Our findings

Staff told us they had an induction programme on commencing working at the service. This included attending various training courses and shadowing experienced staff as they carried out their duties. The registered manager told us they had not started using the Care Certificate yet as part of staff induction but said they planned to introduce it in the near future. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

Staff told us they undertook regular training. One staff member said, "We just recently carried out positive behaviour training. We've done first aid, fire safety and health and safety." The same staff member also told us they had undertaken training about MCA and DoLS and they had a good understanding of these issues. Another staff member said, "We had first aid, safeguarding, health and safety, challenging behaviour, medication and autism training." The registered manager told us staff had annual training on core topics including health and safety, safeguarding adults, medicines, food hygiene, fire safety and supporting people with behaviours that challenge the service. They said in addition staff did two yearly training about learning disabilities and autism. Records confirmed staff training was up to date.

Staff told us they had regular one to one supervision meetings with the registered manager. One staff member said of their supervision, "Every supervision we have there is a discussion on one of the policies. He [registered manager] asks me if I want to go on any training, if I have any issues with the other staff. We discuss my development plans." Supervision records evidenced discussions about policies, training, safeguarding and issues relating to people who used the service.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People using the service were subject to DoLS authorisation. Records showed these authorisations had been done in line with legislation and the Care Quality Commission had been notified. Staff were aware of the implications of the DoLS authorisations for people and how to implement them in a way that minimised restrictions on people's freedoms.

Care and support was provided with the consent of people and people were able to make choices about their care. For example, the care plan for one person included details about seeking consent with elements of personal care. The care plan stated, "Staff need to cut my toenails. Sometimes I will refuse. Staff need to give me time. Always ask me first if I want to do it." The same care plan also stated, "I can dress myself. Staff

need to inform me about the weather and give me guidance to make the right decision on what to wear. Another person we spoke with said, "I choose the clothes." We saw that mental capacity assessments had been carried out in line with the MCA to determine if people had capacity to make decisions for themselves, and people were supported to make decisions where possible. A staff member said of supporting a person at a restaurant, "We give him options, different choices when having a meal out, he will choose one of these."

People told us they enjoyed the food at the service. One person said, "Foods good here, nice." People were able to choose what they ate. On the day of our inspection two people had lunch out. We observed staff ask the other person what they wanted for lunch. The person replied they wanted soup and the staff asked what kind, to which they replied tomato. The person asked staff to toast the bread which they did. We noted that the person was served tomato soup with toast. The registered manager told us the menu was discussed with people during residents meetings and records confirmed this. People were supported to eat food that reflected their religious and cultural heritage.

Care plans included information about eating and drinking. The care plan for one person stated, "I like traditional food." However, the plan did not make clear what tradition this was. The registered manager explained it meant traditional food from the person's ethnic background and staff we spoke with about this were aware of the person's food preferences. The registered manager told us they would amend the care plan to make it clearer what was meant by 'traditional food'.

People told us staff helped them with booking appointments and supported them to attend medical appointments. One person said staff took him to, "The doctors and dentists." Records showed people had regular access to relevant health care professionals. For example, one person who had epilepsy was regularly reviewed by the neurologist. People also had access to GP's, dentists, opticians and consultant psychiatrists. 'Hospital Passports' were in place for people. These provided information about the person's needs to hospital staff in the event the person was admitted to hospital. They included details of the person's medicines, medical history and how to know if the person was in pain.

The records for one person showed they visited the opticians on 15 June 2016 and the report from the optician said they were next due to be seen in June 2016. The registered manager told us this appointment had not been kept as it was deemed unnecessary. They said they had phoned the optician to arrange the appointment but the optician service had said as the person's eyesight was fine they did not need to be seen for another year. However, the service had not made a record to evidence this discussion. Records showed that one person visited the dentist on 8 April 2016. The registered manager told us details of medical appointments and any follow up actions were supposed to be recorded. This had not happened on this occasion. We recommend that the service maintains clear records of medical appointments.

Is the service caring?

Our findings

People told us the staff treated them well. One person said, "I like the staff." The same person said that staff were, "Very kind."

We looked at two people's bedrooms with their consent. Rooms were clean and tidy and people told us they liked them. One person told us they had a new carpet in their room which they had chosen. Bedrooms contained personal possessions such as televisions and religious iconography.

Care plans were in place about supporting people to develop their independent living skills. For example, one person had care plans in place about learning to make their bed and to fold their clothes after washing. Another person had support plans about learning to do washing up and making a cup of tea. A staff member told us, "We teach them independence skills little by little. How to do your bed, how to put the kettle on, then how to put in the tea bag, step by step." People told us they were supported to develop independent living skills. One person said, "I Hoover [vacuum clean] my bedroom." Care plans included information about supporting people to be as independent as possible with their personal care. For example, the care plan for one person stated, "I need support to wash my back and will do the rest with prompting." The same person's care plan stated about tooth brushing, "Staff have to hand me over my toothbrush with the toothpaste on. I will do as much as I can and if it is not done to the standard I will allow staff to assist me with it."

Staff told us how they promoted people's dignity when supporting them with personal care. One staff member said, "If I am giving personal care I have to make sure if they are happy for me to help. [If the person is in the bath] I ask if he is happy for me to put the water on him." Another staff member said of supporting a person with personal care, "We always ask him first if it is OK to give him a shower. When he is on the toilet we always wait outside." Another staff member said, "Make sure if they are undressed the door is closed and the curtains. When they come out of the bathroom have a towel round them." Staff said they had got to know people over time and had built up good relations with them. We observed that people were relaxed and at ease in the company of staff during our inspection and staff interacted with people in a polite and friendly manner.

Care plans included information about supporting people with their communication. This was personalised around their individual communication needs. For example, the care plan for one person stated, "I understand short and simple instructions but staff will sometimes have to repeat a few times to allow me to process the information. Due to my limited ability to communicate verbally I prefer staff to be patient with me and try to understand me by giving me options and suggestions about the words that I whispered [if staff do not understand them at first]."

The service had a policy on confidentiality which made clear staff should not discuss any information about people using the service to unauthorised persons. Staff had a good understanding of issues relating to confidentiality. However, we found confidential information relating to one person was on display within a communal area of the home. We discussed this with the registered manager who removed this material

immediately.

Is the service responsive?

Our findings

People told us they were happy with the service and the support they received. One person said, "I like it here, I'm happy."

The registered manager told us after receiving an initial referral they carried out an assessment of the person's needs. This included meeting the person and their family where appropriate, in addition to speaking with staff that worked with the person and reviewing existing documentation. The registered manager said of the most recent person who moved into the service, "We talked to the person and his family to try to get all the information we could get." The registered manager told us the purpose of the assessment was to determine whether or not the service was able to meet the person's needs and added, "We made the assessment about whether he would get along with the other service users."

Before the person moved in a transition period took place. This first involved care staff from the service visiting the person at their place of residence so he could get to know them before he then visited the service itself. Records showed that the person initially moved in on a six week trial period after which a placement review meeting was held which involved the person and professional staff that worked with him. This meant the service was able to take a considered view about the effectiveness of the placement.

Care plans were in place for people which set out how to meet their assessed needs in a personalised manner based around the needs of the individual. For example, the care plan about shaving for one person stated, "I don't like it when shaving from down to upwards movement, I feel it hurts me." The registered manager told us, "Our policy is we review care plans every six months but if there is a change in need we do it immediately." Records confirmed care plans were reviewed at least every six months and this meant they were able to reflect people's needs as they changed over time. We saw care plans included information about supporting people with personal care, communication, mental health and emotional wellbeing, eating and drinking, hobbies and leisure activities and religious/spiritual needs.

Two people attended activities on the day of our inspection that were in line with their care plans. One person went swimming and to the gym, the other person went swimming and out for lunch. Another person told us they participated in activities in the community, saying, "I go swimming every Thursday. I go to Morrisons [supermarket]." The same person also told us they went to the pub on Sundays. Care plans included information about people's activities. Records showed these included bowling, swimming, the gym, parks, meals out and long drives. The registered manager told us that other activities included two people attending gardening classes run by the local authority and they used their skills in the home's garden. People were supported to have an annual holiday and this year people had gone to Folkestone for their holiday.

People told us if they were unhappy about anything they would talk to the registered manager about it. The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. A copy of the complaints procedure was on display in the communal area of the home which had been produced in

written and pictorial form. This was to help make it more accessible to people who used the service. The registered manager told us there had not been any complaints received in the past year.

Is the service well-led?

Our findings

People told us they liked the registered manager. One person said, "He is nice."

The service had a registered manager in place. Staff spoke positively about the registered manager. One staff member said, "I think he is very good, he takes on any concerns. If he sees anything [of concern] around the house he would try to rectify it as soon as possible." The staff member told us that they were able to phone the registered manager any time if they had any problems and other staff we spoke with echoed this sentiment. One staff member said, "He has given us his number and said we can call. He always answers it [phone]." The registered manager confirmed this, telling us, "I tell staff they can call me on my mobile, I have told family this as well."

Another staff member said of the registered manager, "I would say he is a very good person. He has given me the chance to learn more. It is a family atmosphere here. Whenever you talk to him he always listens, you get a quick response. He has given me a lot of support." Another staff member said, "He is good, he listens to staff. He is strict, which is good, but at the same time he praises the staff. I am quite happy with the way the home is run."

Staff told us and records confirmed that the service held regular staff meetings. One staff member said, "Staff meetings are every two to three months. We discuss quite a few things, for example any issues with the residents. If we are not happy with the way things are running." The same staff member said it was raised at a staff meeting that some staff were not doing their fair share of housework and leaving work to be done by the next shift. The staff member said this was addressed by the registered manager and the situation improved. Another staff member said of staff meetings, "The manager talks about the policies, any changes in the clients. He asks our input, if we want to raise anything, if we are not happy with anything." Records of staff meetings showed discussions about staff practice issues, activities, training and holidays for people.

The registered manager told us and staff confirmed that the registered manager carried out 'out of hours' spot checks at the service. One staff member said, "He does spot checks, sometimes at night or early morning, he checks what we are doing." The registered manager said, "I have my own key and come at 2 0'clock in the morning and see." The registered manager told us they carried out these checks every two months to make sure everything was as it should be during the night.

The local authority with responsibility for commissioning care from the service visited in March 2016. They made some recommendations and we found steps had been taken to meet them. For example, protocols had been developed about administering 'as required' (PRN) medicines and auditing systems had been introduced in response to feedback from the local authority. However, the local authority also found that there were maintenance issues with the upstairs bathroom. We found these had not been addressed. The registered manager told us work was scheduled to be completed by the end of November 2016 to completely renovate the upstairs bathroom.

The registered manager told us they held individual one to one meetings with people rather than having a

group meeting with people. They said this was because people felt more comfortable with this arrangement and more able to express themselves. Individual service user meetings were held with each person every two months. Minutes of these meetings showed discussions about people's bedrooms, if there were any repairs required or if people wanted anything new, menus, activities and how people felt they were treated by staff. The minutes from one meeting showed the person wished to attend arts and craft classes. The registered manager told us they would be enrolled on this when classes started in October 2016 although they were unable to find any documentary evidence of this during the course of our inspection this was sent to us after our inspection.

The registered manager told us he or the other director had recently started carrying out audits of the service. The first one took place in June 2016 and there was a second one in September 2016. Records of these audits showed they included checks on cleanliness in the home, care plans, medicine records, daily activity logs and food hygiene records. The service also carried out monthly medicines audits. Records of these showed that where issues were picked up with medicines they were addressed appropriately. For example, the audit identified that one person had been administered an 'as required' (PRN) medicine but the reason for this had not been recorded, and this was addressed with the relevant staff member.

The registered manager told us they carried out surveys of staff, people that used the service and their relatives to seek their feedback on how the service was run. The most recent survey was completed in May and June 2016. We saw completed surveys from staff and relatives that contained positive feedback. For example, a staff member wrote, "Environment is nice, job opportunities are here. " A relative wrote on their survey, "We always find care and support to be very good."