Care Quality Commission

Homewards Care Ltd

Homewards Limited - 51 Leonard Road

Inspection report

51 Leonard Road
Chingford
London
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Homewards Limited – 51 Leonard Road provides accommodation with personal care for up to three people with a learning disability or who are autistic. At the time of this inspection there were three people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people

People's experience of using this service and what we found
The service could show how they met the principles of Right support, right care, right culture.

Right support:
The model of care and setting maximised people's choice, control and independence. People's support was provided in a safe environment which met people's sensory and physical needs. Improvements had been made in response to previous concerns and managers had focused on minimising risks to people living at the service. People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice.

Right care:
Care was person-centred. People were supported to be independent and had the freedom to make their own decisions. Their human rights were upheld. Staff respected their cultural needs. People received kind and compassionate care from staff who respected their privacy and dignity. People were supported to maintain links with their family and friends. People took part in meaningful activities which were part of their planned care and support.

Right culture:
There was a calm, enabling atmosphere, where people felt safe. A person said to us, "I am happy, I like it here it's peaceful." The ethos, values, attitudes and behaviours of the management and staff ensured people's needs and quality of life formed the basis of the culture at the service. Managers were visible and communicated well with people, those important to them and staff. The leadership had worked hard to create an open culture where feedback and learning was encouraged.

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.

• People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
• People had their communication needs met and information was shared in a way they could understand.
• People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
• People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
• People's care and support plans reflected their sensory, cognitive and functioning needs. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.
• People received care and support from trained staff able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
• People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
• Managers supported staff to meet their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
• People were supported by staff who understood best practice in relation to learning disability and/or autism.
• Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

Rating at last inspection (and update)
The last rating for this service was inadequate (published 24 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after this inspection to show what they would do and by when to improve.

We carried out an unrated targeted inspection (published 19 September 2020) due to concerns raised by a whistle-blower about lack of activities, reporting of accidents and incidents and food and nutrition. We found no evidence at this time that people were at risk of harm from these concerns.

At this comprehensive inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 24 October 2019. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

At this inspection we looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Homewards Limited – 51 Leonard Road on our website at www.cqc.org.uk.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Homewards Limited - 51 Leonard 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 team included two inspectors and a member of the CQC medicines team.

Service and service type
51 Leonards Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
We gave the service two hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, including information received from the local authority.

We did not ask the provider to complete a Provider Information Return. This is information providers are

required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used all of this information to plan our inspection.
During the inspection
We visited 51 Leonards Road on 25 August 2021. We met with the registered manager, the deputy manager, and three care staff. One of the inspectors returned to the service on 2 September 2021 to spend time understanding peoples' quality of life.
We reviewed a range of care records, including three people's care and medicine records. We looked at two staff files in relation to recruitment, staff supervision and training. We reviewed a variety of records relating to the management of the service.

After the inspection
After visiting the service, we continued to collect information from the provider. We also had a phone call with the registered manager and the deputy manager.

We had email and phone contact with two family members and three staff. We sought feedback from professionals who work with the service.

Recording breaches of regulation:

Following up breaches
At our inspection in August 2019, people were put at risk of harm due to gaps in risk assessments and health and safety issues. The provider did not follow safe infection control practices and lacked effective systems to ensure they learnt lessons when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At our inspection in August 2019, the provider did not follow safe recruitment practices and put people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

At our inspection in August 2019, the provider did not deploy staff appropriately which put people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

At our inspection in August 2019, there was a lack of effective audit systems to ensure the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 17.

Recommendations

Follow up recommendations
At the inspection carried out in August 2019, we made a recommendation in relation to whistleblowing procedures. During this inspection, we found the provider had made improvements and raised staff awareness in relation to whistleblowing.

New recommendations
We made a recommendation around enhancing the physical environment to create a non-institutionalised, attractive atmosphere for all the people living at the service.

Good

Is the service safe?

Our findings

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

• The service kept people and staff safe. People were kept safe from avoidable harm.
• People's care and support was provided in a safe, clean, well-equipped, well-furnished and well-maintained environment. The provider had made improvements to the environment since our inspection in 29 August 2019. For instance, safety had improved in the garden, and health and safety checks were now completed regularly.
• The service had enough staff and had received relevant training to keep them safe. Staff deployment had improved, and the service had a dedicated staff team, who knew people well.
• Recruitment processes had improved in response to concerns we had raised previously. A relative told us, "There are always enough staff and I feel confident because the deputy is always there, and the registered manager is available."
• People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. The provider had improved understanding of whistleblowing and had discussed the importance of speaking out at team meetings. Staff told us they felt able to speak freely if required.
• People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way. There was an improved culture of positive risk taking, for example people were being safely supported to take part in domestic tasks and shopping.
• Staff had a good understanding of people's needs and had access to care records. People's care and support was provided in line with care plans.
• Staff had an understanding of restrictive practices. Restrictive practices were rarely used, there was a reporting system in place and the service actively worked to try and reduce the use of these practices.
• The service managed accidents and incidents well. Staff recognised incidents and reported the appropriately.
• The service recorded all incidents where people had become distressed and put themselves or others at risk. We reviewed incidents against guidance from specialists in people's care plans and saw that staff followed the advice, such as how to speak to people if they started to become anxious. This helped minimise distress for people and diffuse potential incidents.
• Managers investigated incidents and shared lessons learned with the whole team and the wider service. The deputy manager told us they had focused on improving learning from incidents, in response to feedback from previous inspections. This learning was actively taken forward to reduce the likelihood of incidents reoccurring.
• People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
• Information about people's needs around medicines was accessible to staff. Staff were able to maintain high quality records of the support people received with their medicines.
• Staff used the principles of STOMP (Stopping over-medication of people with a learning disability, autism or both) to only administer medicine as part of people's planned care and support. We saw examples of

medicines being reduced or stopped in line with these principles.
• We were somewhat assured the provider was using PPE effectively and safely. We saw one example where an incorrect mask was worn. We raised this with the provider, and it was addressed immediately to ensure people continued to be protected from the risk of infection in line with current guidance.
• We were assured the provider was preventing visitors from catching and spreading infections.
• We were assured the provider was meeting shielding and social distancing rules.
• We were assured the provider had the correct processes to admit people safely to the service.
• We were assured the provider was accessing testing for people using the service and staff.
• We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. Staff and families gave us positive feedback around the provider's response to the pandemic.
• We were assured the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance. Where visits were not possible the provider had supported people to keep in contact with the families and friends.

Good

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.

• Care and support plans were personalised, holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place. For example, a person with a detailed diabetes care plan had linked guidance around foot care. This recognised people with diabetes required additional support with foot care.
• People, those important to them and staff developed individualised care and support plans. The care plans were updated regularly, as required. Care plans were amended due to the COVID-19 pandemic, such as new arrangements to cut a person's hair when the barbers were closed.
• In response to feedback at previous inspections the provider had focused on improving care records. Although care plans now held the right information, they were repetitive. We discussed with the provider how they could support staff by ensuring information was more accessible. They planned to introduce electronic care plans which they told us would provide clearer advice to staff.
• People were able to input into choosing their food and planning their meals. Staff supported them to be involved in preparing and cooking their meals. There was a suggested menu, but people could choose to have something different. On the day of our inspection, a person told us they had chosen a tuna wrap.
• People could access drinks and snacks at any time. A person's daily record showed staff supported them when they came down at night and asked for a glass of milk.
• People were offered food and drink in line with their cultural needs and preferences. One person chose to have rice most days. Staff had contacted the GP to discuss whether there were any risks to physical health around another person's meal choices.
• Staff took the time to understand people's behaviours and what may be causing them. They completed functional assessments for people who needed them and referred to other professionals for support where necessary. The provider had worked closely with a social worker to develop improved assessments and plans for a person who was at risk when they became distressed.
• Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. A person's care plan stated they wanted to learn how to do washing up, as a way of promoting their independence. Practical guidance had been given on how to support the person to achieve this aim, such as how to apply washing up liquid.
• People had access to a range of meaningful activities in line with their personal preferences and choice. These were part of their care plan and supported people to achieve their goals and aspirations. A person described an activity they had chosen which promoted their independence, "I went to Morrisons today because it's too hot to go to the park. I pushed the trolley and bought my sandwiches."
• The registered manager described how the lives of the people at the service had become limited by COVID-19 but that they were now starting to work with people to develop their interests and broaden their horizons further.
• People had good access to physical and specialist healthcare and were supported to live healthier lives. People were referred to other professionals such as occupational therapists where appropriate. We saw bookings in the diary for regular appointments, such as for the chiropodist and eye clinic.

• Relatives told us staff knew how to support people. A relative described how they had been consulted before their family member had COVID-19 tests. They said, "I was a bit worried if [person] would take to that but it was fine. They [staff] must have a good way of doing things."
• Staff had received relevant training, including around learning disability, autism, mental health needs, human rights and restrictive interventions. Since our last inspection, staff had attended Positive behaviour support training, which had enabled them to improve how they supported people who became distressed.
• Staff had regular supervision and appraisals. Managers provided an induction programme for any new or temporary staff. The registered manager and deputy were visible and provided daily support to staff. This had been a key factor to driving the improvements in staff skills and support.
• People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. No people at the service required covert administration of medicines.
• The registered manager supported staff to understand their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010 and the Mental Health Act 1983. This meant people had reasonable adjustments made to meet their needs and their human rights were respected.
• The registered manager described how they and other professionals had worked individually with people and their relatives when considering whether they should have a COVID-19 vaccine. Decision making was unrushed and involved people to ensure decisions were made in their best interests.

Good

Is the service caring?

Our findings

• We saw examples of written records which were not dignified. A person was described as 'aggressive' and another as having 'bad behaviour' in their care plans. We observed staff interacting respectfully with both people. We discussed the care plans with the registered manager and deputy and were assured this was poor word choice and did not reflect how people were treated. The registered manager told us they would work with staff to address how incidents were recorded.
• People and their families told us that they received kind and compassionate care. Staff knew people well and understood their needs. We observed a person when they were taking part in an activity at a local park with staff support. We observed they were comfortable with the staff who supported them, at one point giving staff a hug for reassurance.
• The registered manager had arranged for the art tutor from their local day centre to do art sessions at the service when classes had been cancelled due to the COVID-19 pandemic. People and their families described how the sessions were done safely and that they felt this was a very caring response to a difficult situation. A relative said, "[Person] was getting very frustrated but now they are really enjoying the classes."
• People, and those important to them, took part in making decisions and planning of their care. This process was made easier because staff knew people so well and how to best offer choice. For example, if a person became distressed when making a decision or being offered support, staff would give them some space and return later to try again. Staff ensured people had the information they needed to made decisions.
• Staff supported people to maintain links with those that are important to them. Staff told us they had arranged for a person to have a walk to the park with family during the pandemic when home visits were not allowed, which helped reduce their isolation.
• Special occasions such as birthdays were celebrated. Families and friends were invited. During the COVID-19 pandemic, staff kept in touch with families to ensure they were still involved during a person's birthday.
• Staff maintained contact and shared information with those involved in supporting people, as appropriate. This was flexible and personalised. A member of staff told us how they had made a specific effort to send a special photo to a parent who did not have a mobile phone. A relative described how frequent phone calls to the service enabled them to keep in touch with their family member.
• Staff protected people's privacy and dignity. For example, staff supported a person to close their curtains when getting dressed at night.
• People had access to independent advocacy as required. No one at the service was using advocacy at the time of the inspection.

Good

Is the service responsive?

Our findings

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

• The provider had enhanced the environment since our last inspection to better meet people's sensory and physical needs. For example, they had improved the garden, so it was a more attractive area to sit in. We observed people were comfortable and relaxed at the service. However, records relating to the management of the service and information for staff were on display in some of the shared areas. We discussed this with the provider, and they agreed they could make the necessary changes to ensure people lived in a less institutionalised environment.
• The provider had worked with people and families to personalise rooms, with photos and individual items. They told us in the past some people had removed personal items when distressed which was why some bedrooms were not as person-centred. We discussed different options to ensure people with complex needs could have personalised and attractive rooms.

We recommend the provider consider best-practice guidance to further promote a personalised, non-institutionalised environment for people with complex needs.

• The service worked in a person-centred way to meet the needs of people with a learning disability and autistic people. The provider had increased awareness of best practice, including the principles of Right support, right care, right culture and were ensuring that these principles were carried out.
• Each person in the house had their own chosen routines. A person described their evening routine, "I sleep well after a supper of tea and biscuits, nice biscuits are the best."
• Staff adjusted support to people flexibly in response to changing needs and preferences. In addition to more formal reviews of care plans, we observed how staff supported people to make choices and do something new, for example we observed staff support a person who chose to take part in a new activity when they visited the park.
• The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff supported people with their cultural and spiritual needs.
• The registered manager told us about detailed actions they had taken to ensure a person's cultural needs were met. This involved ongoing discussions with the person's family and other professionals and observations to ensure the person was satisfied with what had been agreed.
• People's communication needs were met. People had access to information in appropriate formats. There was a pictorial timetable to provide reassurance to people about what was happening each day.
• Each person had an individualised communication passport which offered practical guidance on communicating with them. This offered advice on non-verbal communication and signs which staff should look for to help them understand how best to support a person. For example, when a person needed space or what tone of voice to use when a person became distressed.
• People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person told us, "I would tell my [relative] and staff if I was unhappy."
• Families told us they spoke directly to the registered manager or deputy if they had any concerns and issues were dealt with well.

• The registered manager told us they had not had any formal complaints since the last inspection. They aimed to resolve concerns promptly and informally. The provider described the practical actions they had taken in relation to two specific concerns which had been raised with them.
• The registered manager and deputy investigated concerns and learned lessons from the information gathered. They shared learning with staff, for example discussing changes to people's care plans in team meetings.

Good

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.

• Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
• When we had previously inspected, we had concerns the provider did not have effective systems to check the quality of the service. They now carried out a variety of regular practical checks and things improved as a result. For example, the laundry room had been sorted out following a check by the deputy manager. This had helped minimise the risk of infection.
• Formal quality checks were largely around the physical environment and records. We had a discussion with the provider about how they could enhance their checks to include more holistic reflections on people's quality of life. For example, formal observations of staff interacting and communicating with people.
• The registered manager and deputy manager had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who lived there. They were visible in the service and approachable for people and staff.
• Staff knew and understood the provider's vision and values and how to apply them in their work. These values were spoken about during team meetings, such as the need to promote people's choice.
• Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. Staff felt able to raise without fear of retribution.
• Staff had the information they needed to provide safe and effective care. They used the information to make informed decisions on how to support people. Where required, information was also reported externally.
• The registered manager and deputy had promoted improved concerns communication with people's representatives. A relative told us, "This is a very positive change, the deputy offers a personalised service. They ring every week and try to understand the family's needs as well as the person."
• People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. Individual meetings with people were personalised and looked in detail at all areas of care. Representatives had the opportunity to provide feedback through surveys.
• The provider engaged in local and national quality improvement activities, including recruiting a consultant to support them to drive improvements. Feedback from the local authority was positive in relation to actions taken in response to feedback from visiting professionals.
• The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.