Outward

Primrose Road

Inspection report

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Date of inspection visit:
12 January 2017
13 January 2017

Date of publication:
24 February 2017

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

The inspection took place on the 12 and 13 of January 2017 and was unannounced on the first day. At the last inspection the service was meeting all of the legal requirements.

Primrose Road is a learning disability service currently providing support to six older adults.
The service is situated in a quiet residential area; the service is homely and spacious with a large outdoor garden to the rear.

Each person had their own bedroom. There were two bedrooms on the ground floor each with a sink and four bedrooms on the second floor and two of these had a private toilet and sink.

There was a registered manager at Primrose Road. 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.

People were protected from the risks of abuse as staff knew how to identify different types of abuse and who to report it to. Staff stated they would whistleblow if needed, staff said they were there to speak up for people and protect them.

Risk was also assessed to ensure people were not at risk of harm during moving and handling for example and other areas relating to their care. These assessments were clear and explained how staff should safely support people where there was a risk associated.

Medicines were handled and administered safely and senior staff performed competence checks before staff could administer medicines to people.

Safe recruitment was carried out and records confirmed that people were involved in the recruitment process during interviews. Further records showed that relevant checks on staff's previous employment history and suitability to work with people with a criminal records check were performed.

The risk of infection was reduced as staff cleaned the service and used colour coded personal protective equipment to minimise the risk of cross contamination.

Emergency procedures were in place and staff demonstrated they would protect people in the event of an emergency.

Staff were trained in a number of areas to ensure they were effective in their jobs. Staff told us they felt supported in their role and records confirmed they received regular supervision and an annual appraisal.

People's consent was requested before care was given and people were involved in making decision about their daily lives. Where people had been deprived of their liberty this had been documented and authorised by the correct supervisory body.

People were supported to eat healthy meals and staff were observed to support people who needed it in a dignified way.

People were supported by caring, kind and patient staff who were observed spending time speaking to people in a compassionate way.

People had care plans and these were personalised with goals set for each person. People's family were involved in the planning process and invited to reviews. Staff were knowledgeable of people's needs and met with people monthly during key working sessions.

Staff encouraged people to share their views and if they were not happy to make a complaint, complaint procedures were written in an easy read format.

A number of activities of people's choosing took place and people were taken on annual holiday trips.

Staff spoke positively about the management of the service and that they could approach them when needed to discuss any issues relating their job role. Relatives felt they could easily approach management at the service.

The service had a number of quality assurance systems in place to monitor the service provided.

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.

People were protected from the risk of abuse as staff asked people if they had any concerns and would report any abuse to management or to outside agencies.

Risk was assessed to minimise the risk of harm to people and gave clear guidance to staff to support people safely.

Medicines were managed, stored and administered safely to people.

The risk of infection was minimised as staff used protective equipment during food preparation, the administration of medicines and during personal care.

Is the service effective?

Good

The service was effective.

People received support from staff who were trained extensively in areas to support people they cared for.

An induction, supervision and appraisal were given to staff at the service to monitor performance.

People were supported in making decisions and mental capacity was understood by staff.

People were given choices of healthy meals and fluids each day.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

Staff knew people's likes and dislikes and spent time getting to know them.

People's privacy, dignity and confidentiality was respected. End of life wishes were discussed with people and their families and this was documented in their files.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and contained individual plans of care and goals that had been set by the person.

A number of activities of people's choosing were arranged for them.

People, relatives and stakeholders were encouraged to raise compliments and complaints. There was an easy read complaints policy in people's care plans and this was discussed during house meetings for people.

Is the service well-led?

Good

The service was well led.

Staff and relatives spoke positively about the management of the service.

The registered manager was available on site and could be contacted if they were at the providers other site.

Feedback was asked of people and their relatives to make improvements in the service.

Quality assurance systems were in place to monitor the performance of the service and that care was being given as required.

Primrose Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 January 2017 and was unannounced the first day.

The inspection was carried out by one inspector.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent to us. This would help us see how incidents at the service were managed and how people were protected.

Before the inspection we contacted the local authority contracts team for feedback on the performance of the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day and observed a medicine round. We spoke to the registered manager, deputy manager, one care worker, two people who used the service and two relatives.

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

We looked at a range of records including three care plans and risk assessments, their daily records and other health records relating to their care. We reviewed four care staff files which included recruitment records, training, supervision and appraisal records. Quality assurance records including safety checks, service audits, meeting minutes, medication records and quality surveys were also reviewed.

Good

Is the service safe?

Our findings

A person told us they felt safe at the service and they said, "It's lovely here."

A relative we spoke to told us their relative was kept safe at the service by the staff. A relative said, "Oh yes [person] is safe." Another relative said, "It's lovely I'm not worrying about his safety anymore."

The building was kept secure and visitors were asked to sign in when they arrived at the service and have identification. People's relatives were free to visit when they wanted however if they had additional people with them who were not known staff said they would ask who the visitor was for the person's safety.

Health and safety checks of the building were performed annually and involved checking the whole premises and equipment used. Records confirmed where items needed repairing it had been recorded as an action point.

Risk assessments were completed and reviewed as necessary if there had been a change in care need. The assessment had measures in place to ensure people were protected from known risks. These included performing a safe transfer with details of the number of staff needed to move someone safely and there were risk assessments on how to minimise behaviour that challenged. For example to help minimise this for someone staff were to maintain eye contact with them and use calming words.

People were protected from the risks of abuse as staff told us they were there to observe them and keep them safe from harm. Records confirmed staff had received training in safeguarding adults and they could tell us the different types of abuse to look out for.

Staff explained their safeguarding responsibilities and said if they saw a person was at risk they would report it to the registered manager and social services. Staff also said they would call the police if there had been physical abuse towards a person and also call the Care Quality Commission (CQC) to whistleblow. The service had a safeguarding policy which clearly set out the procedure for staff to follow should they have to report an issue. Staff confirmed they had read the policy by signing it.

Medicines were handled safely. We observed staff washed their hands before handling medicine and dispensed tablets into a cup for people. Staff first asked if anyone needed any pain relief and then people received their scheduled medicines. This was given as PRN (as required) and required the signature of the deputy manager. People's medicines were stored in their room in a lockable wall cabinet, the key was held by staff. Medicines were dispensed from a blister pack and staff checked people's medicine file to ensure the name on the medicine administration record (MAR) matched who they were about to dispense to, checked the time and the dose. The MAR chart was signed after people had either taken their medicine or refused it. After all medicines had been given the deputy manager performed a check to confirm the MAR had been completed correctly by staff.

Recruitment was carried out safely; the service interviewed staff and involved people living at the service

during this process. This meant that people were also deciding who worked with them, which helped promote their safety. Checks were also carried out on staffs' previous experience, their identity and disclosure and barring service check which checked staff suitability to work with people in the care setting, and two references were provided.

Staff were observed clearing the walkways of other people's mobility aids to ensure they could move around the service safely. Staff told us they checked people's wheelchairs to ensure their safety, this included checking the brakes. Hoisting equipment was charged and slings were checked to ensure they were safe and had no damage. External maintenance checks were performed on wheelchairs and hoists and records confirmed this.

Staff knew how to respond in the event of an emergency, records confirmed that accident and incident forms were completed if this happened and staff advised they would call the emergency services if a person needed. In the registered managers office and in people's files important telephone numbers were recorded so staff knew who to call in the event of an emergency.

The service was clean and there was no malodour. Staff received training in infection control and were responsible for cleaning the service on a daily basis. The risk of infection was minimised as staff wore protective equipment when preparing food, dispensing medicines and giving personal care.

There were enough staff at the service to keep people safe. Records confirmed that shifts were covered and the service by bank staff known to the service. Staff did not appear to be rushed and were observed tending to everyone at the service.

Good

Is the service effective?

Our findings

Relatives told us the staff were good at their jobs and knew what they were doing.

The registered manager also told us the service had experienced staff who had worked in the care setting for a number of years. A member of staff said, "I'm here to support people." People were supported by staff who had been trained and checked to be competent in their role. Records confirmed that staff had received an initial induction to the service and training in a number of areas which included medicines, moving and handling, safeguarding, dementia, equality and diversity, managing challenging behaviour, assessing needs, support planning and risk assessment, health and safety, emergency first aid, food hygiene, mental capacity, epilepsy awareness, data protection and nutrition awareness.

As part of ensuring staff understood their responsibilities in administering medicines they had to complete a medicine competence check, records confirmed this took place.

Staff told us they felt well supported by senior staff and their colleagues. A member of staff said, "It's brilliant, really supportive here." Staff received regular supervision with the deputy manager every four to six weeks and records confirmed this. This provided staff with the opportunity to discuss any work issues and request training if necessary. Records also confirmed staff received an annual appraisal.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been correctly made and authorisations had been received from the authorising body.

People were supported to make their own decisions and staff explained how they showed people options to help them be involved in their day to day lives and care. Staff showed they understood how to seek guidance if they thought someone now lacked capacity; they advised they would speak to the person's GP and registered manager to have a meeting. A member of staff said, "I ask them what they want, what do they want to wear." People's consent was also asked before care was given and a staff member said, "If they say no (to personal care), I will ask again later."

People were supported to eat healthy food at the service. People were asked what they would like to eat

during house meetings and a menu was prepared from this information. Pictures of breakfast, lunch and dinner were displayed in the hallways so that people knew what was on offer to eat. People had the option of requesting an alternative meal if they did not want what was on offer. A member of staff explained how they had offered soup as someone did not finish their lunch. People also had take away days with each person's choice of meal respected.

People who could eat independently were encouraged to do so and those who needed support on a one to one basis received this from staff at a pace that suited the person. We observed staff tell people what food they were going eat next which kept people involved during their mealtimes. Staff ensured people had the correct cutlery to eat independently and where food needed to be cut into small pieces or a smoother consistency, this was done as per people's care plan. People were offered fluids during the day and there was enough fruit for people to eat.

Monthly weight monitoring charts were completed for each person at the service to check they were within a healthy weight, records showed that the monitoring had not been completed in December 2016. We raised this with the deputy who explained it may have been due to the Christmas period but it would be completed.

People's health needs were met and the service engaged with health professionals to do this. Records showed that people had hospital passports with important information about their health needs and current medication. Further records showed people were seen by the social worker, occupational therapist, speech and language therapist, chiropodist, community disability team and the incontinence nurse. People were registered with the GP and appointments were made for them as needed. People's care plan contained confirmation about appointments attended, the treatment and advice given.

Good

Is the service caring?

Our findings

People who could tell us spoke positively about how kind the staff at the service were. A person at the service said, "[Staff member] is lovely, they're my keyworker."

A relative said, "They're all lovely [staff], it's wonderful there. Another relative said, "I'm happy with everything here, staff are really nice and make me feel welcome."

The registered manager said of their caring staff, "Staff interact really well with people here." We observed staff speak to people in a kind manner. Where people wanted to discuss something private we observed staff guide people to an area where they could have a private conversation.

Staff spoke equally as positive about the people they supported and the caring environment of the service. A member of staff said, "It's so nice here, it's a home away from home." The same person said of people at the service, "They all have their own characters, I spread my time with all of them so they don't feel left out."

People's likes and dislikes were known by all the staff.. People's family would provide information on this so that staff could get to know people. Staff told us they also spent time with people during monthly key working sessions which was protected time for people to do what they chose and to talk to staff. However staff were also seen spending one to one time with people outside of the scheduled key work sessions. This information was recorded in people's care plan. For example a member of staff told us they had prepared a rota to feed the fish that were in the service. We observed staff support someone to feed the fish and this made them happy. The person said, "The fish are lovely."

Care plans also documented how people communicated if they were non-verbal and staff were able to show that they knew how to read people's body language and mannerisms to know what they needed.

Staff respected people's privacy and dignity when supporting them to use the toilet and when providing personal care. Staff advised they would knock on people's bedroom door and ask if it was alright to enter.

People who had expressed their religion were supported to maintain this at the service. In one care plan someone had expressed their enjoyment to have a religious book read to them and staff did this.

End of life wishes were documented in people's care plans. Records showed some people, with the involvement of family, had already planned their funeral. A member of said, "We do talk about it and communicate with the family, that's better."

Good

Is the service responsive?

Our findings

Relatives told us they were involved in the care planning process for their family member. A relative told us they were invited to reviews and staff confirmed they invited family to care plan reviews.

Records confirmed that people's care plan were personalised to meet each person's individual needs. The registered manager explained the referral process and how they met with people to find out about them and conduct a pre - assessment. The registered manager performed the assessment to determine whether the service was the best place to meet a person's needs and then people completed gradual visits before moving in.

Care plans were up to date and reviewed every six months with the person and their health professional and family. Care was reviewed sooner if people needed it so staff could support people correctly.

Care plans gave details of how people received care, their personal routine and the areas they needed support with, for example support in domestic skills, shopping, preparing meals and personal care. Where people were going into the community it was specified that staff had to have been trained in moving and handling to ensure they could fully support people and respond to their needs.

People had set personal goals they wished to achieve and records confirmed that these were reviewed with staff and some people had completed a goal which gave them satisfaction. For example someone had requested to watch their favourite DVD with people at the service and this was achieved. Another person had attended their favourite TV show and had listed other musical events to attend and staff were currently in the process of looking for tickets. This meant people's goals were being met and staff were doing what they could to help people fulfil them.

People engaged in a number of activities, one person was observed playing with building blocks which were their favourite and helped to stimulate their fingers, others enjoyed watching TV and going out for a walk with staff to the local shops. Records confirmed that people also went on annual trips to which included Butlins and a trip to the zoo. A relative said of the activities, "I'm so relived he's happy, they [staff] do things with him."

Staff also supported people maintaining relationships with their friends, family and spouses. We observed a friend visit from another service for a session of knitting. People were observed to be happy seeing their friend and partaking in the activity. A relative also informed us the service accommodated them each week to stay over with their spouse so they could attend their place of worship together. The relative said, "I come here nearly every day and stay over on the weekend." This demonstrated the service was caring and helped people spend quality time with people who mattered to them.

Information about advocacy services was available and a member of staff explained how they were in the process of arranging a befriending service for a person at the service as they did not have any family, this meant that this person would have someone to act on their behalf if needed to help respond to their needs

and avoid social isolation.

Staff at the service completed daily outcome sheets which detailed what people had done during the day, what they had eaten and fluid intake. How people's behaviour had been during the night was also recorded. At the end of each shift handovers were completed and this information shared with the next staff arriving on shift. Records confirmed this and this meant staff were made aware of important information about people's care.

People's rooms were adapted to meet their needs and decorated to their individual preference. For example, rooms were painted to the colour of people's choosing. We saw some people had pictures of birds they liked and others had posters of their favourite pop stars.

People had an easy read complaints procedure in their care plan to support them if they wanted to make a complaint with the help of staff. Records showed that the service had a compliments and complaints folder which was kept in clear view in the hallway for visitors to complete. There were a number of compliments from health professionals and visitors. No complaints had been received and minutes from house meetings confirmed that staff asked people if they had anything at all the wanted to complain about and people who could verbalise said, "No".

Good

Is the service well-led?

Our findings

People were seen speaking to the management and asking them questions if they needed support.

Relatives explained they could get in touch with the manager easily and if they were not on site they could contact them by phone as well. A relative said, "The registered manager is very approachable, sometimes he's not there but I can call him."

The service had a registered manager. The registered manager said they felt supported in their role and were happy the area manager visited the service. The registered manager attended an away day with other managers from the provider to discuss best practices. The registered manager spoke of the challenges they faced at the service and these included maintaining paperwork, financial challenges and joint working with external stakeholders. The registered manager explained they were working toward changes in the paperwork for improvement. Certain policies were also being reviewed to ensure they reflected current procedures.

Staff spoke highly of the management of the service and how the registered manager operated an open door policy if they needed to talk to them. A member of staff said, "[Registered manager] listens to us." Another staff member said, "Managers are brilliant" and "I can talk to [registered manager about anything."

Staff enjoyed working at the service and doing their jobs. Staff said the atmosphere at work was good and there was a good working team. A member of staff said, "I love it here." Another member of staff said, "I'm so passionate about my work." "If I didn't like it I wouldn't be here." The same member of staff told us they would question practice at the service to improve outcomes for people and could do so because the management would listen. This member of staff said, "We are very vocal here."

The service had a number of monitoring systems to check the quality of the service for people.
A medicines audit had been performed by the service on the 21 December 2016 and this checked that information about people's medicines was correct and that MAR charts had been signed correctly for each person. The local pharmacy also carried an audit of medicines at the service on 20 May 2016. Actions identified a keyholder system should be in place and we observed that the person in charge of the medicines held the keys. Other audits completed included a financial audit, health and safety audit and a compliance audit of people's files which was performed by senior managers. The service worked with the local authority and received a contract monitoring audit on all aspects of care provided within the service.

Feedback was requested from people at the service and stakeholders, the registered manager explained any feedback from the surveys was built into business improvement plan. Records showed feedback from the survey completed in 2015 were that people were very happy with the service provided by the provider and would recommend the service.

Records of minutes confirmed staff had monthly team meetings to discuss issues within the service. People living at the service also had meetings to discuss menus at the service. Records of minutes confirmed this.

We asked to see a number of records and these were easily located by staff and were well organised.