

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Homewards Limited - 51 Leonard Road

51 Leonard Road, Chingford, London, E4 8NE

Date of Inspection: 10 December 2012

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Homewards Care Limited
Registered Manager	Mr. Kashif Ahmad
Overview of the service	This services provides personal care for three people with learning disabilities and is located in Chingford.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2012, observed how people were being cared for and talked with people who use the service.

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### What people told us and what we found

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Two rooms were occupied by people at the time of our inspection. The person we spoke with told us their views regarding their experience of living in the home. They said they were "happy here" and that they liked it. Their rooms had been personalised by the people who use the service to reflect their personality. We observed staff interacting with the person, when the person approached one of the carer workers for assistance. We observed that the care worker used effective communication skills to ensure that he understood the request being made.

One staff member told us that they did have regular individual meetings with their manager, these sessions included an appraisal, reviewed their performance and identified appropriate training needs.

Following the last inspection the provider had to undertake minor repairs. This was being acted upon and redecoration of some of the rooms had been carried out.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

had a personal care plan that was made up of diagrammatical examples of activities and situations, to help people who use the service to understand what was being conveyed in discussions about their care. When necessary the bilingual workers were on hand to assist the person for whom English was not their first language.

The discussions included review of care plans, changes in medication, choice of classes they could attend at local centres. The pictorial modes of communication enabled communication between people who use the service and all the workers involved with their care.

We observed the staff treating people with respect. Staff asked permission from the resident to view his room and for us to talk to them. This person told us they were 'happy here', and that they liked it.

We were shown examples of ways in which the staff supported residents to maintain their independence, one component of the process was a rewards chart. We were informed that the staff felt this had helped them to manage challenging behaviour.

The service held meetings with people who use the service. At these meetings they were encouraged to participate. People's views were sought regarding the changes to the external activities that they were attending.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that meet their needs and protected their rights

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**Reasons for our judgement**

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We saw person centred care plans for people who use the service, which included pictorial examples of activities. Care plans were updated annually with people's input. Care plans included a health action plan that included all the residents health related issues and risk assessment having undertaken.

People were encouraged and supported to participate in activities within the home and two local centres. Which provided a range of classes and activities, evidence of this was seen by the time table of activities that was available each day of the week. We observed people moving around the accommodation freely, but supervised by care workers to prevent people harming themselves.

Staff stated that they responded in a person centred way, by reviewing peoples care plans that included a risk assessment .We saw evidence of updated care plans which reflected the potential vulnerabilities of the people that use the service.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider ensured that government and local guidance about safeguarding people from abuse was accessible to all staff. This consisted of the local authority policy and documentation, along side additional documentation for reporting safeguarding alerts for adults.

Staff we spoke with understood what constituted abuse and were aware of the safeguarding policy and procedures. Staff had undergone safeguarding training we saw evidence of relevant safeguarding training attendance records.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experience staff to meet people's needs

### Reasons for our judgement

There were enough qualified, skilled and experience staff to meet people's needs. Staffing levels were determined by the level of vulnerability of people who use the service and the amount of support they needed. Staff numbers varied according to changes in people's needs. For example extra staff were available to support people to attended health appointments. Staff provided advocacy for the person at the appointment, and continuity of care between services, without compromising the level of care in the home.

The manager told us that staff received monthly one to one supervision meetings and annual appraisals. This information was corroborated when we spoke to staff.

The staff that we spoke with demonstrated an understanding and insight into peoples needs and had undergone training to help them meet those needs. They told us they had undergone training in areas such as safeguarding adults and attended Mental Capacity Act 2005 (MCA) and Deprivation of liberty safeguards training. Evidence of which confirmed in the staff training folder, that contained certificates of staff attendance at training.



## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives were asked for their views about their care and they were acted on. The provider obtained feed back from key stakeholders, people who use the service and staff. We saw minutes from one of the meetings held with people who use the service. The manager stated that as a result of service user and staff suggestion the home was due to start provision of additional in house activities.

Staff told us that people's suggestions had led to the establishment of Friday as a shopping day. This had increased people's ability to exercise choice and had enabled them be involved in choosing the colour theme for the home's redecoration.

The provider had quality assurance systems in place that included risk assessment, people had review risk assessments done, we saw one had been recently completed and updated. There were records of fire risk assessment which was undertaken February 2012

Audits of the administration of medication were carried out monthly to ensure people who use the service received medication as prescribed. An annual medication review had been undertaken in February 2012.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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