Mrs K Curtis

Homeacre

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 March 2016 and was unannounced. Homeacre provides accommodation and personal care and support for up to five older people. People who live at Homeacre may have a mental health need or may be living with dementia. The service is based in a semi-detached house, within a residential area, which has been furnished in a homely style to meet people's individual needs. At the time of our inspection there were five people who lived in the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Health and social care professionals we spoke with were all positive in their comments about the support provided to people at Homeacre.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. Staff were aware of people's individual risks and were able to tell us about the arrangements in place to manage these safely. People received safe care that met their assessed needs. There were sufficient staff to provide people with the support they needed to live as full a life as possible. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

People were supported by staff who assisted them to make day to day decisions. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's health care needs were assessed appropriately and care was planned and delivered to meet people's needs safely and effectively. People were provided with sufficient choices of food and adequate quantities to eat and drink and their nutritional needs were met. People's privacy and dignity was respected

at all times.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people's healthcare needs were well managed. Staff interacted with people in a caring, respectful and professional manner, and responded to people's requests promptly and had a detailed understanding of people's individual care and support needs.

People were supported to follow their own chosen hobbies and interests and encouraged to take part in activities that interested them and were supported to maintain contacts with the local community so that they could enjoy social activities outside the service.

There were systems in place to manage concerns and complaints. There was an open door culture and the manager and staff provided people with opportunities to express their concerns and did what they were able to reduce people's anxiety. People understood how to raise a concern and were confident that actions would be taken to address their concerns. When complaints were made they were investigated and action was taken by the provider to make improvements where required.

Some records within the service had not been kept up to date and there were some gaps in staff supervisions.

There were a variety of processes in place to assist the manager in monitoring quality across the service. As a result of their use, a number of developments were planned for the home, with an aim to constantly improve the service people received.

Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop 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 responsibilities to safeguard people from the risk of abuse.

There were enough suitable staff to make sure people were cared for safely. Staff had undergone relevant pre-employment checks to ensure their suitability.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Is the service effective?

Good

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for staff who knew them well. People had their nutritional needs and choices met, and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Is the service caring?

Good

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their

advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People could choose freely which activities suited them which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service.

Records management within the service was not fully robust enough to ensure all required records were up to date.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Homeacre

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.

The inspection took place on 30 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the 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 also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who lived in the service, one senior care staff member, two care staff, the manager, one relative and one healthcare professional.

We looked at five people's care records, five staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

Three people we spoke with told us their experiences at Homeacre. One person said, "I have been here a long while now and feel very safe." Another person said, "I have nothing to worry about here. The staff look after me very well." One relative told us, "My [relative] has only been here a short while now and I have never been given any cause for concern."

When viewing people's care plans we saw that any risks to people's safety and wellbeing, in areas such as falling or developing pressure ulcers were assessed. Where risk was identified, there was guidance included in people's care plans to help care staff support them in a safe manner. For example, we viewed the care plan of one person who was at risk of falls. We saw there was a risk management plan in place to address this. Staff we spoke with all demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way. We observed staff supporting people in a safe and careful manner. We saw that care staff were patient and cautious to ensure people's safety when supporting them, for example, when assisting them to mobilise. One person we spoke with described how the care staff were always careful to ask who was at the front door as their room was very close and commented on the security of the home, which they felt was very reassuring.

When we spoke to staff they demonstrated an awareness of safeguarding procedures and were able to describe actions they would take if they identified any concerns about the safety or wellbeing of a person who used the service. All the staff members we spoke with confirmed they had received training in safeguarding and that this training was regularly updated. Clear procedures were in place providing staff with guidance about their responsibilities to protect people who used the service from potential abuse. The guidance included information about different types of abuse and advice on how to identify any warning signs that a person may be at risk. Contact details for the relevant safeguarding authorities were available to staff so they had the information they needed to refer any concerns to the correct agencies, without delay.

People who used the service felt staffing levels at the home were appropriate to meet their needs. One person told us staff were always popping in to check how they were during the day or night. Another said, "Staff are never far away when you need them." Staff we spoke with also felt staffing levels were adequate. One staff member commented, "We always make sure there are enough staff to cover shifts."

We reviewed a selection of staff personnel files. These demonstrated that a formal selection and recruitment process was routinely carried out by the registered manager, when employing new staff. We also noted that there had been no new staff recruited recently and as the service was a family run business and all the staff employed at the service had been there some years. Records showed that all applicants were required to complete an application form, which included a full employment history which enabled the manager to assess the candidate's suitability for the role they were applying for. Following a successful selection process, candidates were required to undergo a series of background checks, which included references and a criminal record check. These measures helped to protect people who used the service from receiving their care from staff of unsuitable character.

Whilst, criminal record checks were verified on all the staff files we viewed, some of them had been carried out a number of years ago. We also noted that some references which had been obtained some years previously were from other staff members who worked in the home. Whilst we acknowledge that these are retrospective records we discussed with the manager the need to ensure any new members of staff recruited are subject to more stringent checks. The manager agreed to review all the criminal records checks and update them to ensure all records were up to date. They also understood what we discussed with regard to any new staff recruited and would ensure any references sought were from previous employers.

As part of the inspection we assessed how people's medicines were managed. We viewed medicines stored within the home and records associated with medicines administration. Medicines, including those requiring refrigeration and controlled drugs, were stored securely and in an organised manner, so that they were easy to access when required. Regular checks of medication stocks were completed and staff had received training in medication administration. Records relating to the administration of medicines were clear and completed and maintained appropriately. Instructions for variable dose medicines were very clear and easy to understand. Clear information was in place for people who were prescribed any medicines on an 'as required' basis. This helped to ensure people received their medicines at the right times.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "I find it very homely here, its not like you are in a home." Another person told us, "I am happy with everything here, the staff are always very helpful and polite." Additionally one relative commented in a recent survey and said, "My [relative] really seems settled and happier since moving into Homeacre."

Staff told us that they were supported with regular supervision, which included guidance and support on things they were doing well and also development in their role including any further training. We were told that, where necessary, action had been taken to address poor performance of any staff. This was also confirmed in part in the records held. We noted that some staff supervisions had lapsed and the manager said that this was being addressed. They also told us that as the home was so small and so was the staff group that there was always ongoing discussion on a one to one basis. Whilst we acknowledge this, the manager agreed to ensure any supervision gaps were formalised and documented and held on a more regular basis.

We saw that staff were subject to a probation period before their permanent status was confirmed. All staff we spoke with had been at the service for some time but confirmed they had received 'shadowing' by experienced members of staff. The same staff went on to tell us that it gave them the knowledge and skills needed. This meant that staff knew what was expected of them and were assessed as having the necessary skills to carry out their role. One member of staff said, "My induction to the service was good. I was well supported when I started here."

We saw from the training monitoring system that staff were kept up to date with current training needs. This was also confirmed by all the staff we spoke with. Staff told us they had completed training in important areas of care such as dementia care, moving and handling and infection prevention and control. We saw that this training provided staff with a good understanding of the issues affecting people living in 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).

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. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The manager carried out a mental capacity assessment during their first visit, to determine people's ability to understand

their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests. At the time of our visit there was no one subject to a DoLs.

The manager told us they had contacted the local authority when they had concerns about a person's ability to make a decision and ensured appropriate mental capacity assessments were carried out with the involvement of the person where appropriate and where they were able. Records showed where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held. For example we saw this had happened for one person who displayed confusion and anxiety. People's capacity was assessed ensuring the least restrictive options were in place for that person.

People were given the opportunity to eat lunch at a dining table or wherever they wished. All the food provided in the service was home cooked. Staff told us, "We always ask people what they want to eat and provide good meals every day for them." Support was provided by staff in a respectful, patient and dignified way. This meant that people were supported to eat and drink sufficient quantities of food and drink. All of the people we spoke with confirmed that they were regularly asked if the nutrition they received met their needs. One person said, "I like the food here but sometimes you get too much. If you don't like something they will provide you with something else. You do not go hungry here." The service appropriately assessed people's nutritional status and used the Malnutrition screening tool (MUST) to identify anyone who may need additional support with their diet such as high calorie drinks. For example one person did not eat regular meals and had not done for many years so this was closely monitored by the service and nutritional alternatives were provided.

We found that appropriate health care professional support had been sought and was provided for people living with diabetes or those at risk of immobility to support them to manage their condition. People all told us that staff responded to their healthcare needs. One staff member told us that when one person had said they felt unwell recently they were seen by the doctor the next morning. This meant that people's health was monitored and managed effectively. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input. We saw that one person had had recent contact with their GP for an ongoing healthcare condition. One healthcare professional we spoke with told us the service was always very caring and they had no concerns with how people were cared for.

Good

Is the service caring?

Our findings

The service was caring towards the people that were provided with support. Staff were observed speaking with respect and approaching people politely. People stated they were comfortable with staff, and that they were caring towards them. One person said, "I like it here, it's my home and the staff are like family." Another person said, "The staff are all very caring."

The service was observed to be calm and peaceful. People could be heard interacting and laughing with staff. Positive interactions between staff and people were observed throughout the inspection. People told us that staff were warm and caring towards their needs and with the people who lived at the service.

People were told that an inspection was underway to enable them to be involved in the process should they choose to be, and to allow them to ask any questions. Some of the people shared information on their experience of living at the service. The feedback received was all positive.

People told us that staff always maintained their privacy and dignity. Before entering their room, staff would knock to check it was okay for them to enter. If people did not wish to be disturbed, staff would come back later, at a time that was convenient for the person. We observed that people were independently getting up at the time they wanted to in the morning, as opposed to the time that suited the service.

People were encouraged to get up at their own pace, however if they didn't wish to get up, they were left alone. People were offered and assisted with meals of their choice when they came down in the morning and at lunchtime. Staff also sat with people when they spoke with them and involved them in things they were doing.

When being supported with personal care, people reported that staff would always offer assistance as they required, preserving their dignity. People were encouraged to complete tasks for themselves, however where staff support was needed this was offered immediately. Staff reinforced that the service aimed to work with people to help them maintain their independence where possible. They would support the person how they wished to be supported whilst motivating them to complete tasks independently.

People's likes and dislikes were well known by the staff. During the interviews we held with members of staff they were able to describe how people liked to be supported. This information was cross referenced against care plans and found to be accurate. For example people were supported to buy and wear clothes of their choice. People stated that staff knew them well and always tried to offer assistance in the way they liked, and preferred, as opposed to what would be easy for them. Care plans were found to be accurate and updated frequently to ensure they were reflective of people's changing care needs and preferences. One person told us how the staff cared for them and encouraged them to do things for themselves.

Care records were maintained safely and securely. This ensured that confidentiality was maintained. Daily records were updated as required after each shift. We observed that when staff needed to speak about a person, they would discreetly discuss any issues. People's human rights were protected at all times. They

were treated with respect and dignity and enabled to do things for themselves.

People were supported to maintain relationships with others and were encouraged to maintain relationships with friends and family. Where this was not possible we were told that advocacy support services were available. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Staff told us that they ensured that people's preferences and choices were discussed in detail and this was reflected in people's care. We observed staff sat and interacted with people about topics that interested them.

We also observed that staff spent time doing the things that people enjoyed on an individual basis. For example, one person enjoyed reading magazines whilst watching television. They told us, "I am happy doing this, I like to sit quietly." Staff actively encouraged people to follow their interests and maintain their social activities inside and outside of the home. People were encouraged to choose their own activities and one person was observed to go out with a friend on the day of inspection. The manager told us it was hard to plan structured activities as most people wanted different things. For example one person spent a lot of time in their room by choice, and whilst we acknowledge that the home is small and scheduled activities were not actively planned, we discussed with the manager the potential increase of provision of activities and meaningful occupation suitable for the older people who used the service. The service supplied care for people in older age and most of the people we spoke to were quite happy with their choices of activity when we spoke to them. One person told us, "It is quiet here, I like that, but I can go out when I want. That suits me." The manager acknowledged our discussion and told us they were trying to arrange an outing to Colchester zoo later in the summer and to the seafront when the weather was a little better.

Relatives told us that they were involved in the planning and decision making of the persons care as much or as little as they wanted. One relative told us that the staff listened and understood and this was reflected in the way staff cared for the person. Peoples support plans demonstrated the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine. The staff we spoke with demonstrated that they were aware of people's current needs and how to support them.

Every person we spoke with said that they felt confident enough to speak to staff or the manager if they had any concerns or complaints. One person said, "I have no concerns, if I had I would say so." Another person said, "They are all so caring here I have nothing to complain about."

All of the staff we spoke with explained what they would do if someone made a complaint to them. One staff member told us, "Complaints and concerns get dealt with and sorted out." The service had a complaints procedure in place, the information was clear and easy to understand and accessible to people.

The service had received no complaints since the last inspection and previous information we hold about the service shows that concerns had been responded to in line with the provider's policies and procedures. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Requires Improvement

Is the service well-led?

Our findings

People and staff told us they felt happy to approach the manager if they had any concerns. We saw people were comfortable around the manager and staff during our visit. Relatives told us they knew what was happening for their family member as individuals and what plans were in place for the overall service. Relatives that we spoke with told us they were communicated with well and could voice their thoughts and opinions. This meant that people felt involved and there was an open communication system for all people who used the service.

Staff told us that they were listened to, one staff member said, "We all communicate well with one another I think, we know our residents very well." Staff had opportunities to contribute to the running of the service through regular discussions and one to ones with the manager. The importance of an open and transparent culture was recognised and people could raise concerns with confidence. Staff told us that the manager was very visible in the home and actively took part in people's care. Staff were aware of the service's whistleblowing policy, which provided support and guidance for people intending to report any concerns and reminded staff of the importance of doing so. Staff told us they were confident the manager would deal with any concerns properly and felt well supported by her.

We saw records which showed that staff were provided with one to one supervision meetings which provided them with the opportunity to discuss the ways that they were working and to receive feedback on their work practice. There were some gaps noted which the manager assured us would be addressed. We saw that staff regularly discussed the support provided to people who used the service. Staff understood their roles, responsibilities and own accountability, and the service maintained good links with the local community.

Whilst reviewing records we did note that the employers liability certificate had expired three months previously. We bought this to the attention of the manager and whilst we note that immediate action was taken to rectify this at the time of inspection, this raised concerns with us. The manager assured us it was an oversight on their part and they believed it had been renewed, however if we had not highlighted the issue it is not clear how long the situation may have remained like that. The new certificate was sent to us after the inspection so we are now assured the service has appropriate cover.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed so that emerging risks were anticipated, identified and managed correctly. Lessons learnt were shared with staff to reduce the risk of these, where possible, from happening again.

The provider is required by law to notify CQC of serious incidents that have happened in the home. We found that the provider had notified us when there had been an incident. This showed they promoted an open culture and met the legal requirements. The complaints log showed that no complaints had been received in the last year, and when concerns had been raised they had been responded to appropriately by

the service.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that surveys for people who used the service and audit processes were in place to inform the assessment and monitoring of the service. Audit processes were on-going, and took place once a year with surveys distributed to people addressed individually. We saw the results from satisfaction questionnaires which were completed by the people who used the service, their representatives and staff. The provider told us that if concerns were raised in the questionnaires they would take prompt action to address them. People were further provided with the opportunity to express their views about the service provision directly with staff. The manager told us as it was a small home it was difficult to hold staff and resident's meetings as there was always constant contact with people. People were actively encouraged to discuss the service they were provided with, and were asked if they had any concerns that they wished to raise. This was then recorded in their care plan.

Monthly audits were completed in areas such as care plans, environment and medication. We saw action had been taken when a shortfall had been found which ensured positive improvements were made for people. This meant that the provider had systems in place to assess and ensure good quality care.