

Homestead Care Home (Brownhills) Limited

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## 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?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 12 October 2016. At the last inspection in October 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Homestead Care Home is registered to provide accommodation for up to 30 people with dementia or mental health issues who require personal care and support. On the day of the inspection there were 25 people living at the home. There was 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 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff knew how to identify and report the risk of potential abuse. There were sufficient numbers of staff available to meet people's care and support needs. People were kept safe by staff who supported them to manage risks. People told us they received their medicines at the right time and systems used to store and manage medicines were safe.

People received support from staff who had the skills and knowledge to meet their care and support needs. Staff received training relevant to their role and felt supported by the registered manager. People were asked for their consent before care was provided. Where appropriate, people's capacity had been assessed and decisions made in people's best interests. People were happy with the food and drink provided and had access to healthcare when required.

People were supported by staff who were friendly and kind. People and their relatives were involved in decisions about their care and support and staff had a good understanding of people's personal preferences. People were supported by staff in a way that promoted their independence and maintained their privacy and dignity.

People and their relatives contributed to the planning of their care and support. A programme of activities was available and people were encouraged to follow their interests. People knew who to contact if they were unhappy about any aspect of the care and support. There was a system in place to manage complaints and the registered manager ensured learning took place from people's experiences.

People told us they liked living at the home and felt it was well managed. Staff spoke positively about the registered manager and provider and felt supported in their role. The provider was involved in the management of the home. There were systems in place to monitor the quality of care provided which were used to drive improvement.

## 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 told us they felt safe living at the home. Risks were assessed, managed and reviewed regularly. People were supported by sufficient numbers of staff to meet their care and support needs. People received their medicines as prescribed and medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew them well and had received training to ensure they could meet people's needs. People were asked for their consent before care and support was provided. People enjoyed the food and drink provided. People were supported to access healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were friendly and treated them with respect. People and their relatives were involved in decision about their care and support. Staff supported people in a way that took account of their likes and dislikes and upheld their dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives contributed to the planning of their care and support. Where people's needs changed staff took appropriate action. People were encouraged to take part in activities and follow their interests. People and their relatives knew who to contact if they were unhappy about their care and there was a system in place to manage complaints.

### Is the service well-led?

Good ●

The service was well-led.

People and relatives gave positive feedback about the home and the way it was managed. People, relatives and staff were given opportunities to contribute to the development of the service and staff felt supported by the registered manager. There were systems in place to monitor the quality of care which were used to improve people's experience of living at the home.

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## **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 October 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Their area of expertise was dementia care. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with nine people who lived at the home, three relatives, five staff members, the registered manager and the provider. We looked at three records about people's care and support, three staff files, medicine records for three people and systems used for monitoring the quality of care provided.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe and comfortable within the home. One person told us, "I feel safe here. Everyone keeps an eye on you." Relatives were confident their family members were safe from harm. One relative said, "I have no concerns, I have confidence in the staff to keep [person's name] safe." All of the staff we spoke with understood their role in keeping people safe and knew how to report any concerns to people's safety or well-being. One staff member told us, "If I have any concerns I report them to the person in charge. The manager is proactive but if nothing was done I would contact the local authority safeguarding team or CQC."

Risks to people were identified and managed by staff who were aware of the risks people faced and knew how to support them to keep them safe from harm. For example, where people were at risk of falls or fragile skin. There were systems in place to ensure staff were kept up to date with any change to people's risks. One staff member told us, "Some people have a routine and prefer to use the quieter areas of the home. We make sure we carry out regular checks on people to make sure they are safe." Each person's care plan contained information about their risks and these had been reviewed regularly. Staff we spoke with told us when they identified any new concerns or risks these were shared with the rest of the staff team during a daily handover. The registered manager was also informed and ensured appropriate action was taken by reviewing and updating risk assessments.

People and relatives told us there were enough staff to meet their needs and staff were available when they needed them. One person told us, "There are plenty of staff. There is always someone around if I need them." A relative said, "There is a full team of staff, people are never on their own." Staff we spoke with told us they felt there were enough staff to respond to people's needs. One staff member said, "I think there are enough of us [staff]. We have recently had some extra help with mealtimes and this has made things easier." Staff were calm in their approach and took time to offer reassurance to people if they became confused or distressed. The registered manager told us staffing levels were based on people's needs and they monitored this to ensure there were enough staff available to meet people care and support needs. Throughout the inspection we saw staff were present in the communal areas of the home and were able to respond to people when they required assistance.

Staff told us they had been required to provide identification and undertake recruitment checks, including reference checks and Disclosure and Barring Service (DBS) checks, before they were able to start work at the home. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. Records we looked at confirmed this. By undertaking these checks the provider reduced the risk of employing unsuitable staff.

People told us they received their medicines on time and as prescribed by their GP. We looked in detail at three people's Medicines Administration Records (MAR) and checked the stocks of medicines for all of these people. We saw that the administration of medicines for these people were all recorded correctly and the staff we spoke with knew how to record the medicines and were confident in supporting people with their medicines. Staff on duty who administered medicines told us how they ensured people received their

medicines at particular times of day to manage their health. For example, by ensuring pain relieving patches were applied on the correct day. We observed staff supporting people with their medicines and saw they were considerate in their approach and gave people the time and explanations they needed. We looked at systems used to manage people's medicines and found people received their medicine as prescribed and medicines were stored and managed safely.

## Is the service effective?

### Our findings

People told us they felt staff had the skills required to look after them. One person said, "The staff are good. They understand my needs." Staff told us they received training that helped them provide people with the care and support they needed. One staff member told us, "I've been supported to develop skills and will be doing additional training in medication soon." Other staff told us they had recently received training in moving and handling, which had refreshed their knowledge and ensured they were supporting people to move safely. Staff told us they felt supported in their role and had regular one to one meetings with senior staff or the registered manager. New staff received an induction when they first started working at the home, which they told us gave them time to get to know people and their individual needs. The registered manager supported staff to undertake nationally recognised qualifications, to develop further their skills and knowledge.

People were asked for their consent before staff provided them with care and support. Throughout the day we observed people being asked by staff if they were happy with staff supporting them personal care or with their mobility. 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.

Staff we spoke with understood the requirements of the MCA and were aware they must act in people's best interests. One staff member told us, "Not everyone here would be able to make big decisions, but they can make some decisions for themselves. I always give a people a choice, then they can decide." Staff told us when people were unable to give verbal consent they looked for other signs that the person was in agreement with how they were supporting them. This included observing people's body language. The registered manager was clear about their responsibilities in supporting people who lacked capacity and had assessed people's capacity and initiated best interests meetings where appropriate.

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). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. 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.

Although there were no current DoLS authorisations in place, the registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty. Where further clarification was required the registered manager had contacted the local authority DoLS team for advice. These considerations and any assessments had been shared with the staff team to ensure people received up to date support that did not restrict their rights and freedom.

People told us they were happy with the food and drink provided. One person said, "Lunch was lovely, the food here is good." Another person told us, "The food is always filling and hot." We observed lunchtime which was relaxed and people were offered a choice of whether they ate in the dining room or another place of their choosing. A visual menu was shown to people who needed it, to support their understanding and enable them to make a choice. Where people did not like the meal offered an alternative was provided. One staff member ate their lunch with people and sensitively engaged a person to eat their meal by positioning their plate, giving verbal prompts and guiding the person with to use their utensils. Staff understood people's dietary needs and preferences and knew who required specific support with their meals to manage a health need. For example, people with swallowing difficulties who required a soft food diet. Drinks were readily available throughout the day and staff offered people a choice of beverages and prompted people to drink.

People were supported to access appropriate healthcare support when required. People we spoke with we not able to discuss the support they received to manage their health. However, one relative told us, "The staff were quick to respond to [person's name]'s medical needs and this prevented their condition from worsening." We saw from people's care records they had attended appointments with their GP, chiropodist and optician. Some people also received daily support from district nursing staff who visited the home. Staff were able to tell us how they supported people with their health conditions, for example people living with diabetes, and knew who to contact when external healthcare support was required.

## Is the service caring?

### Our findings

People told us staff were caring and treated them with kindness. One person told us, "All of the staff are friendly." Relatives also felt staff were caring. One relative said, "The staff are all supportive, they interact well and are very helpful." There was a relaxed atmosphere in the home and people approached staff for assistance without hesitation. Staff were quick to respond when people became anxious and were considerate in their approach. They took time to comfort people who had become confused and they reassured people calmly and discreetly. One staff member told us, "I think all of the staff here are caring. We are here for people; to me it feels as though we are like their family."

People and their relatives told us they were involved in decisions about their care and support. A relative told us, "Staff let me know everything. I am kept informed and feel involved." We saw that people were supported by staff to make decisions for themselves. We saw examples where staff asked people about what they want to drink, where they wanted to spend their time and what activities they wanted to do and provided people with choices. Staff told us that they asked people about their care, asking their permission to provide personal care and supporting them to make choices about their day. People were supported to maintain their independence as far as possible. We observed staff encouraging people to do things for themselves where they were able and people responded positively to the staff member's support. Staff shared example with us of how they promoted people's independence when supporting people with personal care. One staff member said, "I offer people a flannel and ask if they can wash their hands and face. It's important that they do it if they can."

People were supported by staff who respected their dignity and privacy. Staff supported people in a way that gave consideration to their individual needs. A relative told us, "The staff are very caring and they gave [person's name] back their dignity." Staff were aware of the need to promote and maintain people's dignity and shared examples with us of how they knocked on people's bedroom doors before entering and closed doors and curtains before supporting people with personal care. Where people required the use of a hoist to assist with their mobility we observed staff were careful to ensure people were covered and were not exposed while being transferred. Staff respected people's privacy and explained things to people in a clear, step-by-step way using a lowered voice so others did not overhear.

People's relatives and friends were welcome to visit at a time of their choosing and we observed relatives and visitors were warmly welcomed by staff. The registered manager was also available to visitors if they needed to discuss the needs of their family members.

## Is the service responsive?

### Our findings

People received support that was tailored to their individual needs and preferences. People's needs had been assessed and recorded and staff had a good knowledge of people's individual needs and preferences. Not everyone had been able to contribute to decisions about their care due to their level of understanding; however, where this was the case, people's relatives had been involved in planning their care. Relatives told us they were kept updated with any changes to their family member's needs or health. One relative said, "They [staff] keep me updated and will contact me if there are any changes." One staff member told us in detail about a person whose care plan and risk assessment had been updated as their needs had changed. They knew how they needed to provide care for this person and what signs to look for if there was any other change that would require a referral to a specialist service. Staff shared examples with us of how they listened to people's preferences and tried to offer them things that suited them. For example asking if people wanted to spend time in the garden or participate in a particular activity. One staff member told us, "I know which drink each person prefers, but I still ask them each time. Some people change their mind and choose something different."

Activities were offered on a daily basis and people were invited to take part according to their preferences. An activity co-ordinator planned a structured activity programme in the afternoons, as well as engaging with people on a one-to-one basis. People expressed mixed views about the activities, with some people suggesting there could be more variety. One person told us, "It can get boring. It's good to keep the mind occupied." We reviewed recent activities and found people had participated in singing, exercise classes, bingo and gardening. Others had taken part in visits away from the home, to the local garden centre and restaurants. We observed staff encouraging people to participate in activities and supporting them to follow their interests where possible. For example, one person told us the registered manager had offered to get them a knitting pattern they had requested as they enjoyed spending time knitting. Staff were able to share with us examples of how people's cultural and spiritual needs were met. For example, one person had requested their support be provided by female staff, and their wishes were followed.

People and their relatives told us they knew how to complain if they were unhappy about any aspect of their care. One person told us, "I'd just talk to [name of registered manager] if I wasn't happy." Staff were aware of how to deal with any complaints received about the service. One staff member told us, "I would always discuss people's concerns with them and then report them to the registered manager. They would address it and speak with the person and the family." In the PIR the registered manager told us, "There is a complaints procedure in place and relatives and the client group are encouraged to give both good and bad feedback." We reviewed the complaints records and saw the registered manager has responded to any concerns raised. Actions were clearly detailed and the log included the response from the person who raised the complaint. People's concerns were taken seriously and the service learned from people's experiences and complaints.

## Is the service well-led?

### Our findings

People told us they were happy living at the home. One person told us, "No one could stay here and not be happy." Another person said, "It is absolutely excellent here." Relatives told us they felt the home was well managed. A relative said, "It's all well organised. You feel like you're not on your own. The manager makes sure things are well run." People and relatives we spoke with knew who the registered manager was and found them to be approachable. The registered manager told us they made themselves available so people, relatives and staff could contact them when they needed to. Relatives we spoke with confirmed this. We saw resident's and relative's meetings had taken place, to offer people an opportunity to express their views on the service provided. We reviewed the responses to the provider's most recent quality assurance questionnaire and found that all of the 26 people and visitors who responded said they would recommend the home.

All of the staff we spoke with felt the home was well managed. They told us the registered manager and the provider were approachable and they felt able to give feedback and share ideas and suggestions for improvement. One staff member said, "The registered manager always asks for our feedback. Team meetings are often a debate, which is positive." Another staff member told us, "I think it's about the little things. The manager's door is always open; the provider is here six days a week. I feel I can say what I think, and they do listen." Another staff member shared an example with us of a suggestion they had made to improve the monitoring of insulin administered by external healthcare professionals. They told us the registered manager had agreed to make the changes they had suggested and improvements had been made.

The registered manager told us they felt supported by the provider. The provider was present in the home on a daily basis. They knew people who lived there and were actively involved in the management of the home. We spoke with the provider. They told us, "We have a proactive approach here and are always trying to improve. This has a lot to do with the registered manager who gives recognition to staff and has high expectations." The provider told us they took the lead on the maintenance aspects of the home and we saw that some rooms had been recently redecorated in response to the registered manager's request.

The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law. They conducted quality audits to check on all aspects of the service. Audits were undertaken on weekly, monthly or quarterly basis to review the quality and content of care and medication records, equipment and maintenance requirements and risk assessments. Where areas requiring improvement had been identified we saw that action had been taken and outcomes recorded. For example, equipment used to monitor temperatures in the medicines fridge had been serviced after an audit identified concerns with the temperatures recorded. Where incidents had taken place these had been properly investigated and concerns for people's safety were taken seriously and acted upon quickly by the registered manager. We found that changes were put in place to prevent repeat incidents occurring.