

Mr and Mrs A Butler

The Homestead

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

The inspection took place on the 24 August 2016 and was unannounced. The Homestead provides care and accommodation for up to 13 older people, some of whom are living with dementia. On the day of the inspection 11 people lived at the home.

The service 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 2008 and associated Regulations about how the service is run. The registered manager is always a joint registered provider.

One person said; "I feel safe with the staff." Staff said; "We help people stay safe and well by protecting them, for example providing protectors in case they fall." Professionals spoken with all felt people were safe living in the service.

People were engaged in different activities and enjoyed the company of the staff. There was a calm and relaxed atmosphere within the service. One person said; "I go out to a day centre and really enjoy it." People said they were happy living at the service.

People were happy with the care the staff provided. They agreed staff had the skills and knowledge to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People were protected from harm as staff had completed safeguarding of vulnerable adults training. Staff had the knowledge on how to report any concerns and what action they would take to protect people. The registered manager worked in the service most days and had taken action where they thought people's freedom was being restricted. Applications were made and advice sought to help safeguard people and respect their human rights.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected. Staff worked with other professionals in people's best interests.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills, and staff competency was assessed. People said there were sufficient staff on duty.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People had visits from healthcare professionals. For example, GPs and occupational therapists, to ensure

they received appropriate care and treatment to meet their healthcare needs. Professionals confirmed staff followed the guidance they provided. People received the care they needed to remain safe and well. For example, people had regular visits by district nurses to change dressings. People's end of life wishes were documented and respected.

People's medicines were managed safely. Medicines were stored, and disposed of safely. Senior staff administered medicines, they confirmed they had received training and understood the importance of safe administration and management of medicines.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and there was plenty of food available. We observed people, who required it, being supported at mealtimes. One person said; "Food is generally very good." People's care records were of a good standard, were detailed and recorded people's preferences.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People and staff described the registered manager and registered provider as "approachable", "available" and "supportive". Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the registered manager and registered provider made themselves available and were very good at supporting them.

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and where there were areas for improvement, these were shared for learning.

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 service.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

People were kept safe by staff that had a good understanding of how to recognise and report signs of abuse.

People's risk had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services in order to meet their health care needs.

People's human rights were respected. Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure and people and their families knew how to use it, if they needed to.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager who was approachable and who people spoke highly of.

Staff confirmed they felt supported by both the registered manager and registered provider. There was open communication within the service and staff felt comfortable discussing any concerns with both.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

The Homestead

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 checked 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.

We undertook an unannounced inspection of The Homestead on 24 August 2016. The inspection was carried out by one inspector.

We reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with eight people, the registered manager and five members of staff. We also spoke to three health and social care professionals and two visitors.

We looked around the premises, observed and heard how staff interacted with people. We looked at three records which related to people's individual care needs. We looked at three records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said; "I feel safe with the staff." Another said; "Yes I feel safe here." People who lived at The Homestead were safe because the registered manager and registered provider had arrangements in place to help make sure people were protected from abuse and avoidable harm. A professional said the service helped to keep people safe by arranging the correct equipment for people, for example hoists.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were trained and confirmed they understood the importance of the safe administration and management of medicines. We observed a medicines round and saw the staff made sure people received their medicines at the correct times and records confirmed this.

People had individual storage cupboards in their rooms. Medicines administration records (MARs) were completed correctly. Other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs which related to medicines. One person self-medicated and information was clearly documented and risk assessments were in place.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training and policies and procedures about safeguarding and whistleblowing were available. Staff understood what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams, if this was required.

People lived in an environment that was safe, secure, clean, hygienic and maintained. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Staff had completed infection control training. Evacuation drills and fire audits had been carried out. This helped ensure staff knew what to do in the event of a fire. Smoke alarms and emergency lighting were tested. People had individual emergency evacuation plans in place. People's care records and risk assessments detailed how staff needed to support them in the event of a fire to keep people safe.

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls and of skin damage. They showed staff how they could support people to move around the service safely. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People, visitors and visiting professionals felt there was sufficient staff to help keep people safe. Rotas and

staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times. For example, at mealtimes and with drinks. The registered manager said staffing numbers were reviewed and calculated to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.

People were supported by suitable staff. The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Accidents were recorded and analysed to identify what had happened and noted any actions staff could take in the future, to reduce the risk of reoccurrence.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. People said; "Staff are lovely" and "Staff are very kind." Professionals spoken with agreed the staff team and in particular the registered manager, was knowledgeable, skilled and knew people well.

Staff completed an induction and confirmed they had sufficient time to read records. New staff worked alongside experienced staff to fully understand people's care needs. Training records showed staff had completed training to effectively meet the needs of people. For example, dementia training. The registered manager confirmed new staff completed the Care Certificate (a nationally recognised set of training skills). Ongoing training was arranged to support staffs continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. One staff member said; "If I need more training or don't understand anything I get extra support."

Staff received appraisals and regular supervision. Team meetings were held to provide staff the opportunity to discuss areas where support was needed. Ideas were encouraged on how the service could improve and records showed staff discussed topics including how to meet people's needs effectively.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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 a care home are called the Deprivation of Liberty Safeguards (DoLS)

We spoke to the registered manager and the staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). They had completed MCA training and were aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

People's mental capacity had been assessed which meant care being provided by staff was in line with people's wishes. People's records recorded best interests meetings were held when necessary.

Records confirmed the service continually reviewed individuals to determine if a DoLS application was required. The registered manager and staff supported and encouraged people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the activities arranged and get up when they wanted. People's care plans showed people were involved in their care and where able, consented to the care taking place.

People's individual nutritional and hydration needs were met. People could choose what they would like to eat and drink. People had their specific dietary needs catered for and a menu was displayed. Care records provided guidance and information to staff about how to meet individual dietary needs. Records identified what people enjoyed or disliked.

A nutritional screening tool was used when needed, to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and if required food and fluid charts were completed. The cook confirmed they had information about people's dietary requirements. People had access to drinks and snacks 24 hours a day. People all said the food was very good, plenty of it and that there were choices available. We observed breakfast and lunch time, and people were relaxed, not rushed, and people and staff were engaged in conversation. People who required additional support were given the assistance they needed and able to eat at their own pace.

People saw healthcare professionals when necessary. Local GP's and district nurses visited and carried out health checks. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people. For example, on the day of our inspection an occupational therapist was visiting to assess someone for new equipment. People identified as being at risk of pressure ulcers had guidelines produced to assist staff. Records and visiting professionals confirmed the registered manager kept them up to date with changes to people's medical needs and had contacted them for advice. This helped to ensure people's health was effectively managed.

People had a "Care Passport" which detailed people's individual health care need. This included information about their past and current health needs. This was used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Is the service caring?

Our findings

People were supported by staff who were both caring and kind. People said they were well cared for and spoke highly of the registered manager, staff and the good quality of care they received. One person said; "They are very caring." A visitor said; "I have never seen such caring staff!" A survey returned to the service recorded; "To all at The Homestead, you are simply the best." Visiting professionals said they had only ever seen staff providing excellent care to people.

People were involved as much as they were able to be, with the care and treatment they received. Staff asked people for their consent before they provided any support and asked if they were comfortable with the support being offered. For example, when people required assistance with moving. Staff were observed treating people with kindness, patience and compassion. Staff were observed telling people what they were doing and completed tasks at people's own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them well. Staff were attentive and prompt to respond to people's emotional needs. For example if people became confused or upset, staff responded promptly to assist and reassure them. Staff interacted with people in a caring and supportive way. Staff responded to people's needs in a dignified manner. For example, when people were assisted with their personal care. Staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People told us their privacy was respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering and ensuring curtains and doors were closed. Staff said how important it was that people were supported to retain their dignity and independence. One person said; "I'm independent most of the time but staff will help when needed." All visiting professionals said they had never seen staff being anything other than caring and respectful towards the people at all times. One survey recorded; "Everyone was very caring and made sure that she was always comfortable."

People's care files held information on people's wishes for end of life care. Files also held an "allow a natural death order." This documented people's wishes regarding resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented. The service also displays information about "Journey's End", which improved the end of life care for people living in care homes.

Is the service responsive?

Our findings

People were cared for and supported by staff who were responsive to their individual needs. People had their needs assessed before moving into the service. The registered manager confirmed this enabled them to determine if they were able to meet and respond to people's individual needs. A healthcare professional also confirmed that the registered manager discussed if a person was suitable for the service before admission.

People, where possible, were involved with planning their care. When people's needs changed, care plans were reviewed and altered to reflect this change. For example, where people's health had deteriorated, staff had responded by contacting the other professionals for advice and support. A relative recorded on a survey returned to the service; "Whenever I spoke to any staff they were able to tell me exactly how [...] was." Professionals in attendance on the day of our visit confirmed the registered manager contacted them if they had any concerns and that the service responded promptly to people's changing needs. They also said the service was responsive to people's needs when they became unwell.

People's had a care passport that held information if people needed staff support or special equipment to mobilise. Information was recorded of other services involved in the person's care. For example, dentists and chiropodists. Staff ensured people had pressure relieving equipment where required, for example special mattresses to protect people's skin integrity. Information was recorded on how staff could respond to people's emotional needs. For example, when people who lived with dementia required extra support.

People's care plans included a person's lifetime history, medical history and relationships important to that person. This provided staff with information so they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Records showed information had been collected about people's health and social care needs. This provided staff with up to date information about people, which was used to develop a full care plan. Records recorded any behavioural needs and how staff were to respond to people if they became upset or anxious. People had clear guidance in place to support staff in managing people.

People had access to call bells. This enabled people to call for assistance from staff when required. Staff responded to these promptly.

People were provided choice on a day to day basis, for example people a choice snacks throughout our visit. Activities were provided and people who wished to participate were encouraged to. Staff understood people's individual likes when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided. One person said; "I love going to the day centre, it keeps me busy." A relative said in a survey returned; "Thank you so much for making dad's birthday so special for him and his family."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. The registered manager fully understood the complaints process.

People and visiting professionals knew who to contact if they needed to raise a concern or make a complaint. They went on to say they felt the registered manager or registered provider would take appropriate action to address any issues or concerns raised. One person said; "I have never had cause for complaint." A visitor said if they had any concerns they would speak to [...] (the registered manager).

Is the service well-led?

Our findings

The Homestead was well-led and managed effectively. It had clear values including: "The aims of the home are that the residents living at The Homestead should do so with dignity and they shall have the respect of those who care for them. Also; "The objective of the home is to provide a warm and carefree, comfortable accommodation, plus support and stimulation to help maximise each resident's potential, physical, intellectual and social capacity. To care for each resident in the manner expected of a caring relative." These values were incorporated into staff training and helped to provide a service that ensured the needs and values of people were respected. A survey returned to the home said; "Thank you for all your support." People said they were happy living at the service.

The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. People, staff and visiting professionals all spoke highly of the registered manager and registered provider. People said; "I see [...] (the registered manager) all the time." Another said; "[...] (the registered manager) is very careful who they employ as it's a lovely place." Professional and visitors said the home was professionally run and a lovely place. They went onto say how closely the registered manager worked with them and their absolute aim was to provide an excellent service.

The registered manager and registered provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The Home had achieved the Gold Standards Framework for end of life care Beacon Status (re-accreditation) in March 2015 which is the highest state achievable. The Gold Standard Framework is about giving the right person the right care, in the right place at the right time, every time. The registered manager had signed up for the "Social Care Commitment". The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The certificates awarded to the service were displayed. The registered manager said they had signed up to this to demonstrate the service's commitment to providing a high quality service.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted, the registered manager confirmed they were addressed and that they fed back to people. This showed the service listened and acted upon people comments.

People said the registered manager, registered provider and staff were "available", "compassionate" and "very kind". The registered manager, registered provider and staff made themselves available to talk and meet people and visitors.

Staff felt able to speak to either the registered provider or registered manager if they had any issues or were unsure about any aspect of their role. Staff spoke highly of the support they received from them and staff described the management team as very supportive and told us; "Excellent manager" and "Always approachable, always here to help."

There was a clear management structure in the service. Staff were aware of the roles of the registered provider, registered manager and deputy manager. The registered manager made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people, which showed they had regular contact with the people and staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits, including audits on medicines and people's care records. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These audits results were displayed for all to see. They covered all aspects of the service provided. Surveys were sent to people who were able to complete them.

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff about any new issues and gave them the opportunity to discuss any areas of concern they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. One said; "I can always raise any issues."

Staff said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager had an open door policy and often worked alongside them providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowing policy to protect staff.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.