Homesdale (Woodford Baptist Homes) 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

About the service
Homesdale (Woodford Baptist Homes) Limited is a residential care home, and was providing accommodation and support with personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 18 people. The home is built over three floors, which are connected by a lift. The communal areas are located on the ground floor.

People's experience of using this service and what we found
Much of the record keeping in the service was hand-written and difficult to follow and time consuming to review, and we have made a recommendation about this.

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibility for safeguarding people. Risk assessments were in place which provided guidance about how to support people in a safe way. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection. Medicines were managed safely.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social and leisure activities and we saw people enjoying these on the day of our inspection. Complaints procedures were in place. Information was provided in various formats to help make it accessible to people. End of life care plans were in place and the provider worked with other agencies to meet people's needs at the end of life stages of care.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 9 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Homesdale (Woodford Baptist Homes) Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Homesdale (Woodford Baptist Homes) Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We checked the information we already held about this service. This included details of its registration, previous inspection reports, and any notifications of serious incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, general manager, a senior care assistant, two care assistants, the activities coordinator and the chef. We spoke with a visiting health care professional. We observed how staff interacted with people.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at documents sent to us in relation to safeguarding adults and complaints.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider took steps to ensure medicines were stored at the correct temperature. The provider had made improvements.

● Arrangements were in place for the safe management of medicines. Medicines were stored in a temperature-controlled environment. They were stored securely in locked and designated cabinets inside the locked medicines room. Controlled drugs were administered in line with legislation. Medicine administration records were maintained which staff signed after each medicine had been given. This meant there was a clear audit trail of medicines administered. Only trained staff administered medicines.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from abuse and people told us they felt safe using the service. The provider had safeguarding policies in place to provide guidance about how to deal with allegations of abuse. Staff had undertaken training about this and were knowledgeable about their responsibilities.

● Where the provider held money on behalf of people, steps had been taken to protect people from the risk of financial abuse. Monies were stored securely, and records and receipts were maintained of any financial transactions.

Assessing risk, safety monitoring and management

● Risk assessments were in place. These set out the risks people faced and included guidance about how to mitigate those risks to support people safely. Assessments were person centred, based around the risks of individuals, and subject to regular review.

● Steps had been taken to ensure the premises and equipment were safe. Records showed that gas, electrics, hoists, lifts and the fire alarm system had all been serviced by qualified persons. The provider carried out their own safety checks, for example in relation to fridge and freezer temperatures and fire alarms. Information in the fire safety file stated that fire drills were to be carried out every three months. The most recent fire drill was carried out in June 2019. We discussed this with the registered manager who told us they would ensure fire drills were carried out at three monthly intervals in future.

Staffing and recruitment

● People, relatives and staff all told us there were enough staff working at the service. One person said, "If I was to press that [alarm pendant the person wore] one of the staff would come. They don't take long to come." A relative said, "I feel it's a much safer environment for [person] compared to their own home. There are lots of staff on duty, there ae always people around." We observed that staff were unhurried as they

carried out their duties and responded to requests for support promptly.
● Checks were carried out on prospective staff before they commenced working at the service. These included employment references, proof of identification and criminal records checks. This meant the provider sought to employ staff that were suitable to work in a care setting.

Preventing and controlling infection
● Steps had been taken to reduce the risk of spread of infection. Staff wore protective clothing such as gloves and aprons when supporting people with personal care. Hand washing facilities were located around the premises. There was an infection control policy which provided guidance about safe practice in this area.

Learning lessons when things go wrong
● Records were maintained of accidents and incidents. These were reviewed individually to see what happened and what could be done to reduce the likelihood of a similar incident occurring again. For example, risk assessments were reviewed, and referrals were made to relevant heath care professionals.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- After receiving an initial referral, senior staff met with the person to carry out an assessment of their needs. This was to determine what their needs were and if the provider was able to meet them. A staff member who carried out assessments told us on occasions they had to decline to take a person because the provider was not able to meet their needs.
- Assessments were conducted in line with guidance and the law and covered needs related to mobility, falls, religion and ethnicity, personal care, social interests and relationships.
- People and relatives told us they found the service provided care and support that was effective. A relative told us, "I don't think you could get any better. I can't fault it."

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills through training and supervision. New staff undertook an induction programme which included shadowing experienced staff and completion of the Care Certificate. This is a nationally recognised qualification for staff who are new to working in the care sector.
- Records showed staff had undertaken training in various subjects including manual handling, safeguarding adults, the Mental Capacity Act and fire safety. Staff had regular one to one supervision meetings with a senior member of staff. They told us they found these helpful, and that they provided an opportunity to discuss matters of importance to them.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food. One person said, "The food is pretty good on the whole. [The chef] makes fantastic cakes." A relative said, "Fantastic food, whatever [person] wants, they will do."
- The provider had a four-week rolling menu which reflected people's tastes, preferences and cultural identity. Food was prepared fresh everyday with the use of fresh fish, meat and vegetables. People were offered a choice of meals.
- Risk assessments covered the risk of malnutrition and where there were concerns, referrals were made to relevant health care professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to meet people's health care needs. People told us, and records confirmed, that they had regular access to health care professionals including chiropodists, opticians, dentists, and the GP visited the service every week.

● A visiting health care professional told us the provider was good at making referrals in a timely manner and following any care instructions that were given.

Adapting service, design, decoration to meet people's needs
● Adaptations were in place around the building to help make it accessible to people with mobility needs. Ramps were in place leading to the front door, hand rails were situated around the building and there was a lift connecting the two floors.
● The home was decorated in a homely manner and people told us they liked the décor. At the time of inspection, Christmas decorations were on display, as were photographs of people engaging in activities. This helped to make the premises feel like a home.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● At the time of inspection, we were told by the registered manager that no one using the service was subject to a DoLS authorisation. They said people were free to come and go if they wished. We noted there were no internal locks or keypads on the front door, which meant people could leave the premises if they wished.
● Staff had undertaken training about the MCA and understood the importance of enabling people to make decisions about their own lives. People told us they had control over their daily lives and were able to make choices about their care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them in a caring and respectful manner. One person said, "They treat me with respect." Another person said, "Staff are first class, they understand me." A relative said of the staff, "They are really good."
- We observed staff interacted with people in a polite and friendly way during the inspection. People were seen to be at ease in the company of staff and enjoying their company. Staff told us they had time to just sit and chat with people in addition to carrying out care duties.
- The service sought to meet people's needs related to equality and diversity. As the name [Homesdale (Woodford Baptist Homes) Limited] of the care home implies, it is run by an organised religion. People's religious needs were catered for. We were told that people of all religions and none were welcome at the service and different religious groups visited to provide spiritual guidance and people attended different places of worship.
- All bedrooms but one were single rooms. The double room was currently unoccupied, and the registered manager told us this was just used for couple's who wanted a shared room. The registered manager told us none of the people using the service at the time of inspection identified as being lesbian, gay, bisexual or transgender. But they added if anyone was, they would seek to meet any related needs.

Supporting people to express their views and be involved in making decisions about their care

- People were able to be involved with making decisions about their care. During the initial assessment of need and the development of subsequent care plans, people were consulted about the care they wanted and what was important to them. Care plans had been signed by people to indicate their agreement with them. People had signed consent forms to give consent to various things, including receiving care in line with their assessed needs and allowing the provider to share information about them with others, where appropriate.
- People told us they were able to make decisions about their day to day lives, for example what they ate and what time they went to bed. Staff understood the importance of enabling people to make their own decisions and gave examples of how they did this. For example, one staff member told us they opened a person's wardrobe, so they could see inside and pick what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how the promoted people's privacy, dignity and independence. For example, one staff member told us, "Before I go in I knock on the door and say, 'good morning, are you ready to get up yet?' I don't open the curtains until they are dressed. Those that are independent, I just do what I need to do for

them." People confirmed their privacy was respected. One person said, "Your privacy here is excellent."

● As previously mentioned, all but one of the bedrooms were single rooms which included ensuite toilet and hand basin. This helped to promote people's privacy and bedrooms were decorated to people's personal tastes.

● The provider had a confidentiality policy in place which made clear staff were not permitted to share information about people unless authorised to do so. Confidential records were stored securely which helped to protect people's privacy.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These set out people's needs and how to meet them in a personalised way, based around the individual. People were involved in developing their care plans, as were family members where appropriate.
- Care plans covered needs including mobility, oral care, mental and physical health, food and drink, personal care and relationships. They were subject to regular review. This meant they were able to reflect people's needs as they changed over time.
- As with training records, care plans were all hand written. The registered manager told us this meant reviewing and updating care plans took longer than would be the case if they were written electronically. They told us they were meeting with various providers of IT systems with the view to developing electronic care plans. They said they were unable to give any timeframe about when this would be completed by.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were covered in their care plans and staff demonstrated a good understanding of how to communicate with individuals. All of the people using the service spoke English which helped staff to meet their communication needs.
- Large print text and objects of reference were used to help people communicate effectively and make information accessible. Staff explained things to people verbally were they could not readily understand written information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships. As previously mentioned, there was a double room at the service which was available to couples. We saw several visiting friends and relatives during our inspection who told us they were always made welcome. We saw that some people had their own phones which helped them to maintain contact with people.
- People were supported to engage in a variety of activities that they helped to choose. An activities coordinator was employed and over the two days of inspection we saw them facilitate various activities including bingo, quizzes, board games and exercises. People told us they enjoyed the activities, one person said, "We have people come in to do exercises and that helps. The team take us to walk round the garden, so

we get fresh air." The same person added, "Thursday is cooking day, I made fairy cakes this week."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

● People and relatives told us they had not had to make any complaints but were aware of who they could complain to if necessary. A person said, "I would go and talk to the carer, the one in charge."

● Complaints were dealt with in line with the procedure. Records showed only one complaint had been received since the last inspection. Full details of this could not be found during the inspection, but the registered manager sent us further details after our visit.

End of life care and support

● End of life care plans were in place for people. The provider worked with other agencies to meet people's needs at the end of life stages of care. Do Not Attempt resuscitation forms were in place for people where appropriate and these had been signed by the GP.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place and a clear management structure. There was always at least one senior care assistant on shift who had responsibility to make decisions relevant to that shift. Regular staff meetings were held so all staff could discuss issues of importance and the registered manager was able to communicate important messages to the rest of the staff team.
- To monitor and improve quality, various checks and audits were carried out. These included medicine audits and regular reviews of care plans and risk assessments. The registered manager was aware of their regulatory requirements. For example, the service operated within any conditions of registration that it had, and the provider sent notifications of significant incidents to the Care Quality Commission, in line with their legal responsibility to do so.
- Care plans, risk assessments and training records were all written by hand. The registered manager told us this made it time consuming to review and update these documents. In addition, the training records were difficult to understand. Members of the provider's management committee carried out quality assurance monitoring visits every two to three months. These involved touring the premises and speaking with staff and people who used the service. However, the visits did not involve reviewing any records other than complaints. This meant they had not picked up that many records were hand written or the problems associated with that.

We recommend that the provider produces records that are easy to understand and update, and that records are reviewed as part of the quality assurance visits carried out by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open and inclusive atmosphere which promoted good outcomes for people. Staff told us they found the registered manager to be supportive and approachable. One staff member said, "Working here is good. We have good teamwork and we understand the residents. If we are not doing things right, [registered manager] gives us training."
- People and relatives also told us they had good relationships with the registered manager. A relative said, "I've never had a bad word with [registered manager], really friendly."
- People received good outcomes that were person centred. This was achieved by supporting people to be involved in the assessment, care planning and review process so care was based around what was important to therm.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

● Relatives told us the registered manager kept them informed of any significant developments, for example if the person was ill or had a fall. A relative told us, "They have phoned me if there was a problem." Records of accidents and incidents were maintained. These were reviewed, and strategies implemented to reduce the risk of similar incidents occurring.

● Staff and management attended regular training. This helped them in their role and enabled them to continuously improve the care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The registered manager told us an annual survey was carried out seeking the views of people who used the service, their relatives, and professionals they worked with. Records showed the most recent survey was carried out in May 2019 and it contained mostly very positive feedback. For example, a relative had written, "A lovely, friendly home, where [person] is well cared for." A professional had written, "Excellent care home. I would be happy to have family members resident at Homesdale."

● Records showed that meetings were held for people who used the service. People confirmed this was the case. One person said, "They had a residents meeting and I put it forward [a proposed change to the menu], and it came to fruition."

● The provider worked to recognise people's and staff's equality characteristics. Policies were in place which provided guidance around this and equality and diversity needs were met for people. The provider had good practice in relation to equality and diversity with regard to staff, for example through its staff recruitment practices.

● The provider worked with other agencies to develop good practice and learn /share knowledge. For example, the registered manage attended a provider's forum run by the host local authority and the service was a member of a national trade body that gave support to care homes.