Hampshire County Council

Homewood Care Home

Inspection report

Enham Lane
Charlton
Andover
Hampshire
SP10 4AN

Tel: 01264324200

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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

Homewood Care Home provides accommodation and personal care for up to 8 people living with a learning disability or autistic spectrum disorder. People may also have physical disabilities. The home is specially converted to meet the needs of people living there. We inspected the home on 10 August 2017. The inspection was unannounced. There were seven people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, while promoting their independence.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. Agency staff were being used to maintain sufficient numbers of staff to meet people's current needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and competency assessments.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

People and their relatives or representatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs and wishes.

The service was responsive to people's needs and there were systems in place to help ensure any concerns or complaints were responded to appropriately. Healthcare professionals were involved in people's care when necessary.

The provider and the registered manager were promoting an open and inclusive culture and continued to look for ways to improve the service. There was a range of systems in place to assess and monitor the quality and safety of the service and to help ensure people were receiving appropriate support.

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 were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

There were sufficient staff to meet people's needs. The provider checked staff's suitability for their role before they started working at the home.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People's nutritional and dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

Is the service responsive?

Good

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Is the service well-led?

Good

The service was well led.

Staff received support and felt listened to and valued.

People and relatives were encouraged to give their feedback about the service.

The registered manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.

Homewood Care Home

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. The inspection was planned to check whether the provider was 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 visited Homewood Care Home on 10 August 2017. The inspection was carried out by one inspector and the inspection was unannounced.

Before the inspection, the provider completed a 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 checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

Not all of the people living at Homewood were able to communicate verbally with us. We spent time observing how staff interacted with people to help us better understand their experiences of the care and support they received. We spoke with the registered manager of the home, the deputy manager and six members of the care staff team. We also contacted the relatives of three people and six local community health and social care professionals who had contact with the service.

We looked at a range of documents and written records including five people's care records, staff recruitment files and training records, risk assessments and medicines charts. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

The home was last inspected on 26 July 2016 when one breach of the regulations in relation to notifying us of events was identified. The provider had sent us an action plan and at this inspection we saw that the improvements had been made.

Good

Is the service safe?

Our findings

Relatives we spoke with were confident their family members were safe. A health and social care professional commented "I have seen no incidences of poor practice".

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three recently employed staff. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity. Since the last inspection the provider and registered manager had taken action to ensure that information such as employment histories was readily available within the staff recruitment records held in the home. The system of checks included obtaining profile records of agency staff who worked at the service.

There were enough staff to meet people's needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were suitably supported. We saw that the staff responded quickly so that people did not have to wait for support or assistance. There was flexibility in rotas to allow for additional staff to provide support for activities. For example, additional staff were on duty on Monday evenings to support people attending a group activity.

Staff received training in behavioural support and had been working with the provider's workforce development team around specific issues. Following a number of incidents in the home, staffing levels had been increased during the day. Changes had been made to the environment in order to better meet people's needs and this had resulted in temporary disruption to people's lives, which had unsettled some individuals.

Two full time staff were on long term absences and these positions were being covered by regular agency staff as much as possible to promote continuity of care. A member of the permanent staff told us "They're like regular staff". The provider told us they were in the process of recruiting to increase the home's bank of casual staff, which would reduce the use of agency staff and promote a greater consistency of care practice within the team.

Staff were able to tell us about the risks associated with certain situations and people. They gave us consistent answers demonstrating they knew people well. For example, one person's routines were important to them and any changes could affect their behaviour. Another person could become anxious around people when being supported in the community and staff would need to redirect them. Falls and seizure monitoring procedures were in place for some people and staff were knowledgeable about these. We saw a range of risk assessments with action plans which provided relevant guidance for staff.

There was a system in place for recording incidents and accidents and the registered manager reviewed these each month to look for trends and identify potential learning. In addition incidents were reviewed by the provider's care governance team on a monthly basis.

Checks were carried out on the premises and equipment to ensure they were safe and in good working order. Any faults were reported to the relevant departments for remedial action. There was a service continuity plan in place in the event of an emergency. Each person had a personal emergency evacuation plan, which included important information about the care and support each person required in the event they needed to evacuate the premises.

Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected.

People's medicines were stored securely and at safe temperatures and managed so that they received them safely. Up to date records were kept of the receipt and administration of medicines. We observed two staff following the procedure for checking and signing out medicines for the treatment of epileptic seizures, which staff would take with them when supporting a person in the community. The staff also explained the procedure staff would follow in the event of needing to administer the drug. There were detailed individual support plans in relation to people's medicines, including any associated risks. Staff received training in the safe administration of medicines and this was followed by competency checks. This included training in epilepsy awareness and administering medicines for the treatment of epileptic seizures.

An annual infection control statement was written and a nominated member of staff took a lead role supporting the registered manager in monitoring the cleanliness of the home. There was a cleaning schedule in place for staff to follow and checks and audits took place. The home environment was clean and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. The training record showed that staff received training in infection prevention and control.

Good

Is the service effective?

Our findings

A relative told us staff had the right skills to meet the person's needs. This included supporting the person during seizures. Another relative told us "Staff definitely have the skills to provide care and are always striving to improve". They said the person was supported to maintain good health and to make as many choices as possible.

The staff training programme showed that staff were provided with knowledge and relevant qualifications to support them in meeting people's needs. A system was in place to track and record the training that each member of staff attended. Staff had training and on-going updates in subjects including equality and diversity, moving and handling and falls, autism, epilepsy awareness and rescue medication, fire safety, and food hygiene. Since the last inspection staff had been receiving further training to support them in communicating using British Sign Language (BSL), which a person living at the home used as a preferred method of communication. The registered manager and staff had also placed key symbols around a communal area to support everyone with better communication in relation to BSL. We observed a person communicating with a member of staff using sign language.

The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. A staff supervision structure was in place that included observation and monitoring of care practices and annual appraisals.

Comments from health and social care professionals included: "Some senior carers and the deputy manager have worked within the service for a long time and have really good relationships with service users and good understanding of their complex and individual needs"; and "Managers have worked at Homewood for a long period of time. They know their service users well and are keen to develop their skills in relation to developing augmentative communication with the service user". One health and social care professional told us "Some are a lot more experienced than others in terms of the level of skill". They added "They use the resources available to them, for example, behavioural specialists when required". Another health and social care professional said the service had made changes to the environment in order to meet a person's identified needs.

The provider's workforce development officer had been involved in supporting staff in understanding the behaviours that some of the people living at Homewood can display. They told us the service had been proactive in requesting support. Changes had been made to the way people were supported in relation to "Interactions, activities, communication and changes to the physical environment. The staff at Homewood received these messages well and implemented the changes that have been suggested and discussed". They commented that "The staff accept change and show flexibility and creativity to do this". We saw that changes had been and were continuing to be made to the physical environment.

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 had been trained and showed an understanding of the MCA and the associated DoLS. The service had sought a DoLS authorisation for all but one of the people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed in the least restrictive way. Where people lacked capacity to make significant decisions for themselves, best interest decisions had been made and documented, following consultation with family members and other professionals. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible.

Health and social care professionals confirmed that the service took people's mental capacity and consent into consideration. One commented that staff had demonstrated that they were familiar with the principles of the MCA and DoLS, had worked with advocates where required and shown that they understood the value of this for individuals living in the home. Staff told us a person had expressed a wish to explore alternative accommodation and an independent advocate was supporting them to do this. Comments from external professionals included: "In my experience staff would seek this (advice regarding consent) by liaising with outside agencies such as Adult Services"; and "I had several discussions with (the home's) management about how and when capacity and consent would need to be assessed. They seem to be aware of when to seek support".

We saw and people told us they enjoyed the food provided, had enough to eat and drink and were given appropriate support. Staff prompted and encouraged people to undertake as much of their own meal preparation as possible. People helped with shopping for food and individual dietary needs were catered for. The service had requested the support of a speech and language therapist, who had worked with a person in relation to eating and drinking safely and provided guidance that formed part of the person's care plan. Staff had received training on the risks of choking. At lunch time people ate at different times that suited their preferences. The service had implemented a new pictorial communication system to support people in making choices for menus and daily meals. A health and social care professional told us that care and support planning included encouraging good health through reducing sugar intake.

People had Health Action Plans and received regular and on-going health checks and support to attend appointments. A relative said the service had "A good relationship with the local GP practice and (the person) gets appointments straight away". A GP commented positively about the service "Treating residents as individuals" and the "Efforts made by staff to ensure residents receive a good level of medical care". Another health and social care professional told us "From what I have seen, the service has worked together with the GP to address issues with pain, or identify a problem for one of the service users. The service is regularly in contact with the health team to see if we can advise them". Records showed that the service had also sought and received the support of the community learning disability team in meeting people's needs.

Good

Is the service caring?

Our findings

Through observation and talking with relatives and staff it was evident that positive caring relationships were developed with people living at the home. A relative said the staff "Take great care of her and keep in touch with us". They told us staff supported the person to phone them and to visit them at home. Another relative told us "Staff are very caring and (the person) has been very happy with it". They said staff "Look after him extremely well, including at night". The relative felt comfortable going in to the home and was "Always welcomed". Another relative's comments included: "It's an excellent service" and a "Second home for him". They said staff had "Always been absolutely brilliant" and the home had a "Very happy atmosphere, you can feel it when you go in there".

A health and social care professional told us "Staff all appear to be caring and sensitive to the needs of the residents, and work with them in a responsive and respectful manner. It has been evident to me that residents are at ease in the company of staff". They said "Confidentiality is well maintained, with staff using their office space to discuss issues relating to individual residents, and residents being reminded of the need for this".

Staff communicated effectively with people and did so with patience, sensitivity and humour. A person showed signs of being unhappy about something but was unable to verbalise what it was. Staff spent time talking with the person, allowing them space and time to move around the home, and gently persisted until the person was able to communicate what was bothering them. The staff were then able to resolve the issue, at which point the person visibly became calmer and hugged the staff.

The service supported people to express their views and be involved in making decisions about their care and support. Regular meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service and staff.

Staff respected people's choices and encouraged them to participate in daily activities within the home. Staff had a good rapport with the people they supported. We saw people smiling and approaching staff and there was a relaxed and friendly atmosphere in the home. We observed staff talking with people about the activities they had planned for the day. Staff spent time with people individually and encouraged them to spend time in the way they wanted to.

People's care and support plans were written in a respectful way that promoted people's dignity and independence. Staff spoke with and about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. A member of staff asked if they could go into a person's room and waited for the person to respond. The staff then commented to the person about their hair looking nice and chatted with them about a meal the person had cooked with staff support.

Staff were discreet and sensitive when supporting people with their care needs. Where one to one support was required this was done in a respectful way, ensuring the person who used the service was able to move freely without feeling 'watched.'

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive to people's healthcare needs and kept them informed about any changes. A relative told us the service encouraged their participation and that they were always involved in care reviews. Another relative said the service had not formally asked for their views but they were "Listened to if I raise anything".

Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. People and their relatives or representatives were encouraged to be involved in this process. Following the initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and provided staff with information about how to meet the person's needs. Care plans were written in a personalised way, including what and who was important to the person. People's plans gave clear guidance and referred to people's preferred ways of communicating.

Staff had a thorough knowledge of people's individual needs and care plans. There was a relaxed atmosphere in the home and staff communicated well with people and promoted an inclusive, supportive environment. Staff monitored people's changing needs through reviews and observation and this was recorded in their support plans. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. The community health learning disability team had worked with staff supporting individuals living at Homewood around relationships.

Health and social care professionals confirmed the service worked in partnership with them and followed their recommendations in order to support people's needs. This had included, for example, identifying and following up one person's needs for additional community support hours. Another person had been supported on a one to one basis when with other people in the home in order to minimise the risk of inappropriate behaviour. A health and social care professional told us "I have observed staff providing this support in an unobtrusive manner, and using the support time to engage in positive activities wherever possible".

Comments from other health and social care professionals included: "Staff who worked with (the person) knew him and his needs well and were able to pick up on small changes in him and refer to the GP or the health team as appropriate"; and "Management and support workers were happy to talk through a variety of options and experiment with alternative methods of support until an effective approach was found".

Handover between staff at the start of each shift helped to ensure that important information was shared, acted upon where necessary and recorded. We observed a staff handover during the late morning. The discussion between staff was informative, clear and comprehensive and demonstrated a person centred approach. The staff present demonstrated a good level of knowledge about people's health and social care needs and were proactive in ensuring any issues were followed up promptly. For example, a theatre trip was being arranged and the rota was checked to ensure that staff supporting people on the trip were trained in giving emergency medicines, which may be needed by the person concerned.

We received some mixed feedback about how well the service supported people to do the things that interested them and to participate in community activities. One relative said "They organise trips out, sometimes centred around (the person), other times as a group". For one person who had grown up in close contact with animals and staff had arranged a weekly visit to a farm so the person was able to maintain this contact.

However, another relative told us they were concerned about a "Lack of stimulation". They said while staff were "All very dedicated and extremely kind", there was "Too much watching TV and not enough activities" for people. They said "If anything the staff to resident ratio has improved", however "There is less initiative or willingness to organise activities outside (of the home)". They said they felt this was because "Permanent staff are tied up doing reports and agency staff are not trained or qualified to take people out".

A health and social care professional told us some people who lived at Homewood had said that they would like to be able to access the community on a more spontaneous basis. However, they also told us more staff had since received the relevant training in emergency medicines and that an issue regarding the availability of trained minibus drivers had been infrequent.

To address the concerns the service had recently purchased a new vehicle that more staff would be able to drive and changed a vacant full time care worker post to two part time posts. This would give increased flexibility of support, particularly at weekends.

There were regular house meetings where people were supported to express their views about the service. Staff asked people what outcome they would like following any incidents. One person had been unhappy about another person playing music loudly. Staff had spoken with both people and the person who liked music now had wireless headphones and appeared very pleased with them.

The home had a complaints procedure which was given to people when they first moved into the home and was also displayed around the home. This was also made available in an easy read picture format for people who were unable to read complex information. Relatives were aware of the complaints procedure and had not had reason to use it. A relative told us they "Never had any concerns or complaints" and that they were "Very content" with the service.

Good

Is the service well-led?

Our findings

At the previous inspection we found that the registered manager had not always notified us of significant events, as required by the regulations. The provider and registered manager sent us an action plan showing how they planned to address this issue.

At this inspection we found improvements had been made. The registered manager had updated herself on the guidance and criteria for submitting statutory notifications to CQC. The staff team had been advised of the notifications guidance and in the absence of the registered manager there was a clear line of delegation to ensure notifications would be submitted. The registered manager carried out an on-going review of incidents and had reported to CQC as appropriate.

The provider and the registered manager were promoting an open and inclusive culture and continued to look for ways to improve the service. Records of team meetings confirmed that staff were asked for their input in developing and improving the service. Staff spoke positively about how the home was managed and told us they felt listened to and valued. Staff understood their roles and responsibilities and there were clear lines of accountability. The service was implementing the provider's new supervision and appraisal policy, which included performance plans and goals that were set at the beginning of the year in relation to both corporate and personal objectives.

The provider and registered manager sought people's views about how the service they received could be improved. Stakeholder surveys were sent out to relatives and other professionals. The most recent of these had raised an issue about staff answering the phone, which the registered manager was looking into. The senior residential service officer had supported each person living at Homewood to complete a survey, in order to provide a consistent approach. The registered manager told us the results were yet to be collated and there were no issues currently identified as requiring follow up action. As part of the registered manager's service improvement plan, a new format was being developed for people's monthly meetings with their key workers, in order to help ensure support plans remained relevant to each individual.

Regular audits of the quality and safety of the service took place and were recorded. For example, there were audits of care plans, medicines, infection control and fire safety. In addition to these, a service manager for the organisation carried out regular checks that were also recorded. The registered manger maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response.

The provider had several services and the managers of these had meetings to discuss how to improve the quality of services. The service also worked in partnership with other professionals to help ensure people received the care they needed. For example, the registered manager and/or deputy manager attended local care management liaison meetings, which was a forum to discuss the service, staffing and the people living at Homewood. Comments from health and social care professionals about what the service did well

included: "Getting to know the service users and supporting them in a person centred way"; "Staff team are enthusiastic and open to new ideas, training and advice"; and "Management seem to know their limitations and seek support".