

Homestead House Limited

Homestead House

Inspection report

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Norwich
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Tel: 01603486098

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Homestead House is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 21 people in one adapted building.

People's experience of using this service and what we found

There were not enough housekeeping staff to make sure all areas of the home were kept clean and free from offensive odours.

People were happy with the care home and the staff that provided their care. One person told us, "I like living here. It's better than at home with no-one else, I've got company here."

People felt safe living at the home. Staff had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough care staff, and the senior staff also spoke with people regularly. The provider completed recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them. Adaptations had been made for people's physical needs although there were no changes to meet the needs of people living with dementia. We have made a recommendation about consulting guidance for changes to the environment.

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 practice.

People told us that staff were kind and caring, staff involved people in their care and made sure people's privacy was respected. Staff worked well together and understood the home's aim to deliver good quality care, which helped people to continue to live as independently as possible.

People knew who to speak with if they had concerns and staff dealt with these immediately. Staff kept care records up to date, although there was little personalised information about some health conditions and end of life care. We have made a recommendation about personalising care records. Staff engaged people in activities throughout the day, although they did not have the opportunity to continue previous interests. We have made a recommendation about developing activities for people living with dementia.

Systems to monitor how well the home was running were carried out. Concerns were followed up and action was taken to try to improve any issues. Not all actions were recorded and if issues continued, further action

was not always considered. People were asked their view of the home and action was taken to change any areas they were not happy with.

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 requires improvement (report published 25 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to infection prevention and control.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Homestead House

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

This inspection was carried out by one inspector.

Service and service type

Homestead House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with

six staff members, including the registered manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at one staff file in relation to recruitment and a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- There were not enough staff to make sure all areas of the home were kept clean. Only one housekeeping staff member was employed to work two half days a week. When they were not present care staff were expected to carry out the role. Care staff told us that they put the care of people first, they tidied people's rooms but they did not always have time to clean rooms.
- Cleaning schedules showed that not all cleaning had been completed as frequently as required. There was an offensive odour in one corridor of the home and this had been identified on the infection control audit. Some action had been taken, such as painting and replacing the floor in one room, to address this. However, due to housekeeping staff not being available to deep clean on a regular basis, the odour remained.

The lack of routine cleaning of some areas of the home meant that people were at risk from poor infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed training in how to reduce the risk of infection. They used personal protective equipment, such as gloves and aprons, when caring for people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They told us they would speak with a staff member or the registered manager if they felt unsafe.
- The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, the risk of using bed rails and the risk of losing weight. Assessments contained information about each risk and the actions needed to reduce these. Staff carried out these actions and recorded information to show they were effective in reducing risks to people. However, assessments for risks associated with diabetes advised staff to take actions they had not been trained to carry out. The registered manager told us they would review the

person's care records.

- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment, such as bed rails and air mattresses to reduce the risk of pressure ulcers. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. People told us that there were enough staff available and they commented that staff were quick to answer call bells. Staff members also said there were enough care staff although they had the additional responsibility of cleaning the home. Staff said that they put caring for people before any other work they did.

- There was a system in place to recruit new staff to make sure there were enough care staff on duty at all times.

- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused.

- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams to people and where on the body these were needed.

- Medicines were stored securely and staff continued to make sure medicines were secure by only administering these to one person at a time.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The provider had made adaptations to the home to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.
- However, the home's entrance and corridors contained few items to engage people who were living with dementia with, such as fiddle boards or memory boxes outside people's doors. There were instead, notices for staff about the location of handwashing facilities and there was a zero tolerance for abuse poster on display.

We recommend the provider consider current guidance on developing an appropriate environment for people living with dementia.

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

- Staff completed assessments of people's needs before they started using the service. This helped the registered manager to make sure they had staff with the right skills to meet people's needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This helped staff better understand how people's specific needs should be met.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. The training matrix showed that staff were up to date with training required by the provider.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- People said they liked the meals they received. People said the meals were not what they would have eaten at home but they liked them. One person told us, "It's decent . . . it's quite nice, what you do get here."
- People chose where they sat and were able to eat at their own pace. Both courses and mealtimes were appropriately spaced apart. Lunchtime was a social occasion for people eating together, which promoted conversation and social interaction. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.

- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it was needed.

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

- Staff completed a 'Who Am I' form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to speech and language therapists or dieticians. Advice and recommendations were followed by staff.

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.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process.
- Where people did not have capacity, best interest decisions were not well recorded in care records. This meant that staff may not easily know how to support people with specific decisions. One person's records contained conflicting information about whether they had capacity or not. We spoke with the registered manager, who said they would review the records and update them.

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 said that staff were kind and caring and they commented positively about staff members. One person said, "Staff are really quite nice, they're always polite."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one person saying, "They know what I can and can't do."
- People were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them. Staff spent time with people during the day and made sure their interactions gave people positive experiences. Staff knelt or sat so they were on the same level when they spoke with people, they made eye contact and had meaningful conversations where they asked people's opinion. There was a lot of laughter and conversation throughout the day, which meant people wanted to spend time with each other and staff members.

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

- People said that staff asked about how they preferred to have their care and support provide.
- Staff told us they provided care to people in a way that each person preferred but that still encouraged them to do as much for themselves as possible. Staff had enough time to support people in the way that was wanted.
- People were supported to make choices about their care throughout the day. For example, when to get up, what to eat and what to do during the day.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff called people by their names and addressed them in the way each person wished to be addressed.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Staff encouraged people to do what they could for themselves to maintain their independence. They worked with health professionals to increase people's ability to care for themselves and to live as

independently as possible.

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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care needs were met and they were happy with the care they received. One person told us, "[Staff] look after you, if you need anything they'll do it for you." A visiting advocate also confirmed that staff cared for their client in the way the person wanted. Staff supported people promptly when requested or discretely suggested helping them with personal care.
- People had care plans in place, which gave staff enough guidance on how to respond to most of people's needs effectively and safely. However, there was a lack of individual guidance about needs associated with diabetes for one person and a lack of guidance at all for another person. This meant that staff did not have written information about complications associated with the disease and had to rely on their memories of verbal guidance given by health professionals.
- There was not enough information available for staff to be able to care for people at the end of their lives in the way that each person wanted. Limited information was available in people's care records about their end of life wishes, although no-one was receiving end of life care at the time of our visit. This was brief information about preferred funeral directors but staff had not discussed people's wishes with them.
- Staff had not received any training in caring for people at the end of their lives, even though they had cared for people at this stage of their lives. However, guidance was available for staff in the form of an end of life policy and the support of district nursing staff.

We recommend that the provider considers current guidance on writing personalised care plans to ensure appropriate information is available for staff to support people.

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

- All care staff were responsible for organising things for people to do each day. A programme of these activities was available on noticeboards around the home and people were encouraged to take part. Staff were enthusiastic and this relayed itself to people, who enjoyed a camaraderie while taking part. Staff spent time with people who did not take part in the organised activities and there was much discussion about television programmes and people's thoughts on these.
- However, people's care records showed and staff told us that they had other interests than the activities provided. We discussed this with the registered manager as two people were not offered the opportunity to take part in these on either day of our visit. The registered manager advised that one person whose interest

was gardening declined the opportunity to go out into the garden. However, there was no space for the person to garden or other way for them to explore this interest.

We recommend that the provider considers current guidance on developing social activities for people living with dementia to prevent isolation and maintain their interests.

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.

- Staff provided people with information in formats and ways that supported their individual communication needs. One person had information in picture format to help them understand, what was being conveyed to them.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. However, none of the people we spoke with felt they had ever needed to make a complaint.

- There had been no formal complaints made in the last 12 months. Concerns raised by people living at the home were dealt with immediately. People had a complaints procedure to follow if these were raised. However, this did not include contact details for external organisations that people could go to if they wanted to take their complaint further.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement. However, the action taken was not recorded for an ongoing issue around offensive smells. We spoke with the registered manager who confirmed that action had been taken to improve the environment in that area. This included deep cleaning one person's room once a month. However, this was not adequate to ensure any improvement was sustained.
- The registered manager had taken action to address most of the concerns we identified in our previous inspection. Despite changing care records to a new electronic format, information in people's care plans still needed more detail to make sure they were personalised.

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

- The registered manager and staff were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.
- Staff were also committed to providing high-quality care and support. A staff member told us they loved working at the home, they said, "I think we have good team work with permanent staff." Staff said that the registered manager was approachable and would work with them if needed. One staff member told us, "[Registered manager] is very understanding, and will rearrange shifts so staff can manage childcare."

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

- The provider sent us information about events and incidents that happened and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve.

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

- Staff told us they were able to provide good quality care and support to people because they worked

together. They said they could raise issues with the registered manager and were confident their concerns would be listened to.

- The registered manager was supported by senior staff working within the home and by the provider, who also worked on site at the home. This made sure changes suggested at our last inspection were considered and the home ran well at those times when the registered manager was not available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had completed a survey, which showed positive comments for staff and the home. Staff were praised for their friendliness and commitment to ensuring people's privacy and dignity was respected. There were very few suggestions for improvement and the registered manager had taken action to improve those issues that were identified.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended meetings, which gave them regular support and information was shared with them.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately when people needed support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against the risks associated with a lack of infection control. Regulation 12 (2) (h).