Hampshire County Council

Homewood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on the 26 and 27 July 2016.

Homewood Care Home (to be referred to as Homewood throughout this report) is a care home which provides residential care for up to eight adults with learning disabilities. People receiving the service also live with complex emotional and behavioural needs including Autism. Some people living at the service also had additional health conditions such as epilepsy and deafness. The care home comprises of one floor with its own garden and is situated on the outskirts of Andover town centre. At the time of the inspection eight people were using the service.

Care was provided by support workers who will be referred to as staff throughout the duration of this report.

Homewood has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not always fully completed robust recruitment processes to ensure people were protected from the employment of unsuitable staff however the registered manager had taken positive steps to ensure that files contained all the required information.

New staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient staff employed to ensure people's individual needs were met.

People were not always supported by staff who had the most up to date training available to enable them to proactively meet people's individual needs. Staff were able to demonstrate that they were able to meet people's basic individual needs including communication. However the provider had not ensured that staff had received appropriate formalised training to ensure they could develop people's preferred methods of communication such as British Sign Language where required.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale staff sickness or accommodation loss due to fire or floods.

Relatives of people using the service told us they felt their family members were kept safe. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage appropriately. People were assisted by staff who encouraged them to remain

independent. Appropriate risk assessments were in place to keep people safe.

The registered manager had recently started at the service and provided strong positive leadership however they had not always fulfilled the legal requirements associated with their role. The registered manager had not always informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe

People were protected from the unsafe administration of medicines. Staff responsible for administering medicines had received additional training to ensure people's medicines were administered, stored and disposed of correctly. Staff skills in medicines management were regularly reviewed by managerial staff to ensure they remained competent to administer people's medicines safely.

People, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people. This involved making decisions on behalf of people who lacked the capacity to make a specific decision for themselves. The home promoted the use of advocates where people were unable to make key decisions in their life. This is a legal right for people who lack mental capacity and who do not have an appropriate family member of friend to represent their views about health issues and where people wished to live.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager showed a comprehensive understanding of what constituted a deprivation of person's liberty. Appropriate authorisations had been granted by the relevant supervisory body to ensure people were not being unlawfully restricted.

Staff sought people's consent before delivering their care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

People were supported to eat and drink enough to maintain a balanced diet. People were involved in developing the home's menus and were able to choose their meal preferences. We saw that people enjoyed what was provided. People were supported to participate in meal times with the guidance provided by health care professionals being followed. Records showed people's food and drink preferences were documented in their care plans and were understood by staff.

People's health needs were met as the staff and the registered manager had detailed knowledge of the people they were supporting. Staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. Personal external relationships were supported and a range of activities sought to enrich people's daily lives. The registered manager and staff were motivated to ensure that people were able to participate in a range of external activities.

Staff had taken time to develop close relationships with the people they were assisting. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. These were practically demonstrated by the registered manager and staff.

People received personalised and respectful care from staff who understood their care needs. People had

care and support which was delivered by staff using the guidance provided in individualised care plans. Care plans contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements. People were encouraged and supported by staff to make choices about their care including how they spent their day within the home or in the community.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way although none had been received since the last inspection. Relatives and staff were encouraged to provide feedback on the quality of the service during regular meetings with staff and the registered manager.

The registered manager and staff promoted a culture which focused on providing individuals with the opportunities to live their lives fully and promoting their independence. People were assisted by staff who encouraged them to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being provided.

The provider's value of care was communicated to people and understood by staff. We saw these standards were evidenced in the way that care was delivered to people.

Quality assurance processes were in place to ensure that people, staff and relatives could provide feedback on the quality of the service provided.

Relatives told us and we saw that the home had a confident registered manager and staff told us they felt supported by the registered manager.

We found one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). You can see the action that we asked the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not always ensured that a robust recruitment procedure was in place. However the new registered manager had taken steps to ensure all the required information was in place ensuring staff's suitability to delivery care.

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

People were supported by sufficient numbers of staff to be able to meet their needs.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely for people.

Medicines were administered safely by staff whose competence was assessed by appropriately trained senior staff.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not always ensured that staff had the relevant training to be able to proactively support people's wishes. Staff were able to communicate sufficiently to meet people's needs. However the provider did not have a process in place to ensure that staff learning was developed to encourage people to use their preferred communication method such as British Sign Language.

People were assisted by staff who demonstrated an awareness of how to offer choice in a way that could be understood and responded to. Staff evidenced that they understood how to support people effectively so their needs were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. People who had specific needs surrounding their eating and drinking were provided with the additional support to ensure that they were able to participate in

sociable mealtimes.

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever required.

Is the service caring?

Good

The service was caring.

Staff were compassionate and caring in their approach with people supporting them in a kind and sensitive manner. Staff had developed companionable and friendly relationships with people.

Where possible people participated in creating their own personal care plans to ensure they met their individual needs and preferences.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Good

The service was responsive.

People were assisted by staff who actively encouraged people to participate in activities to allow them to lead full, active and meaningful lives.

People's needs had been appropriately and thoroughly assessed and reviewed by the registered manager and senior staff. Staff and the registered manager reviewed and updated people's risk assessments on a regular basis and were able to recognise when reviews were required when people's needs had changed.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service responded quickly to people's changing needs or wishes.

People's views and opinions were sought and listened to. Appropriate communication methods were used to ensure that people could express their wishes.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was newly appointed and provided strong leadership. However they had not always fulfilled the requirements of their role by informing the Care Quality Commission of notifiable events that occurred at the service.

The registered manager promoted a culture which placed the emphasis on the promotion of people's independence. Staff knew and followed this practice of supporting people's independence.

Staff were aware of their role and felt supported by the registered manager and the provider. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The registered manager and provider sought feedback from people and their relatives and regularly monitored the quality of the service provided in order to continuously improve.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 26 and 27 July 2016 and was unannounced. The inspection was conducted by one Adult Social Care Inspector.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection and instead reviewed the information we required at the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During the inspection we spoke with three people, the service manager, the registered manager and the deputy registered manager. We pathway tracked four people which meant we viewed their care plans, associated daily care records and medication administration records. We reviewed, three staff recruitment files, staff training records and staff rotas for the dates 1 June to the 16 July, quality assurance audits, policies and procedures relating to the running of the service, accident and incident forms, maintenance records and quality service questionnaires. During the inspection we spent time observing staff interactions with people including lunch time sittings. After the inspection we spoke with four relatives, two members of full time regular staff and one regular member of agency staff.

The last inspection of this home was completed on the 24 April 2014 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe whilst living at Homewood due to the caring staff which was agreed by relatives. One relative told us, "Oh yes, I'm very satisfied (that family member is safe), the staff have been excellent".

Robust recruitment procedures were not always completed to ensure people were assisted by staff who were of suitable character. The provider had also not requested full application forms with details of past employment history. Where gaps were identified in this employment the provider had not ensured that suitable reasons for this were sought. Gaps in employment histories must be documented to ensure that there is no reason why a person had to leave a position which could affect their ability to provide safe care.

However since beginning work at Homewood the registered manager had taken immediate action to complete all the required checks to ensure that staff were suitable for employment at Homewood. The registered manager requires additional time to ensure improvements made are sustained and embedded into recruitment practices.

Staff had undergone other detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers and included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Whilst staff had not always provided full employment histories before being deployed the provider had ensured that at least two references had been sought for staff including from previously employers. These were used to assess people's ability to deliver care. People were kept safe as they were assisted by staff who had been assessed as suitable for the role

People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these. The provider had a number of safeguarding policies in place. These provided information about preventing abuse, recognising signs of abuse and how to report it. Staff were able to describe the physical and emotional symptoms people suffering from abuse could exhibit and knew their responsibilities when reporting a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. This included identifying the signs they would recognise in people who were non-verbally communicative and unable to express their concerns. Staff had received training in safeguarding adults and were required to repeat this training yearly.

Risks to people's health and wellbeing had been identified and guidance provided to mitigate the risk of harm to them and other people. All people's care plans included their assessed areas of risk. These included risks associated with people's behaviours which may challenge staff including risks associated with people's health conditions. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people, for example; people using the service who were at risk of choking as a result of their medical conditions. Information in people's care plans provided guidance for staff about

how to assist them to eat safely and minimise the risk of suffering an adverse incident. We observed staff assisting people in a manner which ensured their safety. Records showed people had received the appropriate treatment in accordance with their risk management plans. Risks to people's care were identified and documented. Staff knew how to meet people's needs safely.

Accident and incident forms were completed when people and staff were involved in adverse situations in the home. These were analysed by the registered manager and where possible lessons learnt to ensure that the likelihood of incidents being repeated were minimised. Where people living in the home had been involved in physical incidents with others living at the home these were documented, investigated and measures put in place to minimise the risk of reoccurrence. For example, some people living at the home had hearing and communication needs. When incidents occurred involving these people we could see that facts about the investigation detailed what led to the incident occurring and all the actions staff needed to put in place to ensure the incident was not repeated. We did not see any of these behaviours exhibited during the inspection as staff were aware of the risks of incidents between people living in the home and followed the guidance provided.

People were assisted by sufficient numbers of staff to be able to meet their needs safely. In the event of any staff being unavailable due to sickness people would be assisted by known agency staff. This was in order to ensure that people saw people that they recognised and who knew people's specific care needs. The registered and deputy managers were also suitably trained and experienced in care delivery if required to support people's needs. This ensured familiarity and consistency for people who may be sensitive to changes in their living environment and their daily routine. The homes rotas showed that when required immediate changes could be made to ensure that the home operated with over and above the provider's minimum staffing levels. Regularly when people required additional support to attend activities at external locations the staffing levels increased to ensure that this need was met.

People were protected from harm because there were contingency plans in place in the event of an untoward event such as large scale sickness or practical risks associated with fire or flood. To ensure people's safety their care plans included personal emergency evacuation plans and hospital passports. These provided detailed and easily read information for staff and emergency services in the event of providing care in an emergency situation. These included how people communicated, medications and their physical capabilities and were updated yearly to ensure that they remained current. Contingency plans were in place and evidenced to ensure that risks to people's safety in the event of an adverse situation were minimised.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. Staff received specific training in medicines management and were subject to annual competency assessments to ensure they could manage and administer people's medicines safely. There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. Medicines were mostly administered using a monitored dosage system from a blister pack prepared by the providing pharmacy. The home contained emergency rescue controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971. In the event that these were required by those living at the home staff and the registered manager knew the appropriate methods to store and dispose of these medicines appropriately. The provider also ensured people received regular medicine reviews with health and social care professionals to ensure that the medicines remained appropriate to meet that person's needs. We could see that medicines were ordered, stored, reviewed, documented and disposed of correctly.

For people who were unable to communicate verbally that they required medicines which are to be taken as

and when needed, such as painkillers, specific guidance had been created to allow staff to easily recognise the signs of people expressing pain. This included the non-verbal cues such as holding a particular body part or tapping an area associated with the pain. Staff recognised and understood these signs and people were provided with medicines appropriately to meet their needs.

People were supported to receive their medicines by staff who received the appropriate, training, guidance and support in order to be able to safely manage medicines.

Requires Improvement

Is the service effective?

Our findings

People and relatives we spoke with were positive about the ability of staff to meet their and their family members' care needs. They told us that staff respected their family members decisions and choices and took all steps to promote people's independence wherever possible.

The service provided care and support to people who lived with a range of physical disabilities, learning disabilities and complex emotional needs. The provider however did not always ensure that staff had the most up to date knowledge to enable them to communicate with people in their preferred format.

The provider did not supply staff with training in British Sign Language (BSL) to enable them to support people who preferred to use this method of communication. People's care plans stated the importance of encouraging people to interact via communication methods and staff knew that one person preferred to communicate using BSL wherever possible. This person had a weekly support visit from an external agency to allow them to communicate in the method they preferred however no formalised training system was in place for staff. This meant that the person was not able to communicate with staff using their preferred method.

One member of staff told us that they had a very basic understanding from working with people who used BSL but they had not received formal up to date training from the provider. Whilst people had alternative means of communicating, via the written word for example, where BSL was people's preferred communication method the provider had not ensured that staff had access to the relevant training. The deputy manager was aware of this need and was in the process of trying to identify online training courses for staff however this was not provider led. There was a risk that due to not having specific training prior to and whilst working with people that staff were unable to communicate with people in the person centred way that they wanted.

The provider did not have suitable processes in place to monitor staff's training to ensure it remained current and updated. During the inspection it was difficult to establish which staff had completed their training and when it required updating. The details in people's training folders did not accurately reflect the dates on their certificates of when they last received their training. The registered manager was already aware of this issue and was in the process of working with the administrator to ensure this was addressed. A new home training tracker had been commenced which would allow the registered manager to see at a glance what training staff required and when. This was already in progress however more time was required to ensure it was effective and served the needs of the home.

People were assisted by staff who received a thorough and effective induction into their role at Homewood. Staff received the provider's 'Stepping Forward Stepping Back' 8 day induction programme. This covered a number of areas including person centred approaches to care delivery and communication techniques, safeguarding, mental capacity, emergency first aid and moving and handling. This induction was then followed by a period of shadowing to ensure that they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform

their role. This allows new staff to see what is expected of them. Staff had undergone training in areas such as health and safety, infection control, equality and diversity and dealing with behaviours that challenges staff to enable them to conduct their role with confidence.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to accurately discuss the principles of the MCA and how they used this in their everyday interactions with people when supporting them. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005. Records showed that decision specific best interest decisions were discussed with people, family members and social care professionals before a conclusion was reached.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff showed an understanding of DoLS which was evidenced through the appropriately granted authorities from the local authority. Staff were able to discuss the requirement for people being subject to a DoLS and the actions they would take to ensure they were able to support people in the least restrictive way.

The provider promoted the use of advocates for people unable to make key decisions in their life regarding major health related issues and people's ability to decide where to live. This is a legal right for people who lack mental capacity and who do not have an appropriate family member or friend to represent their views. People were supported by staff to attend self-advocacy events with the provider and express their views and concerns. Where people wanted to move from the home to shared living accommodation and there had been external delays staff supported people to have their voices heard. This included speaking honestly with the provider in self-advocacy forums who acknowledged people's wishes and were in the process of taking action as a result.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The registered manager said that supervisions were due to occur every six to eight weeks however since coming in post staff said that these were monthly. All the staff we spoke with said they could see additional guidance and support from their senior members of staff including the deputy and registered manager at any time. This process was in place so that staff received regular and consistent support to enable them to conduct their role confidentially and effectively.

People were supported to have sufficient to eat and drink to maintain a balanced diet. We saw and people told us that they had a choice of menus and enjoyed the food provided. Staff prepared people's meals encouraged people to be involved in this process by discussing menus with them. Weekly people were asked to identify their main meal of choice which would be then placed into the following weeks menu. People were also encouraged to participate in food preparation, with staff support, in the kitchen.

People ate well and were provided with sufficient time to eat their meals at their own pace. For those who required additional support during their meal times we could see individualised guidance provided in care plans was followed by staff. One person's care plan had identified that one person who was able to eat independently required the use specially adapted cutlery. We could see that this cutlery had been ordered

and was being made available the day after the inspection. One person required their food to be presented in a certain way to ensure that their known risk of choking was effectively managed. This was done and staff ensured this person was eating in accordance with their care plan. Where people did not eat or like the main meal which was on offer staff took time to find alternatives which people would prefer. People received the food and drink they required, and requested, in order to maintain a balanced diet.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support for people was requested by staff. We saw that people were referred to speech and language therapists when appropriate, such as when they were at risk of choking. When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. One relative told us, "Oh yes (the staff seek medical advice) they have done and I can't fault them".

Specific and clear guidance was provided to support staff on how to manage people living with certain conditions, such as epilepsy. Care plans detailed each of the types of seizures people could experience, what the triggers and physical symptoms of these episodes were, what action should be taken and how and when to administer rescue medicines. The home also utilised suitable equipment such as emergency pagers and epilepsy bed alarms which alerted staff when people were experiencing a medical episode. One relative said in relation to their family member who had been experiencing a number of seizures, "Staff have been extremely good and when they've had odd fits from time to time staff are terribly good and at looking after them in general".

Good

Is the service caring?

Our findings

People indicated and told us they liked living at Homewood and we could see they experienced friendly and companionable relationships with staff. People indicated that they were happy by displaying relaxed body language, happy facial expressions whilst interacting with staff and moving around the home. Relatives told us that their family members' assistance was delivered by caring staff. One relative told us, "Yes (staff are caring) I do think all the permanent staff I've met have been as good as they possibly can be, oh yes, I would rate them very good."

Staff were knowledgeable about people, their preferences, specific behaviours and their support needs. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All staff in the home took time to engage and listen to people. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and needs. Staff allowed people time to process what was being discussed and gave them time to respond appropriately, where necessary, to ensure people were engaged. Staff used gentle touch on people's arms to enable people to focus their attention on what was being communicated. Some people living at the home required one to one care support, this meant that their support and care needs were such that they were at risk to themselves and others if they were not accompanied by a member of staff. We could see that this one to one support was provided in a non-intrusive and respectful way. People were allowed to move freely around the home and were not restricted by their additional support needs.

Reassuring and caring relationships had been developed by staff with people. We could see that people were very relaxed in all the staffs' presence and enjoyed communicating and interacting with them. Staff spoke fondly of the people they supported which had allowed personal but professional relationships to develop. The development of these relationships had been assisted by people's care plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual.

People were included, as far as possible, in the planning of their care and support. Care plans contained detailed information about people's personal histories, what medical conditions they had, and what impact this had on their mood and wellbeing. They also included information about people's activities they enjoyed and the routine that they preferred with the delivery of their personal care. Care plans were written in a person centred way showing affection for the people they were discussing. Care plans had information about what people liked and admired about them identifying their most positive attributes. For example, one care plan described the person as being friendly, sociable and popular within the local community with a good sense of humour. We could see that staff were genuine in complimenting people when they displayed these mannerisms.

Staff were able to discuss people's individual needs and we could see that they reflected people's wants in the way they provided support. Staff told us how they assisted people to express their views and to make decisions about their day to day support. This included enabling people to have choices about what they would like to eat, wear and what external activities they wished to participate in. We saw that people were

being offered choices on a daily basis about how and where they wished to spend their time which was respected.

When people were distressed or upset staff knew how to comfort and offer reassurance. During the inspection one person came into the office and was exhibiting signs that they were sad. One member of staff approached this person who was unable to verbally communicate why they were feeling low. The member of staff spoke softly to this person whilst using gentle touch on their knees and encouraged them to think about the activities they would like to do that afternoon which they would help them with. This person's mood improved and left the office happy that they would be going out that afternoon. On another occasion during the inspection planned outing for one person had been cancelled without warning. Knowing that this would lead to this person becoming upset and withdrawn they organised with staff and other residents to visit the local pub for dinner as this would lighten their mood. People were cared for by staff who genuinely cared for their emotional wellbeing and took steps to ensure people were happy.

People were encouraged by staff to personalise their rooms and living spaces. The home was in the process of being redecorated and we could see that people had chosen pictures they wished to have displayed on the walls. People had also been involved painting a large image of a tree in the new sun room showing that they were able to reflect their tastes in the decoration of their home living environment. People's bedrooms were individually personalised and decorated to reflect people's interests. We could see that staff actively participated in decorating people's rooms with things that were important or interesting to them. One person liked a particular animal and we could see that a member of staff had brought in pictures of their own animals which had been displayed on the wall. This person excitedly showed us these pictures and other similar items which were individual to their individual tastes and wants.

People were treated with respect and had their privacy maintained at all times. Care plans and associated risk assessments were kept in the main office and secured to protect confidentiality however were easily available to staff to review. During the inspection people regularly walked into the office to communicate with staff however all personal files and information were locked in large cabinets. Throughout the inspection these were locked at all times with the keys safely secured to ensure that people were not able to access to information which was not their own maintaining other people's privacy.

During the inspection staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and staff knocked on people's doors awaiting a positive response before entering to assist. For one person with sensory difficulties lights had been placed at the rear of their door which flashed when staff wished to gain permission to enter. This allowed them to vocally respond their agreement to staff that they were ready to be seen.

Staff told us it was part of their role to encourage people who used the service to be as independent as possible. One person had previously expressed the wish to live more independently however did not want to leave Homewood. As a result the provider had reallocated the top floor into a flat for this person allowing them to maintain their independence but still receive the support they needed to keep them safe. This work included the person having the main front door to the home being allocated as their own front door whilst a new one was situated for visitors to the home.

People also had guidance included within their care plans which were agreed actions that people wanted to be able to achieve independently. For example, this included that one person was able to participate in

washing their own clothes. The care plan provided instructions on how they were to be supported to best assist this person so they retained their sense of independence. Staff knew the importance of supporting people to remain independent and we saw that they were encouraged to do things for themselves continually during the inspection. The staff were committed to maintaining and enhancing the skills of the people they were supporting.

Good

Is the service responsive?

Our findings

Relatives told us that the service supported their family members to lead meaningful, interesting and independent lives. However not all the relatives we spoke with told us they felt that people were being offered opportunities to participate in additional activities such as having arts and crafts and external activities providers visiting the home. People we spoke with said they enjoyed the activities that they were provided with and we saw they enjoyed what they were able to participate in with alternatives being offered.

The registered manager and staff were keen to fulfil people's lives by seeking ways to allow people to experience different social and leisure opportunities. All the people in the home were supported to take part in activities in the local community. Staff encouraged people to sit with them and we could see where possible plan their weekly activities so they knew what they would be doing for the following week. This allowed people to plan and budget for their activities accordingly.

Staff recognised the importance for some people to maintain their regular activity schedules so as to not cause stress when plans changed. This included staff coming in to offer people opportunities whilst they were not working in order to support people. One relative told us, "(Member of staff) gave an evening up to take (family member) out when she wasn't working". This ensured people were supported to keep to timetables and schedules in order to enjoy their activities.

People were supported to participate in horse riding, shopping, going to the gym, swimming and to go into the local community to enjoy social groups. They were also encouraged to maintain personal relationships and staff supported people to visit people living in other locations to ensure these were maintained. Staff knew people's preferences and provided people with choice asking people daily what they would like to participate in. Whilst people had structured routines available this was subject to change on a daily basis depending on whether the person had changed their mind.
People told us they were happy with the levels of activities on offer. Some relatives we spoke with felt that more activities could be conducted both within and outside of the home. However we could see during the inspection that people were actively being encouraged to participate in activities including outside shopping trip, going for walks and to the local public house for drinks and meals to keep them stimulated.

The registered manager and senior staff were taking action as a result of some relative's views regarding the range of activities available and supporting people and their relatives by actively seeking additional funding from the provider to allow people to participate in extra activities. The registered manager had also taken proactive action and recruitment was on-going to employ permanent staff, this included inviting agency staff known to people living in the home to submit applications for employment. This would ensure that people had familiarity with the staff supporting them and they had the correct training to encourage people to participate in additional activities if wanted.

People received consistent personalised care and support. People's care and support was set out in a written plan that described what staff needed to do to make sure that personalised care was provided.

When initially planning care the care plans took into account people's history as well as the activities that were important to them. Family members and social care professionals were involved in the creation of these care plans to ensure all the person's needs, wishes and wants were taken into consideration. Relatives confirmed they were involved in planning of people's care where requested and required.

People were supported by staff to express their views and formally discuss their care. Care plans were reviewed at least yearly and risk assessments were updated monthly to ensure they remained current and provided the most up to date guidance available. These reviews also took place if there was a change in a person's personal circumstances such as a health difficulty or if they began displaying behaviour which could challenge staff and other people living at the home. For example, one person had begun exhibiting behaviours which could challenge staff. As a result of this new behaviour the person's care plan was reviewed and appropriate guidance provided to staff on what actions to take if this behaviour was exhibited. Records showed that this had been reviewed regularly when required to ensure it remained appropriate. This ensured that staff were provided with the most current, correct and appropriate guidance to follow during care delivery and their daily interactions with people.

People and relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for people, relatives and staff about how a complaint could be made, including alternative means by which these could be made including by telephone, letter, online or email. This also included the timescales people should expect for any response and how to complain to the Care Quality Commission and the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care provides. It is a free and independent service that ensures that a fair approach is taken to complaints made. People's care plans included easy to read information with pictures explaining how people could raise concerns if they were unhappy. This information was also made available in the corridor leading to a small lounge area so that all people could easily see what they would need to do if they were unhappy. People were also reminded at regular monthly residents meetings that if they had any concerns and wished to complain that they could speak with staff and would be supported in doing so.

Relatives were confident they could speak to staff or the registered manager to address any concerns. Systems were in place so if complaints were received they could be documented, raised to the registered manager, investigated and a suitable response provided. Three complaints which had been received since the last inspection were reviewed. We could see that each of these were investigated, responded to appropriately where action taken where possible to prevent reoccurrence of the original complaint. People and relatives told us they knew how to make a complaint and felt able to do so if required.

Requires Improvement

Is the service well-led?

Our findings

The registered manager promoted a service at Homewood which was open and supportive to both staff and people living at the home. They sought feedback from people living at the home and relatives to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led despite not all having met the new registered manager. This was as a result of having long standing senior staff who provided stability whilst the registered managers had changed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

Since recently starting at the home three months prior to the inspection the registered manager had not always ensured notifications about significant events had been reported to the CQC in an appropriate and timely manner in line with CQC guidance.

A number of incidents had been documented in the incident and accidents forms however the details of these incidents had not been submitted to the CQC. These included alleged allegations of abuse and neglect by agency staff, incidents which had occurred between people living at the home and incidents which had been reported to and investigated by the Police. We identified that since April 2016 there had been five incidents which should have resulted in a notification to the CQC. We could see that these incidents had been referred to the other appropriate authorities such as the Police and Safeguarding authority so that action was monitored to ensure people were kept safe. Staff were unable to say why these had not been notified to the CQC whilst other incidents had.

Not informing the CQC without delay of notifiable incidents was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4)

The registered manager was keen to encourage a culture which placed an emphasis on people feeling like they were living in their own homes and were supported appropriately by staff. Homewood was described by the registered manager and staff as people's home and everything that staff did was to meet and support people's needs as well as promoting their emotional and physical wellbeing. This culture was known and appreciated by staff and relatives. One relative told us, "The home has a homely atmosphere", another relative said, "(the home) is generally happy, all the staff are very good with them (people)…it's a nice atmosphere".

The registered manager was available to people and staff to offer guidance and support whenever they were required. Staff felt that they were subject to consistent support from senior staff and the registered manager. One member of staff told us, "Honestly I think she (registered manager) is the best manager we've had and she's only been here for a few months….she's not just here for the service users she's here for the staff as well and she will get things done and she's make sure it's done, she's absolutely brilliant". Another member of staff said, "Definitely, definitely (supported) I have no hesitation in saying that…she's always available

because we can contact her by telephone or email I think she's a very supportive manager."

Not all the relatives we spoke with had yet met the registered manager but said they were confident that they could speak with them, the deputy manager and staff at Homewood if required and were confident that action would be taken if they wished to raise any concerns. The registered manager was keen to involve relatives in conversation to ensure that they were aware of her objective of staying at the home and providing stability in management. This stability was important for people, staff and relatives. One relative told us, "They need a period of stability (management)…a few (people) have had behavioural changes and that will settle down with the manager, deputy manager and the others, it's essential to have (the same) staff."

Staff recognised and acknowledged the values of the service. This also included knowing the standards of care that were required from them which were openly displayed in the office and reiterated during staff meetings. The provider's core values were based on being staff being person centred when delivering support, showing commitment to upholding people's rights and dignity and promoting choice, independence and wellbeing for all. Our observations showed that staff followed these core values in their interactions with people and responded quickly to people's individual needs. One member of staff told us about the values of the service, they said, "It's about making sure that people here are safe, well cared for their needs are met, their independence is promoted as far as possible, that they are listened to in a meaningful way and responded to". Staff were aware and ensured that people were given every opportunity to fulfil their needs and wishes to live an independent life as possible.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with new situations and could seek advice and guidance from other staff.

The registered manager sought feedback from people to identify how the service they received could be improved. People and their relatives were actively encouraged to be involved in developing the service. Relatives were asked for their feedback by the use of annual questionnaires. The last survey was completed in 2016 and relatives were asked to participate in answering questions which included whether people were happy with the support required, if the provided activities were satisfactory and if they knew how to complain. Only two responses had been received but they both spoke positively about all aspects of the care delivery in the home. Positive comments received included, "The permanent staff at Homewood have always been exceptional in their care of (family member) especially during the last 18 months when his (illness) has deteriorated. I cannot praise them enough". The only constructive feedback comment was regarding the want for more interactive activities within the home such as playing games. We could see that at the time of the inspection a games room had been situated next to the dining room for to access. This included games, painting materials and puzzles that people could use whenever they wished.

People were continually involved in presenting ideas on how the service could improve. People were asked during their monthly residents meetings if there was anything they were not happy with and anything they wished to be done differently. People were also asked to complete annual customer surveys, the last of which had been completed in April 2016. During this people were asked to rate if they felt safe, if they liked their new rooms, if they were happy and wanted to do more activities, if they enjoyed the food and felt listened to by staff. The majority of the responses spoke positively about the home and staffs' ability to be able to meet their needs. Where people had expressed a want to do something different action was taken to ensure this occurred. One person had expressed a wish to see their family more frequently. As a result action was taken that staff were to support this resident to maintain contact with their family members wherever

possible. People and their relatives were given opportunities to provide feedback on the quality of the care provided and where actions were required to meet people's needs these were addressed.

The registered manager recognised that there had not always been systems in place to monitor the quality of the service people received through the use of regular provider and registered manager audits. The registered manager told us that their priority since moving to the home was meeting people, getting to know them and their individual needs however had identified there were a number of actions which needed to be taken to improve the quality of the service and to monitor these were effective. As a result the registered manager, deputy manager and senior member of staff had spent a day auditing all the operational systems in the home including, care plans, handover sheets, supervisions and the audits currently being used. As a result the registered manager identified that there needed to be a regular schedule of auditing which they were in the process of developing.

This action plan covered all areas of care delivery and included timescales for completion and who was responsible for ensuring these actions were completed. Action had already begun to ensure the action plan was being completed within schedule. It was identified that the handover sheet between shift leaders were not effective at prompting all the information that was required to ensure that staff coming into work were aware of any changes in people's needs. This was an action that had the completion date of 18th July and we could see that new sheets had been introduced which staff told us had been a welcome and useful tool to aid their handover processes.

The provider's service manager had recently completed an audit in June 2016 which had looked at the environment, health and safety aspects, support plans and other areas effecting care delivery. Some of the areas identified in this report had already identified by the service manager, this included the importance of having a clear training matrix available. This would ensure that staff's training was easily accessible and arrangements could be made at an appropriate time when staff required updated refresher training. The audit also identified that there were gaps in some staffs personnel files which we could see where the in process of being filled at the time of the inspection. The service manager intended that these were going to be bi-monthly audits on top of the registered manager's monthly audits which were to be introduced. We could see that regular monthly audits were being completed until August 2015 however there had been no internal audits since this time.

The registered manager told us they had undertaken informal audits in areas such as kitchen records, fire records, and medication but was aware that they needed to implement regular and documented audits. This has been identified on the home's action plan and was in the process of being addressed however more time was needed to ensure that this system could be put in place and monitored to ensure it was effective.

Staff identified what they felt was high quality care and knew the importance of their role to deliver this. One member of staff told us, "(high quality care) is where people have control over their lives, they have choices, they can make choices, but also it's about supporting people according to their needs". We saw interactions between staff and people were friendly and unobtrusive which supported this statement. Compliments viewed documented that relatives agreed that high quality care was provided to people living at Homewood. One relative had written to the service, "I would like to thank you and all the staff for the care you've given to (family member)…everyone has shown him nothing but kindness and a real concern for him…you are all well equipped with the necessary expertise complete with a caring attitude and that he is well looked after when he is not well". People were assisted by staff who were able to recognise the traits of good quality care and ensured these were followed and demonstrated when supporting people.

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not ensure that notifications of all notifiable incidents were appropriately submitted to the Care Quality Commission for monitoring and review