

Kal - Tan Limited

Homelea

Inspection report

68 Worple Road
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Surrey
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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

This unannounced inspection took place on 23 August 2016. We last inspected Homelea on 12 June 2013 where we found the provider was meeting all the regulations we looked at.

Homelea is a care home registered to provide accommodation and personal care for up to 19 older people. The home is located close to Epsom town centre and has a large and secluded walled garden that people living in the home were able to access.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People living in the home told us they felt safe and well cared for. This was echoed by relatives of people who we spoke with. We found there were appropriate numbers of staff to support people effectively. The staff were knowledgeable about the individual needs of the people and knew how to recognise signs of potential abuse so they could take appropriate action to protect people. There was a robust recruitment procedure in place that helped to ensure new staff were suitable to work with people who use the service. Medicines were managed safely and people received their medicines as prescribed.

Staff were able to maintain and develop their skills because they had access to appropriate and effective training. Staff confirmed they had access to a range of learning opportunities and told us they were well supported by the registered manager. We saw staff received regular supervision.

All the people living in the home at the time of this inspection had the capacity to make decisions and were able to give consent to their care. Staff understood the principles of the Mental Capacity Act 2005 and knew what to do if people could not give consent to ensure their best interests were met.

People had their nutritional needs met and were offered a choice for their meals. People were offered a varied diet and were provided with food and drink when they needed it.

People were supported to have and maintain good access to healthcare professionals as their needs dictated.

The staff were caring and positive when communicating and supporting people. Visitors told us they were made welcome in the home and people were supported to maintain relationships with their friends and relatives.

Care records and risk assessments were person-centred and were an accurate reflection of the person's care and support needs. The care plans were written with the person, so they were able to influence the delivery

of their care. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs and circumstances.

People told us there was a good range of activities that they were encouraged to join in if they wished to do so.

People knew how to raise concerns and complaints and were confident if they needed to they would be dealt with appropriately.

There was an open and friendly atmosphere in the home, which showed people were happy and the staff and registered manager had good relationships and knew the people well. We observed staff supporting people with respect whilst assisting them to maintain their independence.

All the people, their relatives and staff we spoke with said they had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

People's views of the service were sought and responded to appropriately.

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. Staff understood their responsibilities in relation to protecting people from any harm or abuse. There were appropriate numbers of staff to meet the needs of people living in the home.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their care plan.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with people.

People were supported with their medicines in a safe way by staff who had received appropriate training.

Is the service effective?

Good ●

The service was effective. We found staff received appropriate training including induction and regular supervision to enable them to fulfil their roles and responsibilities.

All the people living in the home at the time of this inspection had the capacity to make decisions for themselves.

People were provided with a varied and nutritious diet in line with their personal preferences.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring. People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported and encouraged to maintain their independence.

People experienced care that was delivered in a compassionate manner.

Relatives could visit their family members at any time and they

said they were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and reflective of people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to take part in a range of activities in the home which were organised in accordance with their preferences.

People knew how to complain and said they felt confident they would be listened to by the registered manager if the need arose

Is the service well-led?

Good ●

The service was well led. There was a positive and open culture within the home that had been developed over more than ten years by the registered manager. People and their relatives told us the registered manager was approachable if people or staff had any concerns or suggestions.

There were systems in place to monitor the quality of the service which included regular audits and feedback from people living in the home and their relatives.

Homelea

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 August 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, three members of staff, six people living in the home and one relative. We reviewed four people's care files, four staff files that included recruitment information, staff training records and the staff rota. We also looked at other records in the home that included medicine administration records, a sample of policies and procedures and quality assurance records. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and secure in the home. One person said, "It really is a lovely home. I have been here for several years and I think we are all well looked after." Another person commented, "It's a good place. The staff are all so kind to me." Relatives spoke about the service also with positive comments and told us they had no concerns about the safety of their family member. One relative told us, "I feel very reassured and I have no concerns about the home."

People were supported by staff who had a good understanding and knowledge of how to keep people safe. The staff explained how they ensured the safety of people living in the home. One member of staff said, "If I had any concerns about people's safety here I would report it immediately to the manager." Another member of staff said, "It (abuse) has not happened as far as I know but if it did I would ensure the person was safe and then I'd report it directly to the manager." Staff we spoke with were clear about whom they would report any concerns to and were confident that any allegations of abuse would be appropriately reported and fully investigated by the registered manager.

Staff said they had received safeguarding training. Records of training we saw during the inspection confirmed this. Staff said that they also received additional training on how to keep people safe and this included moving and handling, the use of equipment such as hoists, infection control and first aid. We found staff were aware of the whistle blowing policy and they were confident any concerns they might have would be dealt with appropriately.

We noted there were policies and procedures on safeguarding adults available for staff to guide their practice. Our records showed that the registered manager was aware of her responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority and to CQC.

We found individual risks had been assessed and recorded together with people's care plans. Risk management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments included moving and handling, diet, malnutrition, pressure areas and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or when required to ensure they reflected the current needs of people. This was confirmed by the registered manager and meant staff had up-to-date information about how to reduce risks. We noted people had a personal emergency evacuation plan which set out the assistance they would need in the event of an urgent evacuation of the building.

The registered manager told us accidents and incidents were recorded. We saw that all the forms were reviewed by the registered manager and referrals made as appropriate, for example to the falls team. The registered manager told us they now carried out an audit of these records on a monthly basis in order to identify any emerging themes or patterns.

People felt there were sufficient staff on duty to meet their needs. At this inspection we saw that staff were talking with people and supporting them where they needed assistance in the communal areas. One person

told us "They are always available and never leave you waiting long." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absences. The staff rota showed staffing levels were consistent across the week and weekends. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us they reviewed the level of staff on duty and varied it based on people's level of dependency. During the inspection, we saw staff responded promptly to people's needs.

We reviewed the arrangements in place to recruit new staff. We looked at staff files and the recruitment records for staff employed by the service. We noted appropriate checks had been carried out before staff started work. The checks included criminal record checks for all applicants, checks on people's identity, references and health records. This helped to ensure appropriate people were recruited to work in the home.

People told us they were satisfied with the way their medicines was managed. All prescribed medicines were kept securely and the records were clear and up to date. We checked the arrangements for the management of people's medicines by reviewing a sample of medicines records and supplies for people living in the home.

We observed staff who administered medicines to people safely and checked each person's medicines with their individual records before administering them. This help to ensure the right person got the right medicines. All staff who gave medicines had completed appropriate training and had their competency assessed before they were able to do so. We inspected medicines administration records and noted that medicines entering the home from the dispensing pharmacy were recorded when received, administered or refused. This provided a clear audit trail and enabled the staff to know what medicines were on the premises.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

The premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. During the inspection we undertook a tour of the home that included some of the bedrooms, bathrooms and communal areas. We saw all areas had a good standard of cleanliness and were warm and comfortable. The provider had a maintenance man who ensured all the necessary on-going maintenance and repairs to the building were carried out.

Is the service effective?

Our findings

People told us staff were appropriately skilled to meet their needs and spoke positively about the care and support they received from staff. One person told us, "Most of the staff have been here for a long time and they know us well. They are very good and they do a good job at looking after us." Another person commented, "I think the staff are fantastic. I get on well with them and they look after me well."

People told us there was a stable staff team at the home which had a good knowledge of people's needs. This was confirmed by relatives we spoke with, by the registered manager and staff themselves. We asked staff about their key working responsibilities and they were able to tell us about how they cared for each person to ensure they received effective care and support.

All staff had completed induction training when they commenced work in the home. We looked at staff training records and from the discussions we had with staff we noted they had all completed training relevant to their role and responsibilities within the home. For those staff whose records we inspected we saw they had all completed the Qualifications and Credit Framework (QCF) in health and social care at level two or three and we saw certificated evidence that supported this. QCF is a new credit transfer system which recognises qualifications and units by awarding credits.

Staff told us they had good access to a wide range of training which included, safeguarding, moving and handling people, the safe administration of medicines, infection control and equalities and diversity training. Staff also completed some specialist training which included dementia training. The registered manager told us training was provided either through distance learning methods or by class room based learning at a local college. This was evidenced in the training certificates we saw for the training referred to above.

Staff were provided with regular supervision and felt they were well supported by the registered manager. We saw documented evidence that staff had received supervision support, however in the supervision notes we saw the detail was brief and did not fully reflect on the discussions that was had at these meetings. The registered manager acknowledged this and agreed to ensure all further supervision sessions would be fully recorded. Both staff and the registered manager told us they thought formal staff supervision was important as it enabled staff to discuss their performance and provide an opportunity to plan their training and development needs.

From the minutes of the team meetings we saw that staff were invited to attend regular meetings and they told us they could add to the agenda items. Staff confirmed they were able to discuss any issues relating to people's care as well as the operation of the home.

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.

Staff we spoke with explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to do. At the time of the inspection all of the people who used the service had capacity to make decisions for themselves. We checked whether the service was working with people's best interests in mind. Throughout the inspection we saw staff speaking to people clearly and gently and waiting for responses before providing care. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves.

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). The registered manager understood when an application for a DoLS needed to be made and how to submit one. When we spoke with staff they told us they had received training on the MCA and we saw certificated evidence they had completed this. They demonstrated a good understanding of the principles of the MCA.

People were supported to have appropriate amounts to eat and drink and to maintain a balanced diet. We observed people eating their lunches at tables in the dining room and they told us they enjoyed the food. The meal looked well-presented and plentiful. During this lunchtime staff were kind and attentive and supported people when they needed assistance. The atmosphere was relaxed and unhurried. People said they were given a choice of meals and drinks. One person told us, "The food is nice and we always have a choice if we don't like the meal on the menu." Another person said, "Oh the food is good and it's a lot better than having to cook for yourself. That's what I had to do before I came here." One relative said, "They get good food here and I know [my family member] eats like a horse so they are obviously very satisfied with the food they get." We spoke with the cook and they told us people were regularly asked for their views on the food provided and alterations had been made to the main menu in response to people's preferences.

We saw on people's care files their weight and nutritional intake was monitored weekly in line with their assessed level of risk. Referrals were made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We observed staff offering people drinks throughout the day.

We looked at how people were supported to maintain good health. Records we inspected showed us people were registered with a GP and received care and support from other healthcare professionals such as the chiropodist and dentist. All people's healthcare appointments were recorded and their needs were considered within the care planning process. This helped staff to recognise any signs of people's deteriorating health.

Is the service caring?

Our findings

People said they were treated with kindness and respect and staff listened to their views about how they wished their needs to be met. One person told us, "I have lived here for several years now and I love it here, the staff really care and they always do their best for you." Another person commented, "The staff are fantastic, you only have to ask and it's done." A relative we spoke with said, "Staff are always very receptive, caring and cheerful. They always make time to talk about my [family member] and any problems." Other relatives also expressed a high level of satisfaction with the care provided. One relative said, "I am really happy with the home. The staff are fantastic with my [family member]. All relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. A relative who was visiting on the day of our inspection said, "We are always made welcome here."

Throughout the inspection we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. The atmosphere in the home was warm and welcoming and the interactions between staff and people were positive. All staff carried out their duties with a caring and enthusiastic manner. Staff spoke about people in a respectful, confidential and friendly way.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. People were familiar with their keyworker and confirmed they spent time chatting to them. One person told us, "My key worker is so easy to talk to. She always does that little bit extra for me."

People's privacy was respected. Each person had their own room and we observed staff knocking on doors and waiting for permission to enter during the inspection. People told us staff respected their wishes and said they could spend time alone if they wished. Staff told us they always tried to respect people's wishes and one member of staff gave the example of asking the person how they wanted their personal care to be done ensuring the person said what they could for themselves.

We saw staff caring for people in a dignified way. Not only has this helped people to feel respected and cared for by staff but also it has helped people to maintain and maximise their independence skills.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One relative told us, "They [their family member] love their room. They are able to bring some of their own things in and we have put up pictures and photographs." The inclusion of photographs and memorabilia chosen by the person has been important for people as it has promoted good dementia care and has helped to enable people to orientate themselves and keep a more positive outlook on life.

Is the service responsive?

Our findings

All the people we spoke with made positive comments about the way staff responded to their needs and preferences. One person said, "The staff will do anything they can to help you," and another person said, "They are really good to us. It's like a large family home where we all care for each other. You almost wouldn't know they were staff!" People said the routines were flexible and they could make choices about how they spent their time. At the time of this inspection we observed two people sitting in the garden under a large tree enjoying the cool of the shade in the summer heat. One of those people said, "It's so lovely here, we can come out into the garden whenever we wish as long as the weather is good enough. Like today."

One person told us, "There is plenty to do here. Sometimes one of the residents starts playing the piano and it really cheers us up." We saw information about daily activities was displayed on notice boards around the home. People told us they were satisfied with the type and frequency of activities provided in the home. We observed people doing a variety of activities which included spending time reading, playing the piano and entertaining other residents, talking to visitors and participating in activities including those arranged by the home.

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at people's care plans in their care files. They had all been reviewed in the last two months as had their needs and risk assessments which were integrated into the care plans. All the care plans we saw had been signed off by people indicating their agreement to the plans.

Staff told us they were familiar with people's life histories. They said they thought it was important to understand as much as possible about people so they could provide the most appropriate care for them. We saw all the files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. The registered manager had ensured there were systems in place to provide continuity of care to people. Staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home and it meant they could be responsive to people's needs.

Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. The registered manager told us people had been involved in their assessment of needs and information was gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. One person told us, "I do discuss my plan with my keyworker. I can add anything I want and I have signed it."

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives told us they would be happy to approach the staff or the registered manager in the event of a concern. One

relative told us, "I'm happy to talk to the manager about anything. She always sorts everything out quickly." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home. We looked at the complaints records and we saw there were systems in place to investigate complaints.

Is the service well-led?

Our findings

People received a service which was well led. At this inspection we found a team of staff who evidently enjoyed their work in the home. One member of staff told us, "I love my work in this home" and another said, "The staff team here are pretty stable and that's because we love it here. It is like a family home." Staff told us they received really good support and encouragement from the registered manager. People told us the registered manager and the staff made the home a lovely place to live in. One relative we spoke with said, "The manager is lovely, she's always available to talk to. You can see the home is well run and well looked after. It is cosy and friendly and run like a family home. More than that people and the staff are happy here. That's why they have all been here for quite a long time."

Staff spoke highly of the registered manager. One of them told us, "They care and they want the best for people and the staff. I enjoy working here, if I wasn't happy I'd leave". Another staff member told us, "Most of the staff team have been here for ages and that's because it is a good place to work in and the people here are like family."

Staff told us the registered manager encouraged a positive and open culture within the home. The registered manager said they had developed this over more than ten years since the home was opened. People and their relatives told us the registered manager was approachable if people or staff had any concerns or suggestions. Regular residents' meetings were held. These helped keep people informed of proposed events to take place in the home and gave people the opportunity to be consulted and make shared decisions.

Over the course of this inspection we saw the registered manager was available to people, relatives and staff and we found there was an open door policy for all these people. Throughout the inspection we observed people and staff seeking advice and guidance without hesitation. Information was shared with the staff team through handovers and this meant that all staff were aware of any changes for people. The registered manager told us staff were able to call her at any time should they need their support. This was confirmed to us by staff.

The provider sought feedback about the service annually. During the inspection we were told that quality assurance questionnaires were sent out in June 2016 about the service to people living in the home, their families and relatives and to other visitors. We saw the returned questionnaires. They covered all aspects of service delivery including staffing, management, staff approach and activities. The information received was positive. Comments received included, "The care is excellent, people are happy, the staff are friendly, thoughtful and considerate" and "The staff I see have a caring attitude and deal nicely with my [family member]". We were told that the feedback information was collated and a plan of action devised and action taken to address any concerns or developments that were raised. For example a suggestion had been made by relatives for there to be a celebration for the Queen's birthday. We saw evidence that a garden party was held in June and this was confirmed by people we spoke with and by staff and relatives. Another example was where a request was made by people for there to be more musical entertainment. We saw that a musician visited the home and as a result people were very positive in their feedback about this

development.

People were protected against an unsafe environment by the service carrying out comprehensive audits. Records showed the service carried out daily, weekly, monthly and six monthly health and safety checks on the service. We viewed records relating to fire equipment, medicines audits, food hygiene checks, maintenance checks and found these were all in date and any identified issues were reported to the manager who ensured they were rectified.