

# Central and Cecil Housing Trust Homemead

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Homemead is a care home that provides accommodation and personal care for up to 30 older people in one adapted building. At the time of our inspection there were 23 people using the service including those living with dementia.

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

People using the service, their relatives and staff told us that the home was a safe place to live. People had risks to them regularly assessed, reviewed and minimised meaning they could take acceptable risks, and enjoy their lives in a safely. Any safeguarding concerns, accidents, and incidents were reported, investigated and recorded, appropriately. The home had enough staff to support people and meet their needs. Staff were appropriately recruited and trained including how to safely administer medicines. The home used Personal Protection Equipment (PPE) safely, effectively and the infection prevention and control policy was up to date.

Homemead was managed and led positively, in an open, transparent and positive way with an honest culture. The provider had a vision and values that were clearly set out, staff understood and followed. Management and staff responsibilities and accountability were clearly defined, and a good service provided that was regularly reviewed. The provider audits were thorough, and records kept up to date. Community links and working partnerships were established and maintained to minimise people's social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, friendly and open way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 22 November 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homemead on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Homemead

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Homemead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

An application was made proposing a new registered manager that was being processed.

#### Notice of inspection

Inspection activity started on 6 April and ended on 26 April 2023. The inspection visit took place on 12 and 19 April 2022 and was unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Many people couldn't use words to communicate verbally and did not comment on the service. We spoke in person with the manager and deputy. We spoke with 5 people using the service, 3 relatives, 7 staff and 5 health professionals to get their experience and views about the care provided. We reviewed a range of records. They included 5 people's care plans and risk records. We looked at 4 staff files in relation to recruitment, training and supervision. We checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People using the service and their relatives said that the care home was safe for people to live in, and they were treated well by staff who had their best interests at heart. This was demonstrated by the care and support we saw people receiving from staff, and their positive body language, towards staff. This was relaxed and indicated that people felt safe. A relative said, "We are more than happy, what I really like is people with dementia are allowed their own space and can move around, as they wish." Another relative told us, "Very safe, [Person using the service] is as safe here as they would be at home. A good experience for us and stimulating for [Person using the service]."
- Staff were trained how to identify abuse towards people, safeguard them and take appropriate action to if abuse was encountered including how to raise safeguarding alerts. A staff member said, "Everyday is different and you make it as safe as you can for people." The provider safeguarding policy and procedure was made accessible to staff.
- Staff advised people how to keep safe and areas of concern regarding people, were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- Staff followed people's risk assessments enabling people to take acceptable risks and enjoy their lives safely. People's risk assessments included all aspects of their health, daily living and social activities. Risk assessments were regularly reviewed and updated when people's needs, interests and pursuits changed, in order to keep people safe.
- Staff had a good understanding of identified risks people might face and the action they needed to take to prevent or safely manage those risks. Examples of this included staff being aware of the action to take to minimise risks associated with people choking whilst eating and drinking. They also made sure people could safely move independently around the home, as they wished. A staff member told us, "It's all about safety and care. We have morals and what we provide is love and warmth."
- People's care plans were up to date and contained detailed risk assessments and management plans. Important areas were addressed including people's mobility, nutrition and hydration needs, risk of falling and personal care.
- The staff team was well-established and familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "A lovely atmosphere with very caring staff."
- The general risk assessments were regularly reviewed and updated including reference to equipment used

to support people. This equipment was regularly serviced and maintained.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service worked within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

#### Staffing and recruitment

- There was a thorough staff recruitment procedure and suitable numbers of staff to meet people's needs. This meant people were kept safe.

- During the inspection, staffing levels matched the rota meaning people's needs were safely met. People said there were enough staff to meet their support needs. Staff were visible throughout the inspection providing people with the care and support they needed. We saw staff responding quickly to people's requests for assistance or to answer their questions. A relative told us, "Seem to be plenty of staff who are kind, and we are more than happy with the home." Another relative added, "Staff are very friendly, there always seems to be someone on hand and it is a lovely environment."

- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with a review. This was extended if required, so that staff could achieve the required standard of care skills.

#### Using medicines safely

- People received their medicines safely.

- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at.

- Staff received regularly updated training in how to administer medicines safely. They understood their responsibilities in relation to the safe management of medicines. Only staff who had been trained and assessed as competent handled medicines.

- There was detailed staff guidance in people's care plans that included their prescribed medicines and how they needed and preferred them to be administered. When appropriate, people were encouraged and supported to administer their own medicines. People told us staff made sure they took their prescribed medicines as and when they should.

- People's prescribed medicines were securely stored in locked cabinets and medicines trolleys kept in the care home clinical rooms, which remained locked when not in use.

#### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff received infection control and food hygiene training that people told us was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We receive all the infection equipment and training we need."
- A 'whole home testing' regime was in operation at the service, which meant everyone who lived and worked there were routinely tested for COVID-19. People told us they were regularly tested for COVID-19 and were vaccinated.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.
- We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately if required. People told us staff always wore personal protective equipment (PPE). Managers and staff confirmed they had ample supplies of PPE and were routinely tested for COVID-19.
- People told us, and we saw that the home environment was kept clean and hygienic.

#### Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- The home learnt lessons when things went wrong.
- The home kept regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff told us they were confident in and happy to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. The management shared and discussed this with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

# Is the service well-led?

## Our findings

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

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

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

- The home's culture was person-centred, empowering, open, and inclusive.
- People and their relatives said the home was well run, and the registered and deputy manager were very good. This was also reflected in people's positive, relaxed body language towards the registered manager, deputy and staff. It indicated that the service was provided in a manner that met people's needs. People described the management team and staff as, "Very approachable and responsive either in person or by email or phone."
- People said staff worked hard to meet their needs and made their lives enjoyable. We observed staff constantly attending to people, making sure they were happy and comfortable. A relative remarked, "There is a good ethos here. It's all about kind staff and looking after people."
- The services available to people at the home, were explained to them and their relatives so that they understood what they could and could not expect from the management team and staff. This was re-stated in the statement of purpose and guide provided for people that also set out the provider's vision and values. Staff understood the vision and values and people said this was reflected in the way they worked. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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

- The provider understood their duty of candour responsibilities and was open and honest with people.
- People and their relatives said they were kept informed if things went wrong with their care and support and provided with an apology. This was enabled by the positive and proactive attitude of the management team and staff.

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

- The manager, deputy and staff understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People, relatives and staff were positive about the way the service was managed. A relative said, "The manager, deputy and staff could not be better."
- Staff gave us positive feedback regarding the manager's leadership style, that of other managers and said how well run the care home was. A staff member said, "I really love it here, I have great confidence in the

managers. I can speak to them about any concerns and they really listen." Another staff member added, "The managers are very supportive."

- The quality assurance systems were electronic, collated real time data and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, morning and afternoon activities, resident of the day and occurrences, such as accidents and incidents. Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the praise from people and their relatives.
- The audits carried out were thorough, and regularly reviewed by the provider, registered manager, and staff. They were up to date and included care plans, risk assessments, fire safety, infection control, and health and safety documentation. There was a weekly manager's report forwarded to head office, regional manager service visit report, development plan and visits from the provider quality assurance team. This meant people received an efficiently run service.
- The provider displayed their previous CQC inspection report and rating conspicuously in a communal area. This ensured this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider engaged people using the service, their relatives, staff, and listened to and acted upon their wishes.
- The provider had an open and inclusive culture that encouraged seeking the views of people, their relatives and staff. This meant people were able to voice their opinions about the service. The provider used several methods to gather people's views about what the care home did well or might do better. This included regular group meetings, care plan reviews, and annual satisfaction surveys.
- Staff had the opportunity to contribute their ideas about what the service did well, and what could be done better during regular individual and group supervision and work performance appraisal meetings. They were also given the opportunity to reflect on their working practices and professional development. Staff said they received good support when needed from the home's management. A staff member told us, "I love taking care of the elderly and the managers and staff make this such a good place to do that."
- During the inspection visit, the management team and staff regularly checked that people were happy and getting the care and support they needed, within a friendly family environment.
- Staff received annual reviews, bi-monthly supervision and staff meetings so that they could have their say and contribute to improvements.
- Relatives said they were in frequent contact with the home and made regular visits. They also told us that they were kept informed, and updated with anything about people, good or detrimental and adjustments were made from the feedback they gave. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures informing how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the manager, staff and the provider to learn from and improve the service.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

#### Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as district nurses, the care support team and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities.
- Healthcare professionals told us the home was well managed and there were good lines of communication.