

Methodist Homes Homewood

Inspection report

40 Kenilworth Road
Leamington Spa
Warwickshire
CV32 6JF

Tel: 01926423519

Website: www.mha.org.uk/care-homes/residential-care/homewood

Date of inspection visit:
15 June 2023

Date of publication:
05 July 2023

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

Homewood is a residential care home that provides personal care to up to 50 older people. At the time of our inspection, 32 people were living at the home. There were three floors but at the time of our inspection, the third floor was unoccupied. People resided over two floors known as 'Elm' and 'Oak'.

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

Prior to our inspection, we received concerns about ineffective safeguarding procedures at the home. We found no evidence to substantiate this concern. Each person we spoke with felt protected people from the risk of abuse. Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns.

There were enough suitably skilled staff to provide safe and effective care. Staff responded to people's needs in a timely way.

Risks to people's health and wellbeing had been identified and assessed. Risk management plans informed staff how to support people safely and mitigate those identified risks. People's medicines were ordered, received, securely stored, managed and disposed of safely. People were supported to have their medicines as prescribed. The home was clean, tidy and staff followed good infection prevention and control processes.

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.

Since our last inspection, systems and processes had been improved to ensure the quality of service was continuously monitored. A range of audits were in place which were effective in identifying where improvements were needed. Where any issues had been identified, these were added to a continuous improvement service plan to enable the registered manager to monitor the progress of actions and when these actions had been completed.

People and relatives told us the home was well-led. There was a relaxed atmosphere within the home where people were seen to be laughing and smiling. Staff were present, and supported people in a positive and friendly manner in line with the providers values.

People and relatives told us they had opportunities to provide feedback about the service. The registered manager was visible and people had daily opportunities to speak to them and raise concerns or suggestions

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received about effective safeguarding practices. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

The overall rating for the service has remained good based on the findings of this inspection.

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.

Homewood

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Homewood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Homewood is a care home without nursing care. 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 5 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the area manager, 2 senior carers, 4 carers, the chef and the administration assistant. We also spoke with an external healthcare professional.

We reviewed a range of records. This included 4 people's care records in full and multiple medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection, we received concerns about ineffective safeguarding procedures at the home. We found no evidence to substantiate this concern.
- Each person we spoke with felt protected from the risk of abuse. One person told us, "I feel absolutely safe, the staff couldn't be better. They reassure me." Another person commented, "They (staff) are very caring. I can't fault them. They are very gentle with me. I am treated with respect and kindness."
- Relatives also told us they were reassured people were safe due to the kind nature of staff. One relative commented, "The one thing that impressed us from day 1 was the friendliness of staff. When we walk in, we get a good feeling. It has only ever been good vibes. [Person] is happy with the care she is receiving."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. One member of staff told us, "Our job is to make sure all residents are free from harm, abuse, and neglect. We make sure we meet their needs and that they are in a safe environment."
- The registered manager had systems to safeguard people from abuse and knew how to follow local safeguarding protocols when required. Where people had sustained injuries, these were investigated. If the cause of the injury could not be discovered, these were then referred to the local safeguarding team for investigation.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified and assessed. Risk management plans informed staff how to support people safely and mitigate those identified risks.
- We recommended more person-centred detail was included in some people's care plans to inform staff further on how to identify risks specific to people's health needs. Despite this, staff knew people well and understood how to mitigate risks associated with people's care. For example, staff described how they prevented people from developing sore skin and how they would know if there was a problem with a person's catheter.
- Environmental risks were managed well. A recent fire safety inspection identified some fire safety deficiencies. The provider had developed an action plan to ensure these actions were completed in a timely way.

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)

- The registered manager and staff were working within the principles of the MCA. At the time of our visit, everyone living at the home had the capacity to make their own decisions and staff respected this. One person told us, "I have total freedom as a whole."

Using medicines safely

- People's medicines were ordered, received, securely stored, managed and disposed of safely. Records showed people were supported to have their medicines as prescribed.
- Since our last inspection, improvements had been made to help staff administer people's medicines safely. This included the introduction of more guidance to support the safe administration of short term 'as required' medicines, and medicines applied to the skin via a patch.
- Some improvements were needed in the storage of topical medicinal creams. These were not always dated when opened or when they were due to expire. The registered manager took immediate action and introduced a new check to ensure this was now recorded.
- Staff who administered people's medicines had been trained and their competency was regularly checked.

Learning lessons when things go wrong

- Staff understood their responsibilities to report and record any incidents and accidents in line with the providers policy. One staff member told us, "If anyone has an injury, we report to our senior who will take a picture and ask questions. Very fast action is taken. I am very confident in the senior's ability who takes everything seriously."
- Accidents and incidents were reviewed electronically by the registered manager and remotely by the provider to ensure appropriate actions were taken at the time of the accident and incident. These were then reviewed to identify pattern and trends to avoid re-occurrence.

Staffing and recruitment

- There were enough staff to provide safe and effective care. Staff responded to people's needs in a timely way. One person commented, "Staff always have time for you. There is always someone around and I never wait long. I am up and showered when I want."
- Records showed the assessed staffing numbers were always maintained and staff confirmed this. The home used temporary staff supplied via an agency to cover any shortfalls in staff numbers. Processes were in place to ensure these staff were suitable to support people living in the home. This included ensuring agency staff were trained in the provider's manual handling programme.
- The provider ensured staff had the right skills to meet people's needs by ensuring they were trained. One person told us, "I am surrounded by staff who are well trained to a good standard."
- Staff were recruited safely. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and proof of identity. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified two minor infection control hazards which were rectified following our visit.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions regarding visiting at the home.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, systems and processes had been improved to ensure the quality of service was continuously monitored.
- The registered manager completed a range of audits which were effective in identifying where improvements were needed. Where any issues had been identified, these were added to a continuous improvement service plan to enable the registered manager to monitor the progress of actions and when these actions had been completed.
- The provider also completed a range of checks to ensure these audits reflected the quality of the service. This included remote monitoring, regular meetings, and visits to the home.
- In addition, the provider's internal quality team also completed regular visits and had responsibility for the oversight of any accidents and incidents. Where any patterns or trends had been identified, they supported the registered manager to reduce the likelihood of re-occurrence.
- The provider understood their regulatory responsibilities and had provided us, CQC, with notifications about important events and incidents that occurred in the service. The last rating was displayed both in the home and on the providers website.

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

- People and relatives told us the home was well-led. Comments included, "I like [registered manager]. I think they are a good manager", "I know [registered manager]. They are approachable and brings lots of energy to the place. There has been a big difference since they have been here" and, "The manager is contactable and very efficient. They have their finger on the pulse. They are 100%. I can't complain."
- Staff spoke positively about the leadership of the home. One staff member told us, "I can speak to [registered manager]. When I raise things, I feel they act. They give advice and I am taken seriously. My views are listened to."
- There was a relaxed atmosphere within the home where people were seen to be laughing and smiling. Staff were present, and supported people in a positive and friendly manner in line with the providers values.

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

- People and relatives told us they had opportunities to provide feedback about the service. The registered

manager was visible and people had daily opportunities to speak to them and raise concerns or suggestions.

- Regular, more formal, meetings were conducted with people and relatives to ensure they felt involved in the running of the home. Questionnaires were also sent to continuously improve the service.

Working in partnership with others

- The home worked in partnership with other healthcare professionals such as the GP, district nurses and dietician to ensure people's health needs were met. A healthcare professional told us, "[Registered manager] is always very open with us. I would say there is good communication."

- Where there were changes to people's overall health needs, staff reviewed people's package of care with those involved in their care. For example, one person has recently had an annual healthcare review with the local authority commissioners.

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 registered manager was aware of their responsibility to be open and honest when things went wrong, to apologise when necessary and keep people and their relatives informed of actions taken following any incidents.