

Home from Home Residential Care for the Elderly Limited

Home From Home

Inspection report

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Tel: 01455828662

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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

People continued to receive safe care. Suitable staff were recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

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

People have positive relationships with the staff who were providing their care and staff treated people with respect, kindness and dignity.

People had plans of care that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences. People and their relatives felt they could raise a concern. The provider had effective procedures to manage any complaints that they may receive.

The service had clear aims and objectives which were to provide a homely and friendly environment for people. The two registered managers were visible role models in the home. People, their relatives and staff told us that they felt confident that they can approach the registered managers and that they would listen. There were quality assurance systems in place to monitor and review the quality of the service that was provided.

Further information is detailed in the findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Home From 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 18 April 2017 and was unannounced. It was a comprehensive inspection.

The inspection team was made up of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for older people.

Before our inspection visit we reviewed information we had received from the service about events at the service for example accidents and people who became deceased. We reviewed information the provider gave in a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service, a relative of one of those people and relatives of two other people. We looked at two people's care plans and associated records and two staff files to see how the provider operated their recruitment procedures. We looked at records of how staff were supported and how the provider monitored and assessed the quality of the service.

Before the inspection visit we contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to seek feedback about the service.

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had effective safeguarding procedures in place. The provider had had policies for zero tolerance of bullying and harassment for people who used the service and staff. Those procedures and policies were understood by staff we spoke with. People told us they felt safe. A person told us, "I wouldn't want to live anywhere else really" when we spoke with them about their safety. A relative said, "[Person] is much safer here than he was at home." .

People's care plans included risk assessments of routines associated with their care and support. People who were assessed as being at risk of falls were safely supported with their mobility. We saw several examples of staff supporting people safely and in ways that supported people to be as independent as possible. People told us they were able to use call alarms when they required assistance and that staff responded quickly at those times.

Staff continued to be recruited safely and there were enough suitably skilled and experienced staff on duty to meet the needs of people. A person told us, "They [staff] are there for me night and day, which I didn't have at home." Another person said, "There are always enough staff here." Staff had time to support people without rushing. We saw staff safely supporting people at a pace that suited people and it was evident that staff understood people's needs. Most staff had worked at the service for at least two years and were therefore experienced in caring for the people who used the service.

The provider had safe procedures for the management of medicines. All staff were trained in safe administration of medicines. Their competence to continue to support people was assessed annually. People had their medicines at the right times and when they needed them. A person told us, "I get it [medicines] like clockwork in a little pot three time's day." People knew what their medicines were for because staff explained this to them. A person told us, "Yes. I know what everything is for" and another said, "They [staff] will always remind me if I ask." Arrangements for storage of medicines were safe as were arrangements for disposal of medicines no longer required.

Is the service effective?

Our findings

People who used the service were supported by staff who were knowledgeable about their needs. Care workers were supported to meet people's needs through training that was either arranged or carried out by the registered managers. They were also supported through supervision and 'hands-on' support by the registered managers. People who used the service told us they were well supported by staff. One person told us, "They really look after me well. It's like they know what you want before you do." Another person said, "I can't say a bad thing about any of them [staff]. They are all different, but just as good in their own way."

Care workers sought and obtained people's consent before they supported them, for example before supporting them to leave their chair or with their medicines. When we asked a person if care workers ever supported them without their consent they told us, "Oh no, they would never do that." Care workers took extra care when they communicated with people who had sensory impairments to make sure the person understood what support they were offering.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). No person using the service lacked mental capacity, but the provider had procedures in place to support people who in future were assessed to lack mental capacity. Care workers we spoke with demonstrated an understanding of MCA and DoLS.

People had a choice of balanced and nutritional meals. A person told us, "[Staff member] is a very good cook and his portions are generous. I never go hungry." Two people told us, "The food is 10/10" and another said, "They do ask us what we like to eat, so we do get different and unusual things sometimes." People who wanted to lose or gain weight were supported to do so and care workers acted on advice and recommendations of dieticians.

People were supported to maintain their health and to access health services when they needed them. People were registered with a GP at a local medical practice. They received visits from chiroprapist, district nurses and other health professionals. Staff were able to identify concerns about people's health and had been pro-active in suggesting to a GP that a person's medications were not having a desired effect which prompted a review of a person's medications.

Is the service caring?

Our findings

The provider supported people who used the service to develop caring relationships with each other and to respect each other's differences, for example different levels of dependency. The registered managers and staff were 'dignity champions' and the service had achieved a 'Dignity in Care Award' from a local authority in recognition of how the service treated people with dignity and respect. People told us that staff were kind. Comments from people included, "The girls (staff) here are lovely. Can't do enough for you", "The staff often sit and chat with us. They are like family" and "Everyone is caring and kind. They let you take your time and we have some lovely conversations. Nothing is too much trouble."

Staff continuously involved people in decisions about their care and support. They did this by offering choices, for example about what clothes, what to eat and how people wanted to spend their time. People were involved in six monthly reviews of their care plans if they wanted to be involved.

Staff supported people's privacy. For example, some people preferred to spend time in their rooms, others in a 'quiet' lounge and others in an area where more activity took place. Staff respected people's choices and preferences. A person told us, "I can go to my room if I want to be alone." Another person told us, "They always knock on my door and ask if they can come in, even when it's open." Staff were attentive to people's needs and discretely asked people if they required support with personal care.

We saw staff ensuring that people were comfortable and warm. For example, they offered people blankets and plumped up pillows and re-set cushions when people were out of their seats temporarily so they would be comfortable when they returned. Staff visited people when they were in hospital. They supported people to attend funerals of people they had known because this was something people wanted to do because it mattered to them.

Staff respected and supported people's cultural and spiritual needs. People with faith needs were supported to visit places of worship. People without faith needs were supported in ways they wanted to be supported at times of religious festivals and occasions.

We saw several compliments cards from relatives of people who had passed away. They consistently praised the service for being kind and compassionate.

Is the service responsive?

Our findings

People received care and support that met their needs. People's care plans contained detailed information about how people wanted to be supported. Staff knew people very well because they were familiar with their care plans. They respected people's choices and preferences. During our inspection visit we saw staff supporting and interacting with people in line with people's care plans. People who used the service told us they were very pleased with the care and support they received. A person told us of the care and support they experienced, "It works for me." Relatives told us that they had noticed improvements in the quality of people's lives after they moved to Home from Home. A relative told us, "Since [person] has been in here he is sleeping much better. He just seems happier in himself." Another relative said, "[Person] is safe well looked after and has flourished as a result."

People were supported to follow their interests and take part in social activities. A care worker told us, "We let the residents lead the way on activities." We found that to be the case. A person who used the service told us they sometimes organised activities. They told us, "I organised the Move it or Lose it exercise. We watch it on TV and follow the actions." Some people liked to watch costume dramas and were able to do so because the service had a wide selection of dvds. People told us they enjoyed bingo and table games. People were supported to go to local amenities such as Woman's Institute and coffee mornings at local churches. A person who liked to read was being supported to have their prescription for reading glasses reviewed so that they could follow their interest more comfortably.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be acted upon. A person told us, "I haven't ever had to complain thank goodness, but I know [registered managers] would sort it out for me. They are always around taking care of everything." The provider had complaints procedure in place that was accessible to people who used the service and their relatives. Records were maintained of all issues raised with the provider, for example feedback people gave about laundry arrangements and ensuring the right clothes were returned to people.

Is the service well-led?

Our findings

The provider had clear aims and objectives for the service which were to provide 'a friendly atmosphere, to preserve the quality of life of our residents and to promote independence'. Feedback we received from people, relatives and staff service showed the service achieved those aims. A relative told us, "I think the name Home from Home sums it up really. The care is just like they would get at home, only much better!"

The provider had an open culture that involved people and staff in making decisions about developing the service. Their suggestions and ideas were acted upon, for example through the introduction of new activities and changes to food menus. Staff were able to raise concerns if they had any through a whistleblowing procedure, through supervision meetings or at any time through dialogue with the registered managers. Staff knew they could contact the Care Quality Commission and local authority safeguarding teams if they had any concerns about people's welfare.

People who used the service and relatives were positive about the registered managers and felt confident that they would always listen and take account of their views. Staff members felt that the managers were friendly and approachable. One told us, "[Registered manager] is an incredibly supportive boss."

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as means of seeking and acting upon people's feedback about the service. These helped to highlight areas where the service was performing well and the areas which the provider wanted to develop further. For example, the registered managers actively sought to engage more volunteers to support people to access amenities in the local community. The provider made use of external training resources available to further develop the skills and knowledge of staff. This helped to ensure the service was as effective for people as possible.