

# Methodist Homes Homewood

## Inspection report

40 Kenilworth Road  
Leamington Spa  
Warwickshire  
CV32 6JF

Tel: 01926423519

Website: [www.mha.org.uk/ch35.aspx](http://www.mha.org.uk/ch35.aspx)

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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

Homewood provides residential support and care for up to 50 older people. At the time of our inspection there were 41 people living at the home. At the last inspection, in February 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care and there were enough staff to provide support to people to meet their needs. People were protected from the risk of harm and received their prescribed medicines safely. The provider had suitably recruited staff to ensure they were able to work with people who used the service.

The care people received continued to be effective. Staff received training linked to the needs of people who lived at the home. People made day to day decisions about their care and staff sought people's consent before helping them. People were supported to stay well and had access to health care services and enjoyed their mealtime experiences.

The service remained caring towards people. People were treated well and this impacted positively on people's mental and physical wellbeing. Relatives told us they felt their family members were well cared for. Staff promoted people's privacy and dignity at all times. People made choices about their care and their views were listened to and acted upon.

The service remains responsive. People and where appropriate their relatives were involved in the planning and reviewing of their care. People were supported to maintain their independence and pursue their interests and hobbies. People and their relatives knew how to make a complaint should they wish to.

The service remained well-led. The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The checks the registered manager and provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to develop the services offered at the home further.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Homewood

## **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 was a comprehensive inspection completed by two inspectors on 10 May 2017 and was unannounced. As part of the inspection we reviewed information held about the service such as notifications. Notifications are events which happened that the provider is required to tell us about. We also reviewed information sent to us by other agencies, this included the local authority who commissioned services from the provider and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke and spent time with eight people who lived at the home and three relatives. 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.

We spoke with the registered manager, the deputy manager, two senior care staff members, two care staff, the activities coordinator, two catering staff, the laundry assistant and visiting Chaplain. We looked at a range of documents and written records including two people's care records, records about the administration of medicines and newsletters. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included minutes of staff meetings, quality surveys completed by people and their relatives and health and safety quality checks.

# Is the service safe?

## Our findings

People we spoke with told us there were enough staff and they felt safe living at Homewood. One person said, "They [staff] look after me 100% they would get my vote. I feel very safe here." Another person said "I've no reason not to feel safe living here." A relative told us, "I feel I can rely on the staff to care for my [family member's name]."

Staff we spoke with understood how to protect people from harm and knew how to report any concerns. A staff member told us, "If ever I was concerned I would report it straight away to the senior or registered manager. I'm confident they would deal with it."

We saw in people's care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to help keep people safe. These were very detailed and staff told us they gave them clear instructions to follow. We saw staff used the information they had been given, so risks to people's safety were reduced. For example we saw people using their aids where people had mobility difficulties and were at risk of falls, assessments had been completed and any equipment they used was recorded.

We reviewed the provider's process for recruiting staff to work at the home. There was a system in place so staff recruited had the necessary pre-employment checks to ensure they were suitable to work with people at the home. We saw references have been sought and staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the home.

We saw medicines were administered and managed safely. People told us they received their medicines as prescribed. There were appropriate facilities for the storage of medicines. We saw written guidance was in place if a person needed medicines 'when required.' These medicines were recorded when staff had administered them and the reason why, so usage could be monitored. We saw daily medicine counts took place. These checks promptly helped to identify any errors or gaps and to reduce the risk to people of not receiving their medicines. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

## Is the service effective?

### Our findings

People were supported by staff that had the knowledge and skills to provide care. People told us they were confident staff provided and helped them in the right way. One person described staff as, "My guardian angels they do everything for me." Staff we spoke with told us they had undergone training to help them support and care for people living at the home. This training had included the ageing process to help staff understand the physical and wellbeing challenges people they care for may experience, so staff could offer support.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw and heard people were still supported to have as much choice and control as they were able to in all other areas of their daily life. Where people were unable to make decisions for themselves best interest procedures were followed and decisions made on their behalf were recorded. Where restrictions had been identified, the registered manager told us, they had made two applications to the local authority to ensure any restriction was lawful.

We were told and saw people were comfortable, relaxed and enjoyed their meal times experiences. People had access to snacks and drinks when they wanted them. We spoke with the catering team, who understood people's dietary requirements so people would be supported to remain healthy and well. A staff member gave us an example of how they met people's dietary needs and explained how a person had a low sugar diet to support their condition of diabetes. We saw people were offered choices to meet their preferences at mealtimes and were not rushed. Where people needed support from staff in order to eat safely or to choose from a range of food and drink options this was provided.

People told us they had access to health professionals when required to help them remain well. One person told us how the doctor called every week, to check on people living at the home. A relative told us, "The GP [doctor] and district nurses come here regularly to see [family member's name]. We saw specialist advice was sought promptly if staff had any concerns for people's well-being. This included from physiotherapists, occupational therapists and speech and language therapists, so plans would be agreed to meet people's needs.

## Is the service caring?

### Our findings

People told us they had developed positive caring relationships with staff. One person described staff as, "Wonderful. You cannot fault the care I get here". Another person said, "Staff are exceptionally good and kind."

People were treated with kindness and staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff and there were smiles and laughter between them when they spent time together. One person told us, "They are good staff, I don't know where I would be without them." Staff knew how people liked to be addressed. The staff talked with people about their lives, who and what mattered to them and significant events.

Care records included information about people's life histories, family relationships important events and religious beliefs. We saw staff used their understanding of what was mattered to people when caring for them. For example at lunchtime it was important for some people to say a prayer before eating, so one person was asked by staff if they would like to say it on behalf of the group. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. People could maintain relationships with family members and told us they were able to visit at any time.

People told us they were involved with choices and decisions about their care. One person confirmed this by stating, "They provided me with a care plan to look at... there was no problem with it. I had the opportunity to discuss the care I receive." People had been asked about their wishes about how they would like to be cared for and supported in the event of their death. We saw people deciding how they wanted to spend their day. For example, if they wanted to go out on trips which had been arranged.

People's privacy and dignity was respected. We saw staff introduced themselves when entering people's rooms and knocked on their door. Where people received any personal care, staff were discreet and supported each person to a private individual bathrooms. We saw people's personal information was stored so people's right to confidentiality was not compromised.

## Is the service responsive?

### Our findings

People told us staff understood what care they wanted and took action to support them in the ways they preferred. One person explained how the staff had reassessed their needs and responded to them since moving into the home. They said, "Staff have worked hard to sort out the equipment I need." Another person told us "If I press my buzzer staff come quickly, I don't have to wait for long. Everything I've asked for they [staff] have given me."

People's care plans and risk assessments were reviewed at least monthly to ensure people received the care and support necessary and in the way they preferred. The care plans recorded people's personal history, so enabling staff to converse with people, including what was important to each individual. People were supported to explore different experiences and staff recognised people's diverse interests. The provider employed an activities co-ordinator who assisted people to follow their own interests and activities either as in a group or on an individual basis. One person told us how they enjoyed the group quizzes and crossword sessions because it prevented them from becoming socially isolated.

All staff told us they worked together as a team and had good communication on all levels, so people received the care they wanted as their needs changed. A person told us " They [staff] can't do enough for me ". A staff member said, "I love my job. Staff morale is good because we work as a team."

People knew how to complain if they needed to and were confident they would be listened to. A copy of the complaints procedure was accessible to people who lived at the home and visitors as it was displayed. People told us they knew how to raise any complaint or concern they had. One person told us, "If I have a complaint or concern I'd ask to speak with [registered manager's name]."

## Is the service well-led?

### Our findings

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.

The registered manager had developed a caring culture within the home and was described to us by staff as very supportive. One staff member said, "Although she [registered manager's name] works Monday to Friday, she is always on the end of the telephone if we need her." Another staff member told us, "I do feel involved in the running of the service, I have made suggestions for improvement and they have been listened to. For example, we asked for the rotas to be changed and they did it."

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as, care records, incidents and accidents and medication. Where these checks identified action required to ensure shortfalls were being met these were communicated at team meetings so that learning could be shared. For example where a medication error had occurred the member of staff was supported to do further training and their competencies reassessed before they were allowed to administer medicines again.

People and their families were regularly involved with the service in a variety of ways. They were given the opportunity to comment on the quality of the service through an annual survey and at meetings with the registered manager. We saw the minutes of the meetings where people living at the home were asked their opinions to improve the quality of the service delivered. We saw one person had asked for it to be recorded in the minutes "I would just like to say how happy I am here."