Medicrest Limited

Homelands Nursing Home

Inspection report

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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

Homelands Nursing Home provides accommodation, care and support, including nursing care for up to 50 people. This includes a separate unit, The Coach House, for up to 12 people living with dementia. There were 43 people living at the service at the time of this inspection, 33 in the main house and 10 in the Coach House.

At our last inspection we rated the service good. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service met all relevant fundamental standards.

The service had a positive culture that was person-centred, open and inclusive. Staff were enthusiastic and keen to talk about their role. Recruitment practices were robust, and staff received training appropriate to their role and the needs of the people living at the service. People had individual plans of care and risk assessments. Care was person centred.

It is a requirement of the provider's registration that they have a registered manager in post. 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 service had a registered manager in place. It was well led, and the registered manager was aware of their legal responsibilities.

Further information is in the detailed 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has improved to Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Homelands Nursing 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 comprehensive inspection took place on 23 and 30 October 2018. The visit on the 23 October was unannounced. As the Registered Manager was on holiday on the 23 October we arranged to return to the service on 30 October. As part of our inspection, we spoke with the Registered Manager and looked at the records relating to the management of the service.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we observed how people and staff interacted. We spoke with five people living at the service. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, three registered nurses and three care staff.

We looked at care records for four people, medication administration records (MAR), several policies and procedures, three staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to

capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk including, criminal records checks with the Disclosure and Barring Service. Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

People benefited from a safe service where staff understood their safeguarding responsibilities. The registered manager made sure staff understood their responsibilities in this area. Records showed that all staff had attended training in safeguarding adults at risk. Staff had the knowledge to identify safeguarding concerns. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. People told us they felt safe at the service and, "Would recommend it."

Risks to people were assessed on admission to the service and regularly updated. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. Where people were at high risk of pressure damage, staff had access to appropriate nursing equipment to reduce the risk. For example, pressure relieving mattresses were in place. Clear individual guidelines were in place for staff to follow to reduce the risks to people. For example, people had their positions changed to prevent pressure damage.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. Staff told us they were happy with the staffing levels. They said that, "It can get busy, but there is enough of us [staff]". We saw that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. One person told us, "Sometimes the staff are rushed, not often. We always get good care. I don't have to wait, just sometimes they rush."

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records. There were guidelines for the administration of medicines required as needed (PRN). We saw that people were given explanation regarding their medicines and offered pain relief. We checked a sample of medicines and found the stock tallied with the records kept. All Staff responsible for the

administration of medicines training had received training in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

There were arrangements in place to ensure the service was kept clean. The service had an infection control policy and the deputy managers carried out infection control audits. They understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

Staff understood the importance of food safety, including hygiene, when preparing and handling food. Records showed that relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The provider had achieved a level five rating at their last Food Standards Agency check.
Records were maintained of accidents and incidents that took place at the service. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Good

Is the service effective?

Our findings

Care plans contained details of people's care needs, wishes and preferences. Each care plan was based on an assessment of people's needs. Care plans were kept under review and amended when people's needs changed. Staff demonstrated a good knowledge of people's needs. People received effective care and support from staff who knew how they liked things done. People told us that the, "Care is good." Other comments from people included, "I get what I want. [Deputy Manager] is lovely, she knows me well, she is very good. She goes the extra mile, she is very nice."

Staff were trained to make sure they had the skills to meet people's needs. On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the registered manager or one of the deputy managers. The induction, which incorporated the Care Certificate Standards, consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff told us that they were happy with the level of training provided. People received individualised care from staff who had the skills and knowledge to carry out their roles. People spoke positively about staff. They told us they were confident that staff knew them well and understood how to meet their needs.

People were supported by staff who had regular supervisions (one to one meetings). All staff we spoke with told us they felt supported. They said there was opportunity to discuss any issues they may have. Staff felt that they were inducted, trained and supervised effectively to perform their duties. Staff told us, "The training is good."

They told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. One person told us that they had, "[Personal] care by a female member of staff," and that this was their, "Choice and preference," and "It was not a problem."

We observed the lunchtime meal in the main house and the evening meal in the coach house. People appeared to enjoy their meals. They told us they liked the food. Comments included, "It's tasty", "Lovely gravy today", "The food is lovely," and "The food is very nice. There is lots of it." We observed many positive interactions between people and staff. Mealtimes were an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere.

Staff consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. People told us they had a choice of food, "I asked for a potato and I got it." Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. People's care plans contained information about their dietary needs and malnutrition risk assessments.

People's weight was recorded to monitor whether people maintained a healthy weight. The registered nurses told us and records confirmed that the service had good links with external professionals. Referrals were made to dieticians if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

Where staff had concerns about people's welfare the service had good links with professionals to ensure any changing needs were reassessed. People's health conditions were managed and staff supported people to access healthcare services. Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given.

People's needs were met by the design of the premises. All bedrooms were single occupancy giving people private space to spend time with their visitors, or to have time alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Where DoLS had been authorised for people, any conditions to these authorisations were complied with.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. During our visit we saw people made their own decisions and staff respected their choices.

Good

Is the service caring?

Our findings

People received care and support from staff who knew them. Staff were skilled in talking to people and had a good rapport with them. The caring ethos of the service was evident. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were treated with respect and dignity. People told us, "It's a lovely place, I'm very happy here," and, "Everything is excellent, I'm very lucky [to be here]".

Staff were motivated, care and support was compassionate and kind. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a caring way. People told us that the staff were, "Kind," and "Caring".

Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the other people at the service. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responded to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff always made sure people were comfortable and had everything they needed before moving away.

Staff described how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion. People told us that they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Relationships between people and staff were warm, friendly and sincere.

Good

Is the service responsive?

Our findings

At our last inspection we found that the provision of activities required improvement. At this inspection people were engaged and occupied; there was a calm atmosphere within the service. We saw that people interacted and chatted with each other. Staff and people told us that they liked each other's company. People had a range of activities they could be involved in. There was an activities plan, which included arts and crafts, quizzes and visiting entertainers. Staff were able to talk about people's likes, dislikes and what was important to them without referring to the care plan documentation. Staff were observed being responsive to people's needs. People were seen being treated as individuals and received care relevant to their needs.

People told us that staff were responsive to their needs. People received support that was person centred. People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs.

Daily records were completed for people. These provided evidence that people were supported in line with their care plans. Staff completed a handover at the start of each shift. This helped ensure there was a consistent approach between different staff and that people's needs were met.

The provider was following the Accessible Information Standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager was aware of their responsibilities under the AI standard. People's assessments included specific details of their communication needs. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy with the service. However, two people and one relative mentioned that they were not happy with the laundry. They told us that their, "Clothes were not always ironed." This was fed back to the registered manager who told us that she would look in to it.

Peoples' end of life wishes were included in their care plan. People were able to remain at the service and were supported until the end of their lives. Anticipatory medicines had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Good

Is the service well-led?

Our findings

The service had a positive culture that was open and friendly. Staff were approachable and keen to talk about their work. People appeared at ease with staff and staff told us they enjoyed working at the service.

There was a management structure in the service which provided lines of responsibility and accountability. There were two deputy managers in post who were in day to day charge of the coach house and the main house. The registered manager had overall responsibility for the service. People knew who the registered manager was and held her in high regard. The deputy managers told us that they regularly spent time with people to observe the care and to monitor how staff treated people. We observed people approaching the deputy managers and vice versa. It was apparent that people felt relaxed in their company and that they were used to spending time with them.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they respond appropriately to keep people safe. Staff told us if they had concerns senior staff would listen and take suitable action.

People had opportunities to feedback their views about the service and quality of the care they received. There were regular meetings for people which meant they could share their views about the running of the service. The registered manager met regularly with the staff team. Staff told us meetings helped them identify areas that were working well and any that needed improvement.

Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. The deputy managers had responsibility for audits with the registered manager having oversight. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.

Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.

The service worked in partnership with other agencies to improve outcomes for people. The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.