

Homeleigh Care Limited

# Homeleigh

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Homeleigh is a residential care home that accommodates up to 18 adults who have mental health needs. At the time of the inspection 17 people were living at the service.

### People's experience of using this service:

- People received their medicines as prescribed, however, medicines were not always managed safely, this put them at risk.
- Checks and audits were completed on the quality of the service people received. However, the medicines audit had not included checks on all aspects and had not identified the shortfalls found.
- People lived in a building adapted to meet their needs and was maintained to make sure people were safe.
- People were supported to take risks, staff completed risk assessments to ensure people were as safe as possible.
- People told us they were involved in planning their support and their future.
- People and staff were asked their opinions on the service and made suggestions that were acted upon. People told us they knew how to complain.
- People told us there were enough staff and they were supported to do activities when they wanted.
- Staff received training and supervision to develop their skills, people were supported by staff who understood their needs.
- People were supported to be as independent as possible, develop new skills and live a healthy lifestyle.
- We observed people being treated with kindness and respect. People's decisions were respected and they were supported to access health professional when required.
- People benefited from an open and relaxed atmosphere in the service. They appeared to be comfortable in the company of the registered manager, who understood their needs.

### Rating at last inspection:

Good (report published 20 September 2016).

### Why we inspected:

This was a planned inspection planned on the rating of the last inspection. We found that the service no longer met the characteristics of Good. The domains of safe and well led are rated Requires Improvement. The overall rating is now Requires Improvement.

### Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

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

## 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 was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Homeleigh

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was undertaken by one inspector.

#### Service and service type:

Homeleigh is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we gathered information from the following:

- Three people's care plans and risk assessments
- Medicines records
- Records of accident, incidents and complaints

- Audits and quality assurance surveys
- Staff and resident meetings
- Recruitment records
- Four people who live at the service
- The registered manager, deputy manager and two care staff

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely:

- People told us they received their medicines when they needed them. However, medicines were not always managed safely.
- Some people had 'homely remedies', these are medicines such as paracetamol that staff give people if they have a headache, these are agreed by the GP. One person had been given Ibuprofen as a 'homely remedy' when they had a mouth abscess, there was no record to show that this had been agreed by the GP.
- The side effects of Ibuprofen can include bleeding in the stomach and often a stomach protector would be prescribed while it is being taken. The person took the Ibuprofen when they had a mouth abscess and were not eating very well this would increase risk of the medicine causing bleeding.
- We discussed this with the registered manager who told us they would speak to the GP to prescribe the Ibuprofen and a stomach protector.
- When people were prescribed medicines that had not been printed on the medicines chart, they were handwritten. Best practice guidance is for these instructions to be signed by two people to confirm the instruction is correct. Staff had not consistently followed this guidance and there were instructions that had not been signed by two staff.
- Some medicines were prescribed in liquid form and stored in bottles. These medicines are effective for a limited time once opened, it is best practice to record the opening date so that staff know when to stop using them. Staff had not consistently recorded the opening date of liquid medicines and there was a risk that people would receive medicine that was no longer effective.
- Some people were prescribed medicines on an 'as and when' basis for pain relief and anxiety. There were no guidelines for staff about when to give the medicines, how much to give and how often. There was a risk that people would not receive their medicines consistently when they needed them.
- We discussed this with the deputy manager, they were in the process of writing guidance following a pharmacy inspection, that had highlighted the shortfall.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risk.
- Some people were living with diabetes, there was information for staff about the signs and symptoms of high and low blood sugars and the action staff should take.
- When people went into the community, the risks had been assessed and strategies were in place to keep

people as safe as possible.

- Environmental risk assessments had been completed to make sure the building was safe.
- Checks and audits had been completed on equipment and the environment such checking the water temperature was below 44 degrees to reduce the risk of scalding.
- Checks were completed on the fire equipment and alarm. People had individual emergency evacuation plans and had taken part in evacuation drills.

Supporting people to stay safe from harm and abuse:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff were aware of the signs and symptoms of abuse and to observe for changes in people's behaviour.
- Staff were confident that the registered manager would take appropriate action if they reported concerns.
- The registered manager knew when to refer incidents to the local safeguarding team as appropriate.
- There was a system in place to keep people's money safe. Records and receipts of all money received and spent, to safeguard people's money.

Learning lessons when things go wrong:

- Incidents and accidents were recorded, analysed and the action taken was recorded.
- One person had tripped on the last stair, their risk assessment had been reviewed and it was agreed that staff would walk with them down the stairs. There had not been another incident.
- Incidents of one person's behaviour that could challenge had increased, such as being inpatient and not taking medicines. Risk assessments and strategies had been put in place to reduce the risk of the behaviours and this had been effective.

Staffing levels:

- There were sufficient staff on duty, permanent staff covered sickness and annual leave, so that people had a consistent staff group.
- The registered manager followed the provider's recruitment policy. New staff had been recruited safely.
- People told us there were enough staff. They told us they could go out with staff when they wanted and staff were always available to support them when needed.

Preventing and controlling infection:

- The service was clean and odour free. There were sufficient domestic staff to support people to keep their rooms clean.
- Staff had received training in infection control and used personal protective equipment such as gloves and aprons, when required.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered manager met with people before they moved into the service to make sure that staff could meet their needs.
- The pre-admission assessment did not cover all areas of the person's life. The assessment did not include people's protected characteristics under the Equalities Act 2010 such as their culture and sexuality.
- We discussed this with the registered manager, they described how they had supported a person who had previously lived at the service, to explore their interest in exploring make up and wearing feminine clothes.
- During the inspection, the assessment documentation was changed to include the assessment of people's protected characteristics.

Staff support: induction, training, skills and experience:

- Staff received training appropriate to their role including topics specific to the people they support. Staff told us they had recently had a training session on Parkinson's disease as they were now supporting people with the illness.
- During the inspection, we observed staff putting their training into practice to support people effectively.
- New staff completed an induction including shadowing more experienced staff to get to know people's choices and preferences.
- Staff received formal supervision to discuss their practice and development. Staff told us they were given the opportunity to develop. For example, the deputy manager was completing their management qualification and another staff member was learning about regulation and the records required to confirm compliance.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff supported people to have a balanced diet. People's dietary needs and preferences were met and people were given a choice of meals.
- Staff were aware of people's dietary needs such as a diabetic diet.
- People were supported to make their own breakfast. People could go into the kitchen to make drinks and snacks throughout the day.
- People told us they enjoyed the meals and there was plenty to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Staff monitored people's health, including being weighed monthly, and referred them to relevant health professionals when their health needs changed.
- Staff knew people well and were able identify when their mental health had declined. Staff worked closely



with mental health professionals to ensure people had their medicines and there were strategies in place to manage people's mental health and behaviour.

- People were supported to attend health appointments such as the GP, dentist and optician.
- People were encouraged to lead as healthy life as possible. People told us that they were encouraged to walk as much as possible. During the inspection, we observed people going out on a bike ride, staff told us they brought their own bikes in and join them.

Ensuring consent to care and treatment in line with law and guidance:

- 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 should be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Decision specific mental capacity assessments had been completed. The registered manager had applied for DoLS where appropriate and these had been granted.
- Staff described how they supported people to make decisions and respected their decisions. For example, when people were given choices by the dentist, staff supported people's decisions about if to have teeth removed.

Adapting service, design, decoration to meet people's needs:

- The building had been adapted to meet people's needs. The building had been extended with extra bedrooms and shower rooms.
- There was a conservatory area with a separate part for people to smoke in.
- People's rooms were personalised to reflect people's choices and preferences.
- People had access to the garden whenever they wanted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect:

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff responded quickly to people's needs, they asked people what they wanted to do and supported them to achieve this.
- People were encouraged to maintain relationships with people that were important to them, visitors could visit when they wanted.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to attend meeting with professionals to discuss their care and support.
- One person told us about their meeting with their case manager and what they wanted to do. They had taken ownership of discussing their future and felt they were fully involved in the process.
- People were encouraged to be part of planning their care, not everyone wanted to do this, but staff still included them.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to be as independent as possible. One person told us about how they kept their room clean and tidy.
- The registered manager had introduced a 'skills afternoon' on a Thursday. People were encouraged and supported to take part in cooking. During the inspection, we observed people being supported to make sausage rolls for tea.
- The registered manager told us that when people wanted to move on from the service they were supported to develop skills. One person's mental health had improved and they decided they wanted to live and be supported in the community. Staff supported them to develop the cooking and cleaning skills they needed and the person had recently moved into the community.

# Is the service responsive?

## Our findings

- Responsive – this means we looked for evidence that the service met people's needs:

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well including their likes, dislikes and preferences, these were recorded in people's care plans.
- People's care plans were reviewed regularly, people were involved in the process and signed to say they agreed with the plan.
- We observed staff responding to people appropriately, answering their questions and enabling people to make choices.
- All staff understood people's needs and how to support them. For example, we observed the cook and maintenance man support people in the communal areas, when needed.
- People had the opportunity to take part in activities they enjoyed and attend groups in the community.
- People had access to information in a format they understood, for example easy read.

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they knew how to complain.
- The registered manager had recorded four complaints in the last year. The complaints had been investigated and resolved to the complainant's satisfaction.
- Following complaints action had been taken to reduce the risk of them happening again, records showed that the complaint had not reoccurred.

End of life care and support:

- People had been asked about their end of life wishes and when people were happy to discuss them these were recorded.
- Staff were not supporting anyone at the end of their life at the time of the inspection. People living at the service were young and often did not want to discuss end of life.
- The registered manager described how they had previously supported a person to move closer to their family when they reached the end of their life.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a quality system in place to identify shortfalls in the quality of the service, including medicines. The deputy manager completed a weekly audit to check the stock balance of tablets were correct and people had received their medicines as prescribed. However, they did not check that handwritten directives had been double signed and bottles had been dated when opened.
- We discussed this with the registered manager and the audit documentation was immediately changed to include the areas of concern.
- Services providing health and social care to people are required to inform CQC without delay of certain events that happen, such as events that stop the normal day to day running of the service. The registered manager was aware of their responsibilities to inform CQC of significant events that happened in the service, in a timely way and had done so.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy. During the inspection, people came into the office and were comfortable and relaxed with the registered and deputy manager.
- People knew who the registered manager was, they stopped and spoke to them. People smiled and laughed while chatting.
- The registered manager told us the vision for the service was for the service to have a person centred ethos an individual response to each individual.
- The registered manager had a good understanding of people's needs and supported them to make decisions about their future support.

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

- People and staff were asked to complete quality assurance surveys. The results were analysed and action taken to rectify any concerns, such as new furniture and flooring for the conservatory and request for battered fish on a Friday.
- Visitors and professionals were asked to complete feedback forms when they visited. These were positive and included comments about the well people were and the improvements in their mental health.
- People and staff attended regular meetings to discuss any issues and keep up to date with events within

the service.

Continuous learning and improving care; working in partnership with others:

- The registered manager kept up to date with best practice guidance from national organisations and attended training from the local clinical commissioning group.
- The registered manager worked with funding authorities, the local safeguarding team and mental health professionals to ensure people received joined up care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to ensure the proper and safe management of medicines. |