

Homeleigh Care Limited

Homeleigh

Inspection report

3 Sondes Road
Deal
Kent
CT14 7BW
Tel: 01304 380040
Website:

Date of inspection visit: 6 & 7 August 2015
Date of publication: 09/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Homeleigh provides accommodation and personal care for up to 16 people who need support with their mental health. The service is situated in the town centre of Deal where all amenities are close by. There were 14 people living at the service at the time of the inspection. The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. The youngest person was in their 40's and the oldest is 80 years old. As well as needing support with their mental health, some people had dementia and other people required more care and

support related to their physical health. Some people were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out on their own.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

Summary of findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was not fully aware of a judicial review which widened and clarified the definition of a deprivation of liberty. The registered manager and staff had a lack of understanding about their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments had not been consistently completed by the staff to decide whether or not people were able to make decisions themselves. At the time of the inspection the registered manager had not applied for DoLS for people who did need them. When people did not have the capacity to make complex decisions, which were usually for medical procedures or issues regarding finances, the registered manager made sure best interests meeting were arranged. People were supported by relatives, doctors and other specialists involved in their care and treatment to make a decision that was in their best interest.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. People or their relative /representative had been involved in writing their care plans. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way and in the way that suited them best. People were satisfied with the care and support they received. Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. People had regular reviews of their care and support when they were able to discuss any concerns or aspirations and goals they wanted to achieve.

People had their needs met by sufficient numbers of staff. Staff numbers were based on people's needs, activities and health appointments. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

Staff had support from the registered manager to make sure they could care safely and effectively for people.

Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular one to one meetings with a senior member of staff. Staff had received an annual appraisal and had the opportunity to discuss their developmental needs for the following year. Staff had completed induction training when they first started to work at the service and had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and end of life care. However, there were shortfalls in training in areas such as dementia and mental health, which were areas very specific to people at the service.

Staff were not always recruited safely. The provider had policies and procedures in place for when new staff were recruited, but these were not always followed. All the relevant safety checks had not been completed before staff started work. Some application forms did not show a full employment history and gaps in employment had not been explored when staff were interviewed.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. The checks for the fire alarms were done weekly and there were regular fire drills so people knew how to leave the building safely. Safety checks on the water temperatures in people's bedrooms and bathrooms were carried out monthly. The checks for May and July 2015 indicated that the temperature of the water was too high and that some people may be a risk of being scalded if they used the hot water.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed. The registered manager responded appropriately when concerns were raised. They had undertaken investigations and taken action. The registered manager monitored incidents and accidents to make sure the care provided was safe. The registered manager followed clear staff disciplinary procedures when they identified unsafe practice.

People had an allocated keyworker who were involved in their assessments and reviews. A key worker was a

Summary of findings

member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Throughout the inspection people were treated with kindness and respect. Everyone told us their privacy was respected and they were able to make choices about their day to day lives.

People were put at the centre of the service. They told us they received care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. People's individual religious preferences were respected and staff supported people to attend church services and meetings.

People were involved in activities which they enjoyed. People participated in voluntary work, and did gardening and art and crafts, as well as other leisure activities. People talked animatedly about social events they had taken part in or were planning. Contact with people's family and friends who were important to them was well supported by staff. Staff were familiar with people's likes and dislikes, such as if they liked to be in company or on their own and what food they preferred. Staff knew how people preferred to be cared for and supported and respected their wishes.

People said that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted. If people were not eating enough or needed specialist diets they were seen by dieticians or their doctor and a specialist diet was provided. People received their medicines safely and when they needed them and they were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

The complaints procedure was available and assessable. People felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been very positive.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out but prompt action was not always taken when shortfalls were identified. The registered manager had formally sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff and people told us that the service was well led and that the registered manager was supportive and approachable and sometimes worked alongside the staff. There was a culture of openness and transparency within Homeleigh which allowed them to suggest new ideas which were acted on and discuss any concerns.

The registered manager had a vision, to be a leading a service, providing quality care and support for adults with mental health needs. Their aim was to provide a safe and fulfilling life for adults with mental health needs. Staff were very aware of these and they were followed through into practice.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

Risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

There was enough staff on duty to make sure people received the care and support they needed.

People received their medicines when they needed them and in a way that was safe.

Requires improvement



Is the service effective?

The service was not consistently effective

Staff had not received all the training they needed to meet the needs of people. There was training plan in place to provide continuous development and to address any gaps in staff training. Staff felt well supported by the registered manager and the staff team.

The registered manager and staff did not fully understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Mental capacity assessments had not been completed. Applications had not been made when people's liberties were restricted

When a people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People and their representatives were involved in making decisions about their care and support.

People were provided with a suitable range of nutritious food and drink.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives spoke very highly of the staff and the registered manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



Summary of findings

Is the service responsive?

The service was responsive

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Good



Is the service well-led?

The service was not consistently well –led.

There were systems in place to monitor the services progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, but some shortfalls had not been identified.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

Requires improvement



Homeleigh

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 6 and 7 August 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed 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 reviewed the information included in the PIR along with other information we held about the service. We

looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We met all of the people living at the service and had conversations with five of them. We spoke with three members of staff and the registered manager. We also spoke with a relative. Following the inspection we spoke with a visiting professional who had regular contact with the service.

During our inspection we observed how the staff spoke to and engaged with people and the visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed four care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 21 November 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People told us they felt safe living at Homeleigh. Some people had been at the service for many years. People said, “I have lived here for 16 years and the staff are always kind. The staff here are always nice to me and I’m very happy living here” and “Staff do the best they can here, I like living here. I wouldn’t change anything”.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were identified at being at risk from having unstable medical conditions like diabetes. Other people were at risk from dehydration and not drinking enough fluids. There was limited information available to give staff the guidance on what to do if the risks actually occurred. Information on how to manage the risks was not available in people’s care files and it was not clear.

People who had diabetes had their blood sugar checked regularly by the staff. However, there was no guidance to tell staff what to do if a person’s blood sugar was too high or too low. There was no information for the signs staff should look for if a person’s diabetes was becoming unstable and what action they should take to try and prevent this from happening. There was no instruction on what they should do if this did happen. Some staff had not received training about this condition and were unsure of the signs they should be looking for if the person’s condition was becoming unstable. Some people were at risk of dehydration. There was a potential risk that people that may not be drinking enough to keep them healthy. Staff were recording the amount of fluids that people were drinking. There was no guidance for staff on how much people should be drinking and what action they should take if they were not drinking enough. The amount of fluids people drank each day was not totalled up to see if they had drunk enough. It was not clear how staff were to support and encourage people to drink enough to keep them healthy.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

The provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. All the relevant safety checks had not been completed before staff started work. Some application forms did not show a full employment history and gaps in employment had not been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment had not been requested. In one staff file there were no references and in another staff file there was only one. The registered manager therefore did not have the information about how staff performed in their previous jobs and whether there were any concerns. This potentially left people at risk of being cared for by staff that may not be safe to work with people. Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

The registered person had not ensured that all the information was available as required by Schedule three of the Regulations before new members of staff started work. This is a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff carried out regular health and safety checks of the environment and equipment. This was done to make sure that people lived in a safe environment and that equipment was safe to use. The temperature of the water in people’s bedroom sinks and bathrooms was checked

Is the service safe?

monthly to make sure the hot water was within a safe temperature. In May 2015 and in July 2015 the water temperature exceeded the recommended limit of 43 degrees centigrade. In some areas it went as high as 53 degrees centigrade. Warning stickers had been placed on sinks and in bathrooms to tell people to be careful of the hot water, however not all the people would have been able to understand the warning notices and what they meant. There was a risk that people could scald themselves if they used the sinks in their bedrooms or the water in the bathrooms. When this was pointed out to the registered manager they contacted a local trade's person and arranged a visit to install thermostats for the hot water. They also risk assessed the situation to make sure the risk of scalds was reduced.

The registered person had failed to make sure that all aspects of the premises were safe for people to use. This is a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular maintenance checks were made on systems like the boiler, the fridge and the electrics and gas supply. The stair lift had been serviced to make sure it was in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. There were emergency evacuation plans in place in case a fire did occur. Staff and people were regularly involved in fire drills to make sure people were aware of how to leave the building safely in case of a fire. The registered manager had also made an arrangement with a hotel close by that people would go there so they had a safe place to stay.

People told us that they felt safe. People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt

with properly. When concerns had been raised, the registered manager had taken prompt and appropriate action. They had informed the local safeguarding team and other agencies. Further investigations had been carried out in line with safe guarding policies and procedures. The registered manager continued to monitor for any situations which may present a risk to people and had provided extra support for people and the staff.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff only. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

People said that there was enough staff working at the service to support them. One person commented, "There is always enough staff on duty and you can speak to them and they give you time to have a conversation." The duty rota indicated that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there were not enough staff available the registered manager covered the shortfall and worked with the staff to make sure people received the care and support they needed. On the day of the inspection the staffing levels reflected the number of staff on the duty rota.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangements and this was the way they preferred to have their medicines. All medicines were stored securely for the protection of people. People told us that they received their medicines when they should and felt staff handled their medicines safely. Staff had received training in medicine administration, which was refreshed every year. This was followed by a test to

Is the service safe?

check staff knowledge and understanding of the training. Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. Some people were given medicines on a 'when required basis'. There was guidance for each person who needed 'when required medicines'. People were only given medicines for their behaviours as a last resort. People received this type of medicine on very rare occasions. People were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Temperature checks of the room where the medicines were stored were taken daily and recorded to ensure that medicines were stored at the correct temperature to ensure the effectiveness and quality of the medicines used. The registered manager told us that there were currently no controlled drugs on the premises but when there are, there are clear procedures and auditing systems in place.

Once a person had refused to take their medicines during our visit, staff told us that they had spoken to the GP who had advised them to get back in touch after evening medicines had been offered so that further instructions could be given if they still refused to take their medicine.

There were procedures in place for people that wanted to self-medicate, however none of the people currently living at Homeleigh wanted to, people told us that they had been given the choice.

People, who were prescribed medicines which required regular and close monitoring by having regular blood tests, were supported to attend planned appointments.

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on the advice or changes to people's care and support.

People had a wide range of needs. Some people's conditions were more complex than others. There were shortfalls in staff training. Not all staff had completed the necessary training. Staff had not received the required training to provide them with the skills and knowledge they needed to look after people in the best way. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of some courses related to people's health needs like diabetes and epilepsy. Some staff had not completed this training and were unable to explain how the conditions might affect people. People required care and support with their individual conditions linked with mental health and dementia. Not all staff had received training in these areas and there was a risk that people could receive inconsistent care and support as staff did not have the knowledge, training and understanding in these areas.

The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people. This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. Regular staff meetings and handovers highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the registered manager.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated.

Staff told us that they did feel supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis. Staff had regular one to one meetings with the registered manager or senior member of staff. Staff had an annual appraisal which identified their development and training needs and set personal objectives. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively.

The registered manager had some knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff had some knowledge of and had completed training in the MCA and DoLS but they had not received any training since 2013. The registered manager and staff team were not able to describe the changes to the legislation and they had not completed a mental capacity assessment themselves. They were unable to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported. The registered manager was unaware of their responsibilities with regards the legislation and told us that they thought this was the role of out-side agencies who were involved with people, like psychologists and the local mental health team. On occasions some people had been detained under sections of the Mental health Act (MHA) when their mental health deteriorated and they had to go to hospital. On these occasions the registered manager had notified the Care Quality Commission of a DoLS application. This was not the correct action or procedure as the person was being detained under the MHA and not a DoLS restriction. The majority of people were being deprived of their liberties because external doors were locked, but no applications had been made to the relevant social services team who were dealing with DoLS.

Is the service effective?

The registered manager was aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. The registered manager had informally considered people's mental capacity to make day to day decisions but there was limited information about this in their care plans. There were no recognised mental capacity assessments in place to determine whether people had capacity or not to make decisions. However, when people's behaviour changed and there were changes made to their medicines or other areas of their life these decisions were made by the right clinical specialists and relatives with input from the staff, but where people lacked capacity to give consent to these changes there was no mental capacity assessment available and no best interest decision making record.

During the inspection the registered manager did take action to deal with this shortfall and contacted the relevant out-side agency for support and advice.

Decisions about care, support and treatment had not been made in line with the legislation. This is a breach of Regulation 11(1)(3)(4).

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

We received feedback from a health care professional who was involved with the service. They told us that their experience of working with the people and staff at Homeleigh was a positive one. They had witnessed people being treated with respect and dignity. One professional told us, "They have good understanding of people's needs and know how to support them. They are on the ball".

Visiting professionals said that there was clear and effective communication with the staff. Regular reviews were held when people's care was discussed in full and the staff were able to provide documentation if there had been any issues. They told us that the staff asked for advice and support if they are unsure how to manage certain situations and in regard to more complex mental health issues.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People told us, "The food is brilliant here" and "We can have what we like". One person said "I have a special diet. The staff here are really good and know what I can and can't eat and what I like. Whatever you want, they get you. Staff ask every day what I want to eat and there is always a choice".

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. Some people had coffee making facilities in their rooms so they could be more autonomous and independent. Staff included and involved people in all their meals. People often went out to eat in restaurants and local cafés. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff made sure they had lots of small snacks throughout the day to make sure they had enough calories to maintain their weight to remain as healthy as possible. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible.

Is the service caring?

Our findings

A lot of the people at the service had been there for many years. They said they were very happy living at Homeleigh and would not want to be anywhere else. People told us, "I am helped by staff to get my things for my bedroom. They take an interest in the things that I am interested in and spend time with me".

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people like to out in the local area and others preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something. One person called for a staff member to help them find something. The member of staff immediately gave a kind response and went to help them.

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible.

Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to answer people's questions. One person told us: "The manager's really good but you can talk with any staff, they always listen."

The registered manager and staff, demonstrated in depth knowledge of people. All staff spoke passionately about respecting people's rights and supporting people to maintain their independence and make choices.

Staff spoke with people in a friendly and pleasant manner. Staff respected people's privacy and knocked on people's doors and waited to be invited in. When staff wished to

discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. Everyone said their privacy was always respected. One member of staff told us: "Everyone, staff and clients get on well; we all respect and like each other". Other staff said that they made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly.

People told us there were lots of opportunities to express their views about their own support and about the running of the service. There were regular house and individual meetings. People told us that they have monthly house meetings and their opinions were acted upon. People told us that the quality of their life was good and staff were supportive. Staff considered people's views and took action in line with people's wishes. One person said, "I have made my bedroom homely and how I wanted it. The staff helped me to do this." Another person said, "I have my own key to my bedroom and I can keep my belonging safe this has given me independence and respect."

Staff involved people in making decisions about their care. People said that they were involved in planning their care. They told us that staff sat with them to discuss what care and support they wanted and what they did not want. They said they were involved in everything that happened at the service. One staff member told us, "We sit down with people and look at their care plans together and really try and support people to make decisions. We encourage people to make decisions for themselves". Staff understood about person-centred care. One staff member told us, "We believe that it's about putting the residents at the centre of what we do. We work around the people and what they want."

A relative told us that they took part in planning their relative's care. They said they were able to discuss any issues that concerned them. They said, "The staff always contact me if they notice any changes or if they have any concerns."

Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other. A person said "I get up early and go to bed when I like"; and another said, "I am really happy here." A visitor told us they thought that this service was the best choice for their relative.

Is the service caring?

People were supported to continue with their religious beliefs. People could attend church if they wanted to and there were opportunities for people to join in prayer meetings. There were visits from local church priests/vicars. People found comfort in this.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. Those who could

not express their needs received the right level of support, for example, in managing their food and drink. There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff intervened and used appropriate de-escalation techniques, including listening and distraction skills.

Relatives were able to visit whenever they wanted to. One relative told about how much their relative had improved since coming to Homeleigh. They told how they were going out more and socialising with other people. They said that their quality of life had improved.

Is the service responsive?

Our findings

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Homeleigh. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff the information about the person and how to care and support them.

Before people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service. Throughout the day of the inspection people were offered choices about how they spent their time, the food they wanted and social activities. People had the choice about when they got up and went to bed.

People's independence was supported and most people went out and about as they wished.

People told us they were able to make choices about their day to day lives and staff respected those choices.

Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. Staff supported people to be as independent as possible

People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. Relatives said they felt welcomed when visiting the service. They visited frequently and were very complimentary of the care given to their relative.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. The registered manager organised the team and matched people with compatible personalities and skills. Some people had chosen their key worker. People had meetings with their key worker at least once a month to review their care and say what they wanted. People talked mainly about activities that they would like to try and events they would like to go to. People were deciding where they wanted to go on holiday this year. One person had decided to go to Cornwall, another to Scotland. Staff were supporting people to arrange their holidays.

People confirmed that there were activities that they supported and encouraged to take part in. Some people could go out on their own and came and went as they pleased. Other people needed support when they went out. One person told us about the voluntary work they did at a local charity shop. Other people had done gardening jobs in the past. People said that they were encouraged to go outside the service and shopping trips, visits to local places of interest were arranged. There were links within the local community, and people were supported to attend churches if they wished to do so. One person told us "Staff here always ask what I want to do. They do their best and put themselves out for us". Another person told us that staff had taken them on holiday to different places. They said, "Staff ask me often, I decide where and we sort it out". The home employed a counsellor who was a fully qualified psychotherapist. They supported people on an individual basis in counselling sessions and they also supported them to develop therapeutic activities. One person was interested in photography and they were supported to develop this interest by purchasing a camera and taking photographs that were then made into a calendar

Is the service responsive?

People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. Sometimes people decided to remain in their rooms for periods of time. Staff encouraged them to come to the communal areas to socialise and eat their meals but respected their wishes if they chose not to do this. If people chose to stay in their rooms staff spent time with them doing activities if that was what they wanted. If people wanted to be on their own staff respected this.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and

written in a format that people could understand. If a complaint was received this was recorded and responded to. Records showed the action that was taken to address the issue. The registered manager took all complaints very seriously, responded to them and tried to resolve the issue. When a person had complained about losing an item of clothing the registered manager had recorded this and explained what action had been taken to resolve the issue to the satisfaction of the complainant. People and relatives said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the staff kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

People told us they were comfortable with the registered manager and the staff. One person said: “This is a really happy home”. People’s comments included: “The manager is the best manager I’ve ever had.” “The staff know me very well; we often sit and talk about things that interest me”. “The manager is very kind and so are all the staff”. “My view is that staff do things quickly when you ask for help”.

The registered manager and provider carried out some quality assurance checks to monitor the quality of the service provided. The provider visited the service six monthly to identify any areas that needed improvement. These were mainly environmental improvements. They did not record the checks that they made when they visited or any of the shortfalls that they had identified. There was no way of checking if improvements had been made as there was nothing to check against. The registered manager said that the provider was always supportive and available at the end of the phone, if they needed to discuss anything or if they needed anything the provider acted promptly.

People’s medicines and finances were audited on a daily basis by the senior staff but the registered manager did not carry out further periodic audit checks to ensure the audits were accurate. The registered manager and staff audited aspects of care daily, weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. People were at risk of receiving unsafe care and support because some of the audits had not identified the shortfalls that were found at the inspection. When some safety checks identified concerns no action had been taken. Checks had identified that water temperatures were too high but no action had been taken. Audits had not identified risk assessments had not been updated and did not contain the information needed to make sure people received safe personalised care and support. Audits had not identified that some staff files did not contain the necessary information.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a registered manager in place who was supported by senior care staff. People told us that the registered manager was open and approachable. They

demonstrated a good knowledge of the people.

Throughout the day people were welcome to walk in and out of the office and chat to the registered manager and anyone else they wanted to talk to. A staff member said “You can approach the manager at any time. Even if they are not at work they are always there at the end of the phone to give advice and support”.

Our observations and discussions with people, staff, visiting professionals and relatives, showed that there was an open and positive culture between people, staff and management. People had the opportunity to discuss any concerns, what was going well and what they would like to improve. People said that they felt listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly. When events of concern had happened at the service there was open and frank discussion between people and staff. Everyone was aware of what was happening and had the opportunity to discuss how they were going to deal with the situation.

There were regular meetings for people and staff. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. There was a commitment to listening to people’s views and making changes to the service in accordance with people’s comments and suggestions. People were involved in their local community. They went out regularly to local functions. People, who wanted to be, were involved with the church and voluntary organisation.

The service sent out satisfaction surveys to people and their relatives. When people had made comments or suggestions these had been responded to and action taken. This included organising for the outside of the service to be re-decorated as people had said that it does not always look nice. People were then involved in choosing the colour for the exterior of the house. People had said that the garden needed attention. Action was taken and people were actively involved in tidying up the garden, planting new foliage and buying a new picnic table. People were involved in planning activities and menus.

Relatives had responded to the surveys and all comments made were positive. They said, “The service was person centred and empowers people to reach their full potential by taking positive risks. “My relative’s quality of life has improved so much since moving to Homeleigh. I no longer

Is the service well-led?

dread visiting as I find my relative happier". "A lot of homes could learn a lot from Homeleigh". Professionals who visit the service said, "Attitude of staff to the training session was superb. It's a pleasure". "Simple establishment but very high standards". "Staff seem genuinely happy to be caring for the clients and all work together well".

Staff were clear about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to.

Homes that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the home in the last 12 months. This was because important events that affected people had occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe.

People were not fully protected as action had not been taken to make sure the premises were safe.

Regulation 12 (2)(b)(d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

People were at risk as there were times when there were staff on duty that were not suitably qualified, skilled and experienced to meet the needs of service users.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not obtained all the information as stated in Schedule 3 for each member of staff.

Regulation 19 (3)(a)

Regulated activity

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Decisions about care, support and treatment had not been made in line with the legislation.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 11(1)(3)(4).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not identify and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.

Regulation 17 (1) (2)(b)