

Lovestar Limited

Homeleigh Residential Care Home

Inspection report

The Bungalow
52 Eglinton Hill, Shooters Hill
London
SE18 3NR

Tel: 02083314343

Date of inspection visit:
25 February 2016

Date of publication:
18 April 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 February 2016 and was unannounced. At the last inspection on 10 December 2013 the provider met all the requirements for the regulations we inspected.

At this inspection the service was providing care, accommodation and rehabilitation services for five people who have mental health needs and may also have learning disabilities.

There was a registered manager in place. 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.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. Staff were recruited safely

Medicines had been managed appropriately and equipment had been serviced on a regular basis to ensure that it remained safe for use. Risks to people were identified and monitored. There were enough staff to meet people's needs and the provider conducted appropriate recruitment checks before staff started work.

Staff received adequate training and support to carry out their roles. They asked people for their consent before they provided care, and demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS).

People and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people. People were supported to have a balanced diet. People had access to a range of healthcare professionals in order to maintain good health.

Regular residents and relatives meetings were held where people were able to talk to the manager about the home and the things that were important to them. People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

People received support that was personalised, their wishes were respected and their needs were met. People were provided with information about the service when they joined. People were supported to be independent where possible. People's support and care needs were identified, documented and reviewed on a regular basis.

Systems were in place to monitor and evaluate the quality and safety of the service. However they required some improvement as they had not identified the need for a business continuity plan to deal with

foreseeable emergencies.

The provider took into account the views of people using the service, their relatives, and staff. Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the deputy manager were supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicines were managed safely and appropriately.

Assessments of risk were undertaken for people who use the service and support plans were in place to manage these risks.

Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed induction training when they started work and mandatory and refresher training for staff was up to date.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals in order that they maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity was protected.

Staff delivered care and support with kindness and consideration.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People's support and care needs were identified and documented within their support plans.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and were given information on how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had failed to identify the lack of a business continuity plan to guide staff in emergencies.

There were arrangements in place for monitoring the quality of the service that people received.

Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the deputy manager were supportive.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

Homeleigh Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

We spoke with two people who used the service, one relative, one member of staff, the deputy manager and the registered manager. We reviewed records, including the care records of the five people who used the service, four staff members' recruitment files and training records. We also looked at records relating to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living at the service and felt well cared for. One person said "I feel safe here, it's secure." One member of staff told us that they didn't use agency staff and the continuity of 'Seeing the same staff everyday' helped people to feel safe and secure.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to.

The manager told us that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

A signing in book was in use in the office area; to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out.

Medicines were stored, administered and recorded appropriately and the service carried out a weekly audit to identify any shortfalls which might compromise safety. People's photographs were used on medicine administration records (MARs) so that staff could correctly identify the person when administering medication. The MARs were up to date and the amount of medicines administered was clearly recorded. We saw that medicines received and stock balances were clearly recorded.

Appropriate risk assessments were carried out and included risks to people themselves in relation to absconding, arson, self-harm, self-neglect, diet and weight, substance misuse and mental health relapse. We saw that people's support plans included information for staff on how to support people appropriately in order to minimise the risk. For example, ensuring people did not have a lighter in their room overnight. Risk assessments were reviewed on a regular basis.

There were enough staff on the day of our inspection to meet people's needs. Appropriate recruitment checks took place before staff started work. We observed staff had time to talk to people and accompanied them to activities or to the shops on either a group or one to one basis. One person told us "There are always enough staff here to help me".

Accidents and incidents logs were maintained, however the manager showed us that there had not been any accidents or incidents for a number of years.

The fire risk assessment for the home was up to date and monthly fire drills were carried out. We saw water, gas and fire equipment were maintained under a contract and that the records of maintenance were up to date. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid training. The provider had carried out regular monthly fire testing to ensure premises conformed to

fire safety standards

Is the service effective?

Our findings

Relatives we spoke to told us that staff were understanding, knew their relatives well and were competent. One person said, "Staff know what they are doing and understand my relative's needs."

Staff training records confirmed staff had completed an induction when they started work and staff told us they were up to date with their mandatory training which included safeguarding, medicines management, first aid, food and hygiene and mental capacity. Records we looked at this confirmed this.

Staff were supported in their roles through regular supervisions and records confirmed that annual appraisals for the current year were due to be undertaken imminently. Supervision sessions gave staff the opportunity to discuss a range of topics including progress in their role and any issues relating to the people they supported. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One member of staff told us "I get a lot of support and encouragement from managers".

The manager and staff we spoke to had a clear understanding of the MCA and DoLS and how this should be applied to support people using the service. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legal authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, The manager and staff demonstrated a good understanding of the criteria under which a person may be considered to be deprived of their liberty. The manager told us that all of the people using the service had capacity to make decisions about their own day to day care and support. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If a person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one living at the home was currently subject to a DoLS authorisation.

Staff told us that they gained verbal consent when supporting people with their care needs. For example one member of staff told us "I always ask whether or not it's ok for me to apply cream to a resident."

People were supported to have a balanced diet. We saw that people were offered a variety of meals and there was a weekly menu plan displayed in the kitchen. Staff told us they prepared breakfast, lunch and dinner, but people who used the service were encouraged to prepare their own supper. We saw that one person who enjoyed cooking had been supported to make a beef stew. Staff said "Not everyone can cook, or likes cooking but we do encourage it, even if it's supporting them to make their own sandwich for supper." One person we spoke to told us "I like the food here, they know what I like."

Staff told us and we saw that they promoted people's independence by encouraging them to cook and do their laundry. One person told us "I tidy my room and do my washing."

People had access to a range of healthcare professionals in order that they maintain good health. We saw the manager maintained a folder of all healthcare appointment letters and a diary of all healthcare appointments to ensure no appointments were missed.

Is the service caring?

Our findings

People told us that the service was caring. One person said "Staff are very kind and caring". One relative we spoke to told us "Staff are caring and always ready to help." Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. We saw people were well presented and looked clean and comfortable.

We observed staff talking with people in communal areas throughout the day, sharing jokes as they supported them or speaking with them in an appropriate way. Staff were mindful of people's changes in mood. For example staff reassured people by talking to them kindly and compassionately when they were upset and staff showed patience and understanding.

Staff demonstrated that they knew people as individuals and that they understood the best ways to communicate with different people. A relative we spoke to told us "Staff know what my relative likes and understands their needs." Staff gave reassurance and provided distraction when people became agitated.

Staff protected people's privacy and dignity throughout the inspection. We saw staff knocked before entering people's rooms and talked to people about what they would be doing when they supported them. One person told us "Staff respect my privacy and knock on my door before coming in". One member staff told us "I always knock on people's door before entering and ensure I explain what I am doing when supporting them."

People told us they had been consulted about their care and support needs. We saw that staff understood people's diverse needs and how they might be supported to maintain their individual differences. For example, with regard to their cultural needs, one person who really enjoyed cooking African curries was supported to do so. People were allocated named key workers to co-ordinate their care and were happy with the support they received from staff. One person said, "I have a keyworker, they talk to me, I'm happy with everything."

People were encouraged to maintain links with people that were important to them and people and relatives confirmed that they were welcome to visit the home. One person told us "You can have visitors; and I've seen my dad twice at his house". One relative told us "I can visit my relative whenever I want."

Is the service responsive?

Our findings

Relatives we spoke to told us that staff carried out their duties as discussed and in accordance with their care plan. One person said, "Staff know what they are doing and keep us informed."

People received care and treatment that met their needs. We saw care files included support plans and risk assessments. Support plans were reviewed on a monthly basis and were agreed and signed by people who used the service. We looked at five people's care files and saw their healthcare and support needs had been assessed before they moved into the home. Staff were personally aware of people's individual likes, dislikes and food preferences. For example, one person told us "I don't like sweetcorn but like mushy peas." When asked staff were able to confirm this.

Care plans documented clear guidance for staff on how people's health needs should be met. We saw people using the service, their key workers, and relevant healthcare professionals were involved in the care planning process.

People's care plans also contained details relating to their preferred social activities and personal history. Staff we spoke with demonstrated a good knowledge of people's daily routines. For example what time they preferred to wake up. People's religious needs and preferences had been recorded in their care files. We saw that one person attended a place of worship on a Sunday and Wednesday.

People were supported to follow their interests and take part in activities within and outside of the home. A range of personalised activities were offered and people who used the service attended these on a daily basis. External activities included trips to London Zoo, Tower of London, Thorpe Park and a trip to Bruges. One person was part of the Greenwich Forum which supports people with a learning disability in Greenwich Borough and the London Region of the National Forum for People with a Learning Disability. As part of the Work Train consortium they offer training to support people with a learning disability into employment and volunteering. The person told us "I visit GPs and hospitals and find out what kind of services are available for people with learning disabilities. Like are there double appointments available where the patient needs more time and is there a disabled ramp available, I enjoy doing this work."

People were provided with appropriate information about the home in the form of a resident user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home and included the complaints procedure.

We saw the service had a complaints policy in place and the procedure was on display on the noticeboard in the main office. Although the home maintained a complaints folder they had not received any complaints to date, however if they did the manager said they would follow the complaints process to investigate the matter.

We saw that regular residents' meetings were held to provide people with an opportunity to air their views about the service. Minutes of these meetings showed they were well attended and that people engaged with

the process and their suggestions had been actioned. Items discussed included trips, menus and activities.

Is the service well-led?

Our findings

The provider carried out audits to monitor the service, however, improvements were needed as there was no business continuity plan in place to deal with foreseeable emergencies. There were no details of arrangements for where people should be relocated in the event that the premises needed to be evacuated. This had also been identified as an issue by the local authority when they carried out a recent audit.

The manager showed us that they were in the process of putting a plan in place as a result of the issue being identified by the local authority but this had not been completed. We were therefore unable to review this at the time of our inspection and we will check this has been completed at our next inspection.

The home had a registered manager in place who was supported in running the service by a deputy manager. Managers were available out of hours to ensure that management support and advice was always available when needed.

Staff told us they were happy working in the service and spoke positively about the leadership being receptive to staff input. Staff said that the managers were supportive and they operated an open door policy. One person said "The managers are really good; I can always talk to them." They described a culture where they felt able to speak out if they were worried about quality or safety.

There were clear lines of communication operating at the home. Staff attended handover meetings at the end of every shift so that they were kept up to date with any changes to people's care and welfare.

Staff we spoke to told us that the home's ethos and vision was to enable people to be as independent as possible and this included moving on to independent living if appropriate. One member of staff told us "We encourage people to do as much as they can for themselves; we want them to be independent."

Regular staff meetings took place, with minutes of these meetings confirming discussions around areas such as staff handovers, activities and individual service users. One member of staff told us "I gain a lot from staff meetings; I get to learn a lot". These meetings kept staff informed of any developments or changes within the service and staff were supported in their roles.

We saw that the home carried out annual residents, relative and healthcare professional surveys. The surveys for 2015 were due to be posted. However, we saw that feedback from the surveys for 2014 had not been analysed and there were no action plans in place to make improvements. Overall the feedback received was very positive and there were no changes that needed to be implemented. Two healthcare professional rated the home as 'Excellent' and 'Good' respectively. The manager told us that they would ensure that all feedback surveys would be analysed and an action plan implemented if needed.