The Homestead (Crowthorne) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 12 April 2016.

The Homestead (Crowthorne) Limited is registered to provide care (without nursing) for up to 23 people. There were 19 people resident on the day of the visit, one person was in hospital. The service has one double room which is only used for two people in the event of a couple or friends wishing to share. The house offers accommodation over three floors. The first and second floors are accessed via a lift. The shared areas within the service offer adequate space and suit the needs and wishes of people who live in the home.

There is a registered manager running 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 2008 and associated Regulations about how the service is run.

People, visitors to the service and staff were kept as safe as possible by a staff and management team who took safety seriously. They were trained in the safeguarding of vulnerable adults and health and safety. The manager and staff were able to describe their responsibilities and methods for keeping people safe from all forms of abuse and harm.

People received safe care because there were enough staff who were effectively deployed at all times. The management team followed a robust recruitment procedure to ensure, as far as possible, that staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by properly trained staff.

People's human and civil rights were protected. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provides a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The staff team took any necessary action to uphold people's rights and the registered manager made the appropriate DoLS referrals to the Local Authority.

People's health and well-being needs were met by well supported and trained staff. People were helped to acquire healthcare from appropriate professionals, as necessary. Staff were trained in all relevant areas, so that they could meet the variety and diversity of needs presented by the people in their care.

The service provided person centred care which recognised and met people's individual needs. Staff built strong relationships with people and were knowledgeable about and knew how to meet people's needs. Staff respected people's views and opinions and encouraged them to make decisions and choices. People were treated with kindness, dignity and respect at all times.

People benefitted from a well-managed service. Meeting people's needs was the priority for the staff team. The registered manager was described by staff as very supportive and approachable. The service had ways of making sure they maintained and improved the quality of care provided. Improvements had been made as a result of quality checks and listening to the views of people, other professionals, people's relatives and the staff team.

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.

Staff kept people safe and protected them from any type of harm or abuse.

Any risks were identified and managed to make sure that people and others were as safe as possible.

Medicines were given to people by staff who had been by trained and tested to make sure they knew how to give them safely.

There were enough staff to make sure people were cared for safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained to meet their needs effectively.

Staff helped people to stay healthy and happy, for as long as possible.

Staff upheld people's human and legal rights. They encouraged and supported people to make as many decisions for themselves as they could.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff always interacted positively and patiently, with people.

People were helped to be as independent as they were able to be for as long as possible.

Staff developed strong, positive relationships with people and their families

Is the service responsive?

Good

The service was responsive.

People's needs were responded to quickly by the care staff. They listened to people with regard to their daily choices and acted on their wishes.

People were helped to stay in contact with their families, friends and others who were important to them.

People were cared for in the way that suited them best.

People had a variety of activities they could choose to participate in. These were being improved by the new activity co-ordinator.

Is the service well-led?

Good

The service was well-led.

The registered manager was highly thought of and made sure that staff displayed the behaviours and attitudes expected of them. People told us the registered manager had improved the care that the service offered since her appointment.

The service regularly checked it was giving good care to people. Changes to make things better for people who live in the home had been made.

The service had developed good working relationships with other professionals and worked co-operatively with them.

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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 was a routine unannounced inspection which took place on 12 April 2016. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events, such as safeguarding incidents, which the service is required to tell us about by law.

We looked at six care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition we looked at samples of auditing tools and reports, health and safety documentation and staff recruitment records.

We spoke with six people who live in the service, four staff members and the registered manager. Additionally, we spoke with family members and healthcare professionals who were visiting the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all the information held about six people who live in the home and observed the care they and others were offered during our visit. After the inspection visit we received written information from three local authority professionals, one health professional and relatives of people who live in the service.

Good

Is the service safe?

Our findings

People told us or indicated, by nodding and smiling, that they felt safe in the home. One person said, ''I'm safe, I'm very safe''. Another nodded when asked if they were safe and another said, "they keep me from harm". Relatives and other professionals told us they were happy that people were safe in the service. They said they had never seen anything that caused them concern or discomfort. A professional commented, "the safety and wellbeing of the clients in this establishment is of paramount importance to the management and staff team".

People were protected from abuse or poor practice by staff who had received safeguarding training to enable them to recognise any signs of abuse or distress and take appropriate action. They were able to explain their responsibilities with regard to protecting people and were committed to keeping them safe. The service had a whistleblowing policy that staff were aware of and had used in the past. Staff were confident that the registered manager would take any necessary action to protect people. No safeguarding incidents had been reported in 2016. Four safeguarding incidents were reported in 2015. These were reported to the relevant authorities, fully investigated and appropriately dealt with.

People, staff and visitors were kept as safe as possible, whilst in the home. Staff followed health and safety policies and procedures which were included in the induction process. The registered manager was in the process of reviewing policies which had not been up-dated since 2012. However, there were up-to-date generic risk assessments which included manual handling, slips, trips and falls, infection control and bathing people. Internal health and safety checks were completed regularly. These included weekly checks of water temperatures (hot and cold), escape routes and fire alarm systems. Maintenance checks completed by external contractors were conducted regularly. These included equipment such as portable electrical appliances (April 2015) and the lift (March 2016). Staff and people told us that shower and bath water temperatures were checked prior to people being helped into the bath. However, this was not always recorded to make sure all staff followed this process to ensure people were kept safe from scalding. The service had emergency contingency plans to cover areas such as shortage of staff, adverse weather conditions and full evacuations.

The service had received a four star (good) environmental health rating for their kitchen cleanliness and food handling in September 2015. The house was clean and hygienic and other professionals told us they had no concerns about staff's management of infection control.

The service made sure they 'learned' from any accidents and incidents that occurred, to improve people's safety. Accident and incident reports recorded the incident, described what action was taken and any further action or learning needed. Body maps recorded any unexplained bruising or injuries. However, these were not always cross referenced with incident forms or individual care plans. It was not always clear what investigations had been done to try to establish the cause of the injury. A monthly audit was undertaken by the registered manager to identify any 'trends' or recurring issues. Actions such as pressure mats by people's beds and provision of other mobility equipment had been taken to minimise the risk of falls as a result of such audits.

People's individual care plans included risk assessments in the relevant areas of care. These were individualised and included nutrition, moving and handling and bathing and showering. The risk management plans were incorporated into people's care plans and instructed staff how to support the individual as safely as possible. The service used recognised assessment tools for looking at areas such as nutrition and skin health.

People were helped to take their medicines safely. The service used a monitored dosage system (MDS) which meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MAR) were accurate. Detailed written guidelines for when individuals should be given medicines prescribed to be taken as necessary (PRN) were in place for approximately half of people who took them. The registered manager undertook to ensure everyone who took PRN medicines were provided with such guidelines, so that all PRN medicine was given in a consistent manner. Medicines were stored safely in a locked trolley, which was kept in a locked room. The service 'crushed' some medicines for people with swallowing problems, if necessary. A form stating that this was a safe way to administer the medicines was signed by the pharmacist and GP.

Senior staff were trained in the administration of medicines. Only those who had completed the training and had been competence assessed undertook these duties. Staff's competency was assessed a minimum of once a year, by the registered manager. The service had reported no medicine administration errors over the past 12 months. The service had received a pharmacy inspection in November 2015. Several recommendations had been made and complied with.

The service's recruitment procedure ensured people were looked after by staff who were suitable and safe to work with them. These procedures included requesting and validating references, and checks on people's identity. The service made Disclosure and Barring Service (DBS) checks to confirm that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms were completed and included a full past employment history. An explanation for any 'gaps' in employment history was generally noted on the file. However, two files had some queries with regard to employment gaps which the registered manager corrected on the day of the inspection.

There were enough, properly deployed and organised staff to provide people with safe care. Staff told us there were enough staff to keep people safe and give people one to one time as requested. In the case of shortages staff worked additional hours. Agency staff were only used in emergencies when no other staff were available. Staff worked 12 hour shifts and told us they were happy to do this. The registered manager told us if staff preferred eight hour shifts they were able to use that work pattern. There were a minimum of three staff during daytime hours (from 8am until 8pm). Two waking staff were available during the night. Rotas from January, February and March 2016 showed that staffing levels did not drop below four during the day. People's dependency levels were assessed monthly and the registered manager used a staffing calculator to ensure there were enough staff to meet people's needs. The registered manager was able to increase the staffing for any out of the ordinary events such as illness or other crises, as necessary.

Good

Is the service effective?

Our findings

People and their relatives told us they were, "well looked after".

People health and well-being needs were met by the staff team. People were supported to stay as healthy as possible. People's healthcare needs were clearly described in their care plans. Health care records showed visits by and to other professionals such as district nurses and GPs. Hospital and specialist appointments and referrals were noted in detail and follow up appointments completed. The service worked closely with health professionals who provided specialist training or guidance in the care of people with specialist conditions such as diabetes and catheter care. Health professionals told us that the service was pro-active in seeking teaching sessions on specific areas of care. They said staff contact the GP or district nurse team appropriately and have developed a good working relationship, which benefits the people in their care, with them. They told us the staff co-operate with them and follow their advice to meet people's health needs.

People's needs were met by staff who were properly trained to provide effective care. Staff told us they had good opportunities for training, their training was up-to-date and they were supervised regularly. A care commissioner noted, "the staff vocalised that they felt supported and heard and wanted to take up training opportunities that became available".

There had been a large turnover of staff in the past 12 months (since the current registered manager had been in post) and 10 of the 22 staff were completing the care certificate. Staff described their induction as, "really good". Professionals and family members felt the service had benefitted from the large staff turnover as the new staff team was positive and worked well together, in the best interests of people.

Staff received one to one recorded supervision at approximately four to six week intervals. Staff told us the registered manager was very supportive and always had time to help or advise them. The registered manager and staff told us after a year's service they completed an appraisal which was repeated each year. Specific training was provided to meet people's special or diverse needs. Examples included diabetes and dementia care.

People were supported to make as many decisions and choices as they could. Staff were able to tell us how they encouraged people to do this. They described offering one of two alternatives, using pictures and objects to find out what their choice was. Care staff were seen using these techniques to find out what people wanted, throughout the inspection visit. People's consent to care being given was noted in their care plan along with other relevant areas such as information sharing. Staff understood how people's capacity to make choices could vary dependant on matters such as time of day, health and mood. People's care plans noted when and how people were best able to make their own decisions about daily life.

Staff understood consent, mental capacity and DoLS and were able to uphold people's rights. Staff had received Mental Capacity Act 2005 (MCA) training and were able to explain their understanding of the principles of the Act. The 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 legally 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service made appropriate DoLS referrals, 15applications had been made and 14 had been authorised by the local authority (the supervisory body). The provider was complying with the conditions applied to the authorisation. DoLS authorisations were renewed every 12 months, as required by the Act.

People told us that the food was, "very good'' and said, "there's plenty of it". Menus included fresh food, were well balanced and included people's preferences. People were offered and encouraged to eat and drink snacks and fluids throughout the day. Nutritional assessments, weight, food and fluid charts were completed for all individuals. Referrals were made to dieticians or other appropriate professionals if there were any concerns about people's nutritional intake or variations in weight. Staff were on hand, for the duration of the meal, to assist people to eat and to meet any requests. They positively and gently encouraged people to eat, offering sensitive physical help if necessary. People were offered and given second helpings of the main and dessert course if they wanted it.

People whose behaviour may cause harm or distress to themselves or others were not admitted to the service. However, some people had developed and were living with conditions that could cause behaviour disturbances. The service sought the assistance of the appropriate professionals, when these were identified. Care plans noted how staff were to help people to control their behaviour, these did not always include enough detail. For instance one entry said, "use distraction techniques" but did not detail what these were. However, staff managed people's behaviour effectively.The registered manager told us they were working with the Community Mental Health Team to develop behavioural guidelines for individuals. The service recognised if they were no longer able to meet people's needs and took the appropriate actions to ensure people were provided with a suitable alternative placement. The staff did not use any form of physical restraint. We saw they used positive verbal encouragement and distraction techniques to support people. Health professionals told us they witnessed staff using very good and skilful methods of distracting people from displaying harmful behaviour.

People were accommodated in an environment that met their needs. The service had completed some refurbishment of the house and was continuing with a redecoration and renewal programme, which followed recommendations of a specialised dementia organisation. For example toilet doors were painted the same colour and bedroom doors had identifying photographs or pictures on them. Adaptions, such as rails in corridors, had been made to meet people's current physical needs. The house was comfortable and homely and the garden was well-kept and used extensively by people. People told us they, "absolutely love to use the garden in the good weather".

Good

Is the service caring?

Our findings

People, relatives and other professionals described staff as, ''very kind '' and "patient". They told us that staff always treated them with respect. A professional commented, ''the staff treat people with dignity and always maintain their privacy" and, "they do respect and preserve the dignity of their clients. I find the staff very courteous and polite and nothing is too much trouble". Another said, "I have placed several people into this particular care home, choosing it over many others as I am certain they will be treated with upmost dignity and respect". A relative commented, " they are extremely patient and kind, they do a very, very good job. They respect me and my feelings as well". A person told us that staff were, "very kind and reliable".

People were treated with kindness and compassion. Staff displayed kindness and patience when supporting people with complex needs and behaviours. Humour and physical touch were used appropriately to give people comfort and confidence. There was laughter and interaction between staff and people throughout the inspection visit. Staff had developed strong relationships with people. They were knowledgeable about people's individual needs and personalities. Health professionals commented on staff's in depth knowledge of people's needs and ability to communicate with them. They said, "staff have a fantastic rapport with residents".

Staff made sure that they maintained people's privacy and dignity. They gave examples such as closing doors and curtains and risk assessing people's ability to be left in the bathroom alone. People's preferences with regard to support with personal care were recorded on their care plans. Staff spoke discreetly and respectfully to people to ask if they needed assistance with any personal care tasks, such as going to the toilet. For example they knelt down beside people so that they could speak quietly to them. How staff were to support people respectfully and in a dignified manner was described in their personalised care plans.

People were given choices and supported to make as many decisions as they were comfortable with, throughout the day. These included choosing drinks, activities and where they wanted to spend their time. Staff described what they were doing and why and people were asked for their permission before staff undertook any care or other activities.

People were encouraged to keep their independence and control as many areas of their life as possible, for as long as they were able. Care plans described how staff should encourage people to be as independent, as possible. Examples included people choosing when to go to bed and get up and choosing where and how they wished to spend their day. Staff described how they encouraged people to complete as much of their personal care routines as they were able to.

People's equality and diversity was respected. Care plans identified any needs people had with regard to their religion, ethnicity, culture or lifestyle choices. The service ensured that one person was able to communicate with a staff member in their original language. A professional gave an example of another person who was provided with a staff member who spoke their first language, they noted this, "made a huge difference to this {person} and massively reduced their anxiety". A minister of religion visited the service regularly and people met with him if they chose to.

People's end of life wishes were recorded and care plans for people who required end of life care were put in place, as necessary. The service worked closely with community health services to ensure people could end their life at 'home' with appropriate medicines and in relative comfort, if they chose to. Do not attempt resuscitation (DNAR) forms were in place if people chose to have them.

Good

Is the service responsive?

Our findings

People told us and we saw that staff were always around if people needed help. They said that call bells were answered quickly. Staff responded quickly to meet people's needs, even when assistance was not verbally requested. However, those people who were able to were very confident to ask for or indicate that they needed help or attention. A professional told us, "The staff take an active interest in each of their service users and encourage individuality, choice and maximum independence". Another commented, "Staff are vigilant of client's needs".

People were supported to maintain relationships with those who were important to them. People told us that their friends and relatives visited regularly and were welcomed to the home. A relative told us staff always had time for them and they were, "made most welcome" and "felt part of the home". They told us there were no restrictions on times or lengths of visits. Families and friends were kept up to-date with any changes in people's health or well-being, as appropriate and agreed with individuals.

People's needs were assessed by the registered manager or a senior staff member, before they moved in to the service. Care plans, developed from assessments, were reviewed regularly. People and their families were involved in planning and reviewing their care if they wanted to be. Care Plans included records of who was involved in changing care plans and when people's families were contacted with information regarding their family member. Care plans were signed by people, if they were able, and were reviewed by senior staff every month.

Monthly reviews were recorded and noted any changes made such as, changes in people's health and well-being and any up-dated risk assessments. However, reviews did not always cross reference with the care plans.This meant that if care plans were read independently of the reviews they may not always be accurate or up-to-date.The registered manager undertook to ensure all care plans were amended so that they accurately cross referenced with the latest review.

People had detailed, individualised care plans which met their specific needs. Staff ensured that the care given to people was as described in their care plan. However, staff were flexible and would listen to people, relatives and other professionals and respond to people's immediate needs. The staff team met people's diverse and changing care needs with little or no delay. The registered manager could increase staffing ratios temporarily to meet any identified needs in response to issues such as illness. The call bell tracking system showed that staff generally responded to call bells within one minute. People told us staff answered the call bells, "very quickly" and one person said, "I've never had to wait".

People were provided with a range of activities to suit their needs and preferences. An activity co-ordinator had been appointed in March 2016 to improve the variety and standard of activities offered. People told us they had enough to do and were enjoying some of the new activities. Some people said they preferred, "my own company. I don't have to join in if I don't want to". The care staff worked with the activity co-ordinator on some occasions to give people opportunities to participate in community or special activities. Staff gave an example of planting flowers and seeds for use in the garden. The activity co-coordinator told us they were hoping to receive specialised training and further improve activities.

People knew how to make complaints and comments about the service. There was a comprehensive complaints procedure in place. People and their relatives told us they would be comfortable to complain and would do so if necessary. The service had recorded two complaints and four compliments in the preceding year. The complaints had been appropriately dealt with. A closing E-mail had been sent to the complainant. However, the outcome of the complaint was not recorded in the complaints file for staff to refer to, if necessary.

Good

Is the service well-led?

Our findings

Staff told us, ''the manager is approachable and very supportive". They said, "she values us and listens to what we have to say. She listens to residents and their families too". Staff members told us there had been, "real improvements in the care of people since the new manager got here".

Family members told us they felt the, "new manager has really improved things, I am much more confident in the care {name} receives. The staff team are happier, the house is cleaner and fresher as are the residents". They added, "I now feel comfortable to discuss anything with staff or the manager and I know they will listen to me and do what's necessary".

A professional told us, "the new manager has made a difference to the home, standards are much higher". Another said, "the manager always makes time to discuss things with us even when busy. She is not too proud to discuss and ask questions where there maybe areas of uncertainty". One professional told us that the registered manager , "is proactive, responsive and takes every opportunity to take up training offered (i.e. dementia, oral health), shares good practice and makes changes when advised where gaps are noted".

People, staff and others were listened to and their views were taken into account, by the service. Staff and residents meetings (which family can attend) were held every month, where possible, and minutes were kept. The last residents meeting held in March 2016 noted discussions about use of communal rooms, food, the new activities co-ordinator and whether people were happy living in the service. Additionally, the registered manager met people on a one to one basis to ensure they were able to express their views of the care they received. The last staff meeting was held in February 2016 and the next was being planned.

The service provided people with good quality care. The standard of care was monitored and assessed to make sure that the high standards of care were maintained and improved, if necessary. The registered manager and provider completed a variety of audits to check on all aspects of the service. The registered manager regularly worked alongside care staff and ensured that staff attitudes and values were as expected by them and the provider. Staff displayed the stated values and attitudes of the service, such as treating people with compassion, care and dignity, during their daily work with people. The registered manager completed various audits and checks such as weekly falls, risk assessments and resident illness. These were sent to the provider to inform him of any issues in the service. The provider completed a monthly visit which resulted in discussions with the registered manager. The provider did not produce a monthly report but the discussion with the registered manager was noted for future reference and information.

Changes were made as a result of listening to people and the various methods of quality assurance. These included refurbishment of the hoe to suit people's particular needs. The addition of a bell to the garden door and the provision of a 'quiet room' where people could sit with their visitors and friends.

The service worked co-operatively with other healthcare and well-being professionals to ensure people were properly cared for. Health and social care professionals told us the service works co-operatively with them to ensure they give the best possible care to people. One professional said, ''In my opinion, yes, they do" (work co-operatively with us). They also commented, "I know that if the manager has any concerns that they are not able to meet someone's needs, they contact me on the first opportunity and arrange for an urgent review and organise transfer to a home which can provide for nursing needs". A health professional said, "they are quick to ring us and ask for help and are very co-operative". A service commissioner told us, "She {the registered manager} actively works with and engages with professionals i.e. the pharmacist from the Clinical Commissioning Group". They said the pharmacist who undertook medication clinical reviews stated, " The Homestead was very receptive to recommendations and Where necessary, these were actioned immediately ".

Good care was supported by records, relating to people who lived in the service, which were generally accurate and up-to-date. They gave staff directions about how to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date. However, the registered manager was aware that some records were hard to find or did not have the clarity needed. She was improving systems to ensure all information was easily and clearly available to the relevant staff and others. Statutory notifications were sent to the Care Quality Commission when required and in the correct timescales. We received nine notifications, which included four safeguarding incidents, in 2015 and 2016. All had been appropriately dealt with.