

Manor Care Homes Ltd

# Homeville

## Inspection report

Basement Flat  
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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

About the service:

Homeville is a residential care home that accommodates one person with a learning disability, autism and complex needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service:

Staff knew people well and gave them the reassurances they needed so they felt safe and any anxieties reduced. Staff and managers knew how to recognise and report potential abuse to safeguard people.

Staff understood people's conditions and needs well and responded to provide the support they needed. Risks to people had been identified and risk assessments contained strategies to mitigate risks.

People's care was based on their needs and preferences. People were supported to do things they enjoyed and independently choose how to spend their time. Care plans contained detailed information to guide staff how to provide the support people needed.

Medicines were stored and managed safely. Policies and procedures supported the safe administration of medicines. People received their medicines when they needed them and staff who gave medicines were trained and their competency checked.

Staff sought consent before providing care and knew the process to help those who lacked capacity to make

decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training and support they required to enable them to fulfil their roles. Staff were recognised for their contributions and felt valued members of the staff team.

Feedback was regularly sought from people, relatives and staff about how the service could improve for people's benefit. Managers understood and met their regulatory responsibilities.

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

Rating at last inspection: The last rating for this service was Good (published 27 February 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Homeville

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Homeville is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. Once registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave 70 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. Information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection:

We met the person who lived at the service and observed staff supporting them to plan their day. We spoke to the manager, the head of care, a carer and a visiting therapist.

We looked at one person's care plan, daily notes and medicines records. We looked at a variety of records relating to the management of the service including, health and safety records, audits and quality assurance reports.

After the inspection:

We telephoned a relative to gain their experience of the care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People benefitted from being supported by staff who knew them well and understood how to provide an environment in which people felt safe.
- Staff knew how to recognise changes in people's behaviour that would give them cause for concern that something was not right with them. Staff felt confident that if they reported their concerns to the manager they would act on them.
- The manager was aware when to report signs of abuse and seek advice from the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be assessed, monitored and managed so people were supported to stay safe while their freedom was respected. Detailed guidance was available to staff, so people were helped in the right way to live the life they wanted.
- Consideration had been given to the best ways to support people who displayed behaviours when they became anxious. This included recognising any triggers and developing strategies that reassured people and maintained their safety. Staff followed this guidance by redirecting and reassuring a person when they became anxious by us, the inspector, being in their home.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced.
- There was a programme of fire drills to ensure staff knew how to evacuate people safely in the event of a fire. The Fire and Rescue Service was due to visit in October, and the service saw this as an opportunity to ensure they were doing all they could to minimise the risk of a fire starting or spreading.

Staffing and recruitment

- People had been assessed as requiring one to one support and were provided with this level of care at all times. This meant that people could spend time doing what they chose at home, and also go out to places that interested them. Two to one support was accessed so people could go on holiday.
- A visiting professional told us, "It is always calm here. There is always staff around".
- As staff worked alone there were arrangements in place to deal with emergencies to ensure everyone's safety. Members of the management team were on call for advice and could attend the service at short notice.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with people.

### Using medicines safely

- People continued to receive their medicines when they needed them.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration and to be clear about their roles and responsibilities.
- Staff understood how to follow medicines guidance. People had a medicines profile which detailed why the person was taking each medicine and any side effects. Protocols directed staff when people should be given medicines prescribed as 'only when needed' and for topical creams that needed to be applied to specific areas of the body.

### Learning lessons when things go wrong

- A record was made of any accident or incident detailing what had occurred, and the resulting actions taken by staff.
- The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again.
- A graph was kept of all incidents when people had become anxious to establish if there were any known triggers. It had been identified that a person's anxieties increased when a member of staff was away on holiday. Staff had supported this person around this event and this had resulted in a reduction in incidents in 2019 compared to 2018.

### Preventing and controlling infection

- The service was kept clean by people and staff.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment.
- The washing machine was out of order. Whilst the washing machine was awaiting repair, people could do their laundry at another of the provider's services, which was close by.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, social, emotional, cultural and religious needs had been assessed in line with best practice and guidance, so the provider could be confident they could be met by the staff team.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care. Staff received a combination of online and face-to-face training, including first aid, fire safety and health and safety.
- When people had specific needs, staff were provided with specialist training to effectively care for them. For example, staff had received training in epilepsy, mental health and behaviours that challenge.
- The staff team had been complimented by a training provider. "I just wanted to let you know how much I have enjoyed teaching your staff so far. I have found them to be attentive, interested and actively engaging in discussions regarding each of our topics".
- Staff continued to have opportunities to discuss and reflect on their practice through discussions with members of the management team, supervision meetings and an annual appraisal.

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

- People were given informed choices of what to eat to encourage them to try new things and eat a balanced and healthy diet. Menu books had been developed with a photograph of each meal to help people choose what they wanted to eat.
- People could make themselves a drink when they wanted to and were encouraged to help with meal preparation according to their abilities.
- Staff followed professional advice when serving and supporting people to eat, to minimise the risk of a person choking.
- People were protected from the risk of poor nutrition as people's weights were monitored and their GP contacted if there were any significant changes.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health needs continued to be identified and monitored by staff through observation and discussion.
- People were supported to access health care services when they were needed. A record was made of all medical appointments and outcomes, so their needs could be met.

- People's oral health care needs had been assessed and they attended regular appointments with the dentist.
- Relatives said they were kept informed of their family member's well-being. One relative told us, "If there is anything wrong with them or they are not well, they give me a ring and let me know the appointment dates".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make day to day decisions had been assessed. Staff described how they gave people informed choices in order to help them make their own decisions.
- The registered manager understood the importance of involving relevant people, if people could not make an important decision themselves.
- DoLS applications had been submitted in accordance with legislation and guidance.

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

- The design and decoration of the premises continued to meet people's needs.
- People knew the layout of their home and had access to all areas.
- There was a small enclosed garden where people enjoyed spending time painting.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated in a kind, caring and sensitive way. Trusting relationships had been developed with a small team of staff who knew people well and respected their individuality.
- A relative told us, "Staff are quite dedicated. (Name) is lovely but is very demanding. Staff and managers take turns in supporting them".
- Relationships with family members and those who were important to people were developed and maintained. A visiting professional said, "They introduced me to (Name) gradually, so I got to know them over time".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be promoted and respected. When a person acted in a way which did not maintain their privacy, staff used strategies to distract them and helped to maintain their dignity.
- Staff understood how to balance people's wish to spend time on their own with supporting them to socialise with other people and go out.
- People's independence was promoted through involvement in daily routines such as shopping, preparing food, hoovering and tidying their room. Guidance in care plans set out what personal care tasks people/the person could do for themselves and when they needed physical assistance or prompting.

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

- Staff supported and involved people in making decisions each day such as what they wanted to wear and how they wanted to spend their time.
- Communication guidelines were available which set out the best way to communicate with people. One person became anxious if they received different answers to set questions they asked. A record was kept of staff responses to these questions, so the person received a consistent response. This strategy reassured the person whilst continuing to involve them in discussions about their care.
- People regularly attended team meetings, so they were included in discussions about the service and their care and support.
- People had access to advocates. Advocates help people to express their needs and wishes, and weight up and take decisions about the options available to them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to lead active, varied lives and follow their interests. A relative told us, "(Name) does a lot of things. They go to clubs and discos. Staff are always trying to think of something else for them. (Name) used to go ballroom and country dancing and won medals. I said to staff that they loved dancing, and staff are looking into ballroom dancing for (Name).
- The service continued to be responsive to people's needs with regards to their culture, religion, sexuality and gender. A relative told us, "I wanted (Name) to have more women to support them with things as they have mainly men. They have now recruited three more women".
- Care plans contained detailed information about people's likes, dislikes and routines and personal history. This was so staff had guidance about the most important things they needed to know about a person. Staff knew about people's interests and preferences which helped them to provide care in a personalised way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information using photographs and pictures to help them understand the content. For example, people's care plans contained pictures of the activity that was written about.
- There were visual aids to guide people about what was happening each day. A board in the lounge contained a photograph of the staff member who was supporting them and the activities they planned to do together.

Improving care quality in response to complaints or concerns

- There continued to be a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.
- Relatives said they were in regular communication with staff and therefore felt confident to raise any concerns or complaints. A relative told us, "I have no problems with the service".
- The manager and staff understood how to follow the provider's complaints policy if people or their representative raised a concern or made a complaint.

End of life care and support

- The manager had identified end of life plans would benefit from more personal information about

people's wishes and choices. This included where people wanted to live, the things and people they wanted with them at the end of their lives. The manager understood the sensitivity needed for these conversations and planned to gradually introduce the topic when people were comfortable.

- The provider understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had consulted with staff about the values of the service. Staff had discussed what each value meant, and a consensus was reached to agree the most important. These values were, "Caring, approachable, respectful and encouraging".
- Relatives said the service was well-led and that they would recommend it to others. A relative told us, "They are constantly thinking outside the box. All in all their needs are met. Their life is as fulfilled as it could possibly be".
- The provider had a duty of candour policy, which outlined how they should respond when something went wrong. The manager understood the need to be open and honest and these values had been disseminated and were understood by the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The members of the management team had remained the same since the last inspection, but there had been a change in their roles and responsibilities. The manager and head of care worked effectively alongside each other and were also responsible for another of the provider's services nearby.
- Staff felt supported by and confident in the management team. The head of care led by example, supported people and they and the manager had a good understanding of the strengths of people and the staff team.
- There was a structured programme of checks and audits which identified areas for improvement. When shortfalls had been identified, action was taken to address them. The system for managing medicines was not working as well as expected, so the medicines supplier had been changed and staff completed a higher level of medicines training.
- The manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. They kept up to date with guidance and advice through updates from health and social care organisations and attending registered managers conferences. They ensured best practice was disseminated across the staff team.

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

- People's views about the service were sought daily and more formally at reviews. Relatives and people

completed annual surveys for the provider to gain their views about the quality of the service. Areas covered included the quality and choice of food and the support received from staff. The feedback received was all positive.

- Staff said the management team were approachable and they listened and acted on their views. Staff were kept up to date with the service through regular staff meetings and a staff newsletter.
- There were systems to recognise the values and strengths that staff brought to the service. Staff were encouraged to notice and record when a member of the team had 'gone the extra mile'. Each quarter, the manager reviewed these comments and awarded a staff member a certificate in recognition of their achievements. Staff had received awards for being "Caring"; "Making people laugh", "Friendly" and "Positive". These attributes reflected the values of the service.

#### Working in partnership with others

- The provider worked in partnership with other social and health care professionals such as GP's, and the positive behavioural support team.
- People continued to be supported to use local services with which they could become familiar and build up relationships.