Methodist Homes

Homewood

Inspection report

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Date of inspection visit:
05 December 2019

Date of publication:
02 January 2020

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

About the service
Homewood is a residential care home registered to provide personal care to 50 older people. At the time of our inspection 41 people were living at the home. Each person had their own bedroom on one of three floors known as 'Ash', 'Elm' and 'Oak'.

People's experience of using this service and what we found
People were protected from the risk of abuse and people felt safe. Risks to people's health and wellbeing had been identified, assessed and monitored. Records provided staff with information about people's individual risk's and what staff needed to do to minimise these risks.

Medicines were managed ordered, stored and administered safely. We found some improvements were required to support safe medicines practices. The home was clean, tidy and odour free. People and relatives told us they had no concerns with the levels of cleanliness in the home.

Records showed staffing levels assessed as meeting people's needs had been maintained, but we received mixed feedback from people and relatives about whether there were enough staff to meet their emotional and social needs.

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 providers policies and systems in the service supported this practice.

There was a relaxed and friendly atmosphere in the home and staff had received training to meet people's needs. Further training was planned to ensure staff knew about specific health conditions. People told us they were happy with the variety of different activities available to them.

People had enough to eat and drink and told us the quality of food had recently improved. Guidance was provided in care plans about how to encourage people to maintain a healthy diet and their nutritional needs had been assessed. People could eat when, where and what they wanted to.

People's needs, and preferences had been assessed before they moved into the home. People's care and support was planned in partnership with them and where appropriate, their families. Records showed referrals had been made to other healthcare professionals when necessary to ensure people remained well.

The provider had systems and processes in place to monitor and improve the quality of care provided, but these had not always been used effectively to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 6 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Homewood

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by three inspectors and an inspection manager

Service and service type
Homewood 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was not available on the day of our visit. The area manager and supporting home manager supported the inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with fourteen people who used the service and five relatives about their experience of the care provided. We also spoke with the area manager, supporting home manager, deputy manager, two senior care workers, two care workers, a housekeeper, the activities co-ordinator and the cook.

We reviewed a range of records. This included information in five people's care records and four people's medicine records. We also looked at a variety of records relating to the management of the service which included quality audit checks.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, planned training data and quality assurance records. We spoke with one healthcare professional and received written feedback from another healthcare professional who regularly visits the service.

Good

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 were protected from the risk of abuse and felt safe. A relative told us, "I don't feel [person] is at any unnecessary danger at all."

● Staff knew how to recognise signs of abuse and what action to take. One staff member told us, "Safeguarding is protecting a resident. If you feel a resident is being abused or something, then you report it."

● The provider had effective systems to protect people and safeguard them from abuse. The provider understood their safeguarding responsibilities and had made referrals to the local authority where necessary.

● The provider had a confidential helpline to encourage people, staff and visitors to speak up if they thought someone was at risk of abuse. Information was also available to encourage people to share their experiences with the local authority using their 'See, Hear, Act' campaign.

Assessing risk, safety monitoring and management

● Risks to people's health and wellbeing had been identified, assessed and monitored. Records provided staff with information about people's individual risk's and what staff needed to do to minimise these risks.

● Some people were at risk of malnutrition and dehydration. Records showed staff monitored and mitigated this risk in line with people's individual care plan.

● The provider balanced the management of risks with people's right to have maximum control over their care. For example, one person was at risk of developing sore skin due to being cared for in bed. This person had declined staff intervention to change their position to prevent them from developing sore skin. The risks and consequences of this had been explained to the person who still chose to take these risks. A specialised mattress was purchased to reduce the risk whilst respecting this person's right to refuse treatment.

● Environmental risks had been identified, assessed and monitored. For example, personal emergency evacuation plans (PEEPs) were in place to enable people to safely exit the building during an emergency.

Using medicines safely

● Medicines were managed ordered, stored and administered safely and medication administration records (MARS) showed people received their medicines in accordance with their individual prescriptions.

● One person was prescribed time critical medication due to a long-term health condition. It was important for this person to take their medication at four hourly intervals to prevent any immediate increase in symptoms related to their health condition. This person told us they had been managing this particular medication independently to ensure it was taken at the required times, but records did not support this practice. We discussed this with the supporting home manager who took action to rectify this following our

inspection.
● The provider had identified protocols to guide staff when administering 'as required' medicines were not always in place. This meant staff may not administer these medicines consistently. By the end of our visit, these had been put in place.
● Staff who administered medicines had received training in safe medicines management and their competency to administer medicines had been assessed

Staffing and recruitment
● During our visit, we saw enough staff to keep people safe. However, we received mixed feedback from people and relatives depending on which area of the home they lived. People living on the third floor known as 'Ash' told us there were not enough staff. Comments included, "There is generally no staff around when you need them" and, "I think they have a few staffing issues. A lot of people say there is not a lot of staff on." In other areas of the home people told us there were enough staff.
● The home, on occasion, required agency staff to ensure their assessed staffing levels were maintained. One relative told us, "There is sometimes a problem if there are temporary staff, they don't seem to brief them properly about [person's] needs. I have to tell them where to find things."
● We discussed this with the supporting home manager and deputy manager who assured us their assessed staffing levels were always maintained. However, following our feedback they confirmed the deployment of staff had been reviewed and changes had been made to better suit the needs of the people living at the home.
● A 24 hour on-call system was available for staff to seek emergency advice where necessary.
● There was a robust recruitment process which checked employees were suitable for working with people living at the service. Staff told us they were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service [DBS] check.

Preventing and controlling infection
● The home was clean, tidy and odour free. People and relatives told us they had no concerns with the levels of cleanliness in the home.
● Staff received training and understood their responsibility to follow good infection control and food hygiene practices. Staff wore appropriate personal protective equipment (PPE) such as gloves and aprons when providing personal care or serving food.

Learning lessons when things go wrong
● There was an open culture in the home where learning from mistakes was encouraged. Staff understood their responsibility and felt comfortable to report any accidents, incidents or near misses. These accidents and incidents were reviewed, and action was taken to reduce the risk of re-occurrence.
● There was an effective system in place which analysed accidents and incidents to identify any patterns and trends. For example, it had been identified one person was having an increased number of falls around staff handover times. Changes had been made to handover times and the number of falls for this person had reduced.

Good

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.

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

- People's needs and preferences had been assessed before they moved into the home. This ensured the management team could make an informed decision as to whether they could meet each person's specific needs and preferences.
- Assessments included people's care and support needs and were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about their spirituality and religious needs.
- Records showed assessments were used to develop people's care plans in line with best practice guidance. For example, the Malnutrition Universal Screening Tool was used to monitor people's weight where required.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started to work at the home. This included working alongside experienced members of staff in order to understand the specific needs and routines of the people living there.
- The induction included training to achieve the Care Certificate and plans were in place for them to complete this in line with the providers expectations. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.
- Records demonstrated staff were fully up to date with the provider's mandatory training which included important issues such as safeguarding, mental capacity and nutrition and hydration. One staff member described the training as 'Brilliant'.
- However, some people living at the home had specific health conditions and staff were not always aware of how best to support these people with their condition. For example, one staff member told us they did not know the importance of people receiving medication for Parkinson's on time. We discussed this with the supporting home manager who took immediate action to arrange a variety of specialised training for staff to increase their knowledge in these subjects following our visit.
- Staff felt supported in their roles and were able to discuss their development and training needs through individual and team meetings. One staff member told us, "I have a one to one meeting every six weeks but if you have got something that is troubling you, you can go and ask for that to be brought forward."

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

- There was a relaxed atmosphere at mealtimes and many people chose to eat their meals in their bedrooms which was respected.
- People and relatives told us the quality of food had improved in recent weeks. Comments included, "They

are trying very hard to get it better. They have got a new chef and it seems to be getting better" and, "It was pretty awful, but we have got a chef coming in from another home and when he does the food, it is good. He is introducing new things which are very tasty."

● The area manager told us the quality of food had been identified as an area for improvement and confirmed action had been taken to make this better. They told us, "People told us the quality of the food was not very good. We listened, and changes were made in the kitchen. The food is now much better." Food taster sessions had been held for people to comment on the quality of food and to have input into the new menu.

● People had enough to eat and drink. We saw fresh jugs of water or juice in every room and snacks were available and accessible when people wanted these.

● A nutritious diet was encouraged, and staff followed peoples assessed dietary requirements whilst respecting people's choice. One person had been assessed as requiring a pureed diet as they were finding it difficult to chew. However, this person wished to continue to eat bread despite their risk of choking being increased. A healthcare professional confirmed this had been discussed with them and they were confident staff had the information required to manage this risk whilst respecting this person's choice.

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

● There was a planned and consistent approach when people moved in and out of the home to ensure people received co-ordinated and joined up care. One relative told us, "When [person] came out of hospital everything was put in place to keep them safe."

● People had access to a variety of external healthcare services such as GP, optician, dentist, occupational therapy and speech and language services and referrals were made in a timely way. Comments included, "The GP comes once a week, but they will come in between if you need them" and, "When [person] had a fall they were very quick to get help."

● When a recommendation or instruction was given about a person's health, healthcare professionals were confident these would be followed. One healthcare professional told us, "If a GP is needed then I tell them, and they act on it."

● The home strived to include best practice guidelines to achieve good health outcomes for people. For example, the home had signed up to the 'React to Red' campaign. This campaign is committed to the prevention of pressure ulcers and skin breakdown and promotes simple steps that can be taken to avoid these developing. We saw these steps reflected in people's care records.

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

● People had their own rooms, which they could personalise to their individual tastes and the communal areas were nicely decorated and included items of interest such as fish tanks for people to enjoy. People had space to socialise with others, meet visitors and participate in activities if they wished.

● People had access to gardens and seating areas where they could enjoy the benefits of being outside. Large windows overlooked the garden and we saw people enjoyed watching the birds and squirrels who were encouraged into the garden.

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 when this is in their best interests and legally authorised under the MCA.

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.

● Most people living at the home had the capacity to make decisions. Staff understood the principles of the MCA and we saw staff offered people choices throughout our visit. One staff member told us, "Capacity is decision specific. Just because people might be lacking capacity in one area, it doesn't mean they are lacking capacity in another area."

● Records showed, and people confirmed staff asked for their consent before delivering care.

● Where people lacked capacity, internal capacity assessments and meetings had been held to ensure people were being cared for in line with their best interests. Where restrictions were in place, DoLS applications had been made.

Good

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; respecting equality and diversity

- People told us staff were caring and treated them with kindness. Comments included, "I'm well looked after," "They [staff] are very kind" and, "The staff are very good. They are thoughtful."
- People were comfortable in the company of staff and there was a calm atmosphere in the home. People were able to maintain important relationships and visitors were encouraged whenever they wanted.
- Staff told us they enjoyed caring for the people who lived at the home. One staff member told us, "I love working here because I love caring for people. These people are my family. I would be very happy for my family member to be cared for here because the level of care is really lovely."
- The provider recognised and celebrated diversity. An 'Equality and Diversity Awareness' talk was also planned to be delivered to staff in addition to their training which highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans to enable staff to know what was important to them.
- Staff were understanding of people's backgrounds and knew what was important to them. For example, it was important for some people to say grace before eating and staff asked if anyone at the table would like to lead this on behalf of the group, which they did.

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

- People were encouraged to express their views and were involved in making decisions about their day to day care needs. We saw people chose what and where to eat, how they wished to spend their time and how they wanted their care to be delivered.
- Records described how people wanted their care to be delivered but staff understood people could change their minds. One staff member told us, "We always ask because things change and what they choose today might be different to yesterday."
- Advocacy information was available if people required any additional support to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. Staff knocked on people's doors before entering and one staff member noticed a person had spilt food on their top and immediately asked the person if they needed help to rub this off, which was accepted.
- Staff recognised the value of promoting independence. One staff member told us, "Here it is all about assistance. We encourage people to be independent. Anything they can do for themselves, we encourage them to do it. We never rush in and take over."
- People were encouraged to maintain their independence around the home. For example, the

housekeeper encouraged some of the residents to help fold the laundry.

Good

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 needs were met through good organisation and delivery.

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

- People, and where appropriate, their families were involved in developing their care plans. These were regularly reviewed to ensure people's preferences, choices and wishes remained up to date.
- People told us they could spend their time as they wished, and staff respected their diverse backgrounds and aspirations. One person told us how they had an interest in performance and the home had set up a drama group to develop this interest. This person said, "I love drama the most. We are doing Jack and The Beanstalk, and we are going to perform this soon to the residents."
- People and relatives told us staff were responsive to their physical and health needs. One relative told us, "If I have asked or needed anything they have usually been very responsive and helpful." However, in one area of the home, people felt staff needed more time to enhance their social and emotional wellbeing needs. Comments included, "Sometimes they are in a hurry and they don't stop and listen" and, "Staff are nice, but they don't sit and chat." We discussed this with the supporting home manager who took immediate action and made adjustments to deployment of staff and increased staffing levels in this particular area of the home.

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.

- The provider understood their responsibility to present information to people in a way they could understand. At the time of our inspection, nobody living at the service had any particular special requirements in place, but information was presented to people in large print where necessary. Some people had frames in their room which displayed the date, day and time in large letters
- Care plans contained information about people's preferred methods of communication and described how staff should engage with people to ensure they provided responsive care. This included any equipment a person may need such as glasses, hearing aids or a magnifying glass.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a range of activities to engage in. These included activities that encouraged physical movement, cognition tasks and social engagement.
- Activities were inclusive and were culturally relevant to meet people's diverse needs. For example, where a person had any special faith requirements, they could place a discreet item outside their door and the

chaplain would visit them regularly to meet these requirements. One person told us, "As well as private prayer, they also have group services here. This afternoon we have prayer and reflection."

● People and relatives told us there was plenty to do if they choose to take part. Comments included, "There are things to do and we have entertainment a lot" and, "I go to all the activities. I enjoy the Tai Chi, the services are very good."

● The activities co-ordinator talked passionately about the variety of activities available to meet people's preferences. They told us, "We have so much to offer people. It varies from animal visits to entertainers, gardening club to trips out, craft sessions, they also do pottery. We do 'chairobic's and 'Tai Chi', music and movement and step mobility. We recite poetry and do group crosswords."

● Activities were also designed to meet people's specific needs, and these often made a difference to people's lives. For example, one person had told staff they struggled using the stairs when out in the community as in the home they used the lift. The activities co-ordinator sourced a small step and over time helped this person to develop their confidence in using steps in the community.

Improving care quality in response to complaints or concerns

● There was a complaints procedure on display which informed people and visitors how they could make a complaint and how this would be managed.

● People and relatives told us they knew how to complain and had raised concerns in the past, particularly regarding the quality of food. People told us they could see the improvements now being made with this. One person told us, "In the first instance, I would tell the senior on the floor. Then I would go downstairs to the managers."

● In the 12 months prior to our inspection there had been 11 formal complaints. All of these had been fully investigated and the outcome had been shared with the complainant.

End of life care and support

● The deputy manager explained when a person reached the end of their life, they liaised with other healthcare professionals to ensure people received the right care and support.

● Although nobody was receiving end of life care at the time of our visit, end of life wishes had been considered and these were clearly recorded within people's care records.

● Where necessary, Do Not Attempt Resuscitation (DNAR) forms were in place to tell medical professionals not to attempt cardiopulmonary resuscitation (CPR). We found some of these required more detail and the supporting home manager told us they would review these with the appropriate clinicians immediately.

Requires Improvement

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 has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider already had systems and processes in place to monitor and improve the quality of care provided, but these had not always been used effectively to identify the areas of improvement we found during our visit. For example, we found records to support safe medicines practice required improvements. Some staff required additional training to ensure they understood risks involved with people's specific health conditions. Effective deployment of staff and the oversight of quality of information recorded within people's DNARCPR records also required improvements.
- The area manager explained there had recently been a restructure within the provider group and because of this, they had been allocated to oversee the quality of care provided at Homewood. During this time, they had identified a number of other areas that required improvement such as food quality, mental capacity processes and the accuracy of information contained in care plans and had taken action to improve these.
- People, relatives and staff told us they had recognised there had been a period of instability at the home and some had previously not felt listened to. However, people were confident this was improving and spoke positively about the new changes being implemented. For example, some people had been asked to support the recruitment process and interview new staff which made people feel valued. One staff member told us, "There has been a real difference since [supporting home manager] has been here. The home seems a lot more relaxed and there is a better atmosphere."
- The provider understood their regulatory responsibilities and had provided us (CQC) with notifications about important events and incidents that occurred in the service. However, during the absence of the registered manager, we found one significant incident had not been reported to us although appropriate action was taken to ensure the safety and well-being of the person. The supporting home manager took immediate action to send this following our visit and confirmed this was due to human error.
- The area manager told us they were committed to driving improvements and had sourced an external independent quality audit team to complete unannounced annual inspections. This would ensure any shortfalls were identified and acted upon going forward.

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

- When things went wrong, the provider apologised, and lessons were learned to make improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

● Overall, people were positive about how care was managed and knew the management team well. However, in one area of the home people and relatives told us improvements were needed to the quality of staff interaction as they felt staff were often too busy to listen.

● Staff and the management team spoke passionately about their commitment to providing personalised care and the provider's commitment to ensuring people were able to be 'living later life well.'

● Staff were positive about the culture at the service. One staff member commented, "We all try and be the best we can be and support people to be the best they can be."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider sought feedback from people and their relatives through independent surveys and meetings. Where concerns were raised, action was now being taken to make improvements. For example, people had raised that night staff did not introduce themselves to people at the beginning of their shift. Action had now been taken to ensure all staff working at night visited people at the start of their shift, so people knew who was caring for them.

● Staff told us they had regular handover, supervision and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.

●The supporting home manager had introduced a daily 'walk around' of the service so they were visible to people using the service and could engage with people on an informal basis and observe staff conduct. We saw this in practice and it was clear people felt comfortable to talk about issues that were concerning them.

● The provider had built links within the local community and had arranged for local pre-school children to visit the home on a regular basis. One healthcare professional complimented the service and said, "When I visited yesterday, a little children's play group were visiting the residents in the lounge. There were lots of singing and chatting and the residents were obviously enjoying it.

● Healthcare professionals told us staff and the management team had a good working relationship and wanted to achieve positive outcomes together for people living at the home.