Home from Home Residential Care for the Elderly Limited

Home From Home

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

Overall summary

We made an unannounced inspection of the service on 1 April 2015.

The service provides care for up to 10 people. The accommodation is on the ground and first floor, the upper floor is accessible using the stairs or a chair lift. Communal areas include a large lounge with a `quiet area' and a dining area. At the time of our inspection eight people were using the service.

The service has two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were kept safe from abuse and avoidable harm because staff understood their responsibilities to report signs of abuse. Premises and equipment were safe. People's care plans included regularly reviewed risk

Summary of findings

assessments of activities associated with their personal care. This meant staff had the most up to date information available to them about how to support people safely.

Enough suitably skilled and experienced staff were available to support people. The provider had robust recruitment procedures.

Staff trained in medicines management ensured that people had their medicines at the right time. The provider had safe arrangements for the storage and disposal of medicines.

People using the service were supported by staff that had the necessary skills and knowledge. Staff were supported through effective supervision and training. They understood people's needs because they communicated effectively with people and they put their training into good practice.

Staff understood about the Mental Capacity Act 2005. They sought people's consent before they provided care and support. Staff were aware of the Deprivation of Liberty Safeguards and understood that no form of restraint could be used without proper legal authorisation.

People had choices of healthy nutritious food. People who required help with eating their food received the appropriate support. Staff monitored people's nutrition and general health. People were supported to access health services when they needed them.

People told us that the way they were cared for made them feel they mattered. Staff developed caring relationships with people using the service. They were attentive to people's needs and comfort. People told us they were involved as much as they wanted to be in discussions about their care. They felt listened to and the views were acted upon.

The provider promoted respectful and compassionate behaviour within the staff team.

People told us that staff treated them with dignity and respect. Staff supported people to be as independent as the wanted to be.

People received care and support that was centred on their individual needs. Staff cared for people in the ways that they wanted to be care for. People participated in activities that were important and meaningful to them and they received support to be able to do that. People were able to raise concerns if they had any.

People using the service and staff had opportunities to be involved in developing the service. Suggestions people had made were acted upon.

The provider had strong links with organisations in the local community which were used for the benefit of people using the service.

The provider had effective arrangements for monitoring the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. Staff knew how to recognise and respond to signs of abuse. Enough suitably skilled and experienced staff were employed. People had their medicines at the right time because the provider managed people's medicines safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who had relevant training and experience. Staff understood the requirements of the Mental Capacity Act. They sought people's consent before they provided care and support. People's nutritional and health needs were provided for.

Good

Is the service caring?
The service was caring.

Staff developed caring relationships with people using the service because they understood their needs and ensured that people knew that they mattered. People were involved in discussions and decisions about their care and support. Staff treated people with care and compassion.

Good

Is the service responsive?
The service was responsive.

People received care and support that met their individual needs and preferences. Staff supported people follow their interest and participate in meaningful activities if they wanted to. People knew how to raise any concerns or suggestions and they were listened to.

Good

Is the service well-led?
The service was well led.

People were involved as much as they wanted to be in decisions about the service. The provider promoted strong links with the local community. Staff understood the provider's values and aims and they had an input into how the service was run. The provider had effective procedures for monitoring the quality of the service.

Good

Home From Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 April 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. We contacted the local authority that had a contract with the service and had responsibility for funding some people's care.

We spoke with three people using the service and a relative of another person. We looked at care records of all eight people who were using the service at the time of our inspection. We spoke with the registered managers and one member of the care staff. We looked at two staff files and records of monitoring activity carried out by the provider.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. A person told us, "I feel safe here. Everything is alright here." Another person told us, "I feel very safe in my room. I have everything I need." A person who preferred to spend most of their time in a communal lounge told us, "I like to sit in the lounge. I feel safe here." People told us they felt safe because the staff were attentive to their needs. People felt safe wherever they were in the home.

The provider had safeguarding procedures that were understood by staff we spoke with. Staff knew how to recognise and report signs of abuse or unexplained injuries. They knew they could report concerns to the local authority safeguarding team or to the Care Quality Commission. People told us that the registered managers and staff encouraged them to report any concerns they had about their safety, but they emphasised to us that they had no concerns.

Staff supported people with their mobility using safe techniques they had been trained to use. People who used wheelchairs had been shown how to use them safely which reduced the risk of people harming themselves. The provider ensured wheelchairs and a stair lift were safe to use by carrying out regular safety checks.

There were call bells in place that enabled people to summons assistance if they required it. People told us how they used call bells and when we spoke with people in their rooms we saw that the call bells were within easy reach. A person told us, "When I've use the call bell [to summon assistance] the staff come quickly. There is no messing about. They are very quick."

When people had accidents, for example if they fell, staff reported them. The registered managers carried out investigations to establish why a person had fallen and whether the risk of future falls could be reduced. The registered manager either carried out a new risk assessment or reviewed an existing one. Information in those risk assessments guided staff about how to support people. We saw that those risk assessments were effective because there had been very few instances of people experiencing the same type of accident.

People's care plans included risk assessments of activities associated with their personal care routines. These were regularly reviewed which meant they were up to date and provided staff with the information they needed to support people safely. People who had been assessed at risk of falls had been transferred to a downstairs bedroom for their safety and with their consent.

People were able to spend their time as and where they wanted to. There were no forms of restriction about where people went apart from a room where cleaning fluids and chemicals were kept. People were encouraged to be independent without risk of harm. For example, a person helped staff in the kitchen with cleaning activities after meal times. Their involvement was risk assessed and staff made that this was a safe activity for the person by ensuring no sharp kitchen implements were involved.

Staffing levels were based on people's needs and dependencies. A minimum of two staff were on duty throughout the day and others were call if they were required. We saw that staff were attentive to people's needs and acted promptly when required. Staff and a relative we spoke with told us they felt enough staff were on duty. Night staff made two hourly observations of people at night to ensure they were comfortable or to see if people needed assistance.

The provider had robust recruitment procedures that ensured as far as possible that only people who were suited to work at the service were employed. Recruitment procedures included interviews and tests that assessed people's knowledge and suitability. All pre-employment checks, for example references and a Disclosures and Barring Service (DBS) check to see if a person was suited to work with vulnerable people were carried out.

Some people using the service were supported by local community volunteers to visit social venues and places of worship. People told us they felt safe at those times and trusted the volunteers who supported them. The provider had arrangements to obtain annual assurances from the organisations providing volunteers that DBS checks had been carried out.

People told us they knew about their medicines and why they took them. They had confidence that staff gave them the correct medicines. A person told us, "The staff know about my medicines and what they're for. The staff have exams they have to take before they give people their medicines." Only staff who had been trained in safe medicines management gave people their medicines. People told us they received their medicines at the right

Good

Is the service safe?

times and records we looked at confirmed that to be so. The registered manager regularly observed staff when they gave people their medicines and they carried out checks on records to ensure they had been given correctly. When staff had noted changes in people's mood or well-being they had arranged for a doctor from a local medical practice to review people's medicines.

Medicines were safely stored in accordance with the manufacturer's instructions. The provider had effective arrangements for disposing of medicines that were no longer required. Although no controlled drugs were kept at the home, there was a controlled drugs cupboard for their safe storage in the event those drugs were required.

Premises and equipment were safe because the provider ensured timely maintenance and an environment free of hazards. The building was well maintained.

Good

Is the service effective?

Our findings

People using the service told us that staff had the necessary skills and knowledge to meet their needs. A person told us, "I don't think it could be any better. It's excellent here. I'm very content, I'm very well looked after." Another person told us, "The staff are well trained."

Staff received training that was based on the national standards of care. Induction training was thorough because it tested staff skills and allowed staff to develop skills and knowledge by working alongside an experienced colleague before working alone. The provider tested the effectiveness of the training by observing staff during and after their induction. Training covered the specific needs and preferences of people using the service. Staff told us they found their training to have been helpful because it prepared them to be able to support the people using the service. Staff knew about people's preferences and what they liked or disliked. We saw, for example, staff provide people with drinks made to their specific tastes. Staff understood people's preferred routines. A person told us, "I have a schedule about when I like things done and how I want them done. That's very important to me. The staff know too."

The provider ensured that volunteers from the local community were informed of what they needed to know about people they supported to visit venues in the community. One of the people who were assisted by volunteers on those occasions told us, "They [volunteers] have become personal friends."

Staff sought people's consent before they provided care and support. Staff did not presume what people wanted. For example, we saw staff ask people if they wanted help to move to a different part of the home. When people expressed they wanted help staff asked what they wanted then explained how they were going to support them. Staff understood they had to ask for people's consent because they were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This is legislation that protects people who are not able to consent to care and support, and protects them from unlawful restrictions of their freedom and liberty. The registered manager told us that no person using the service had been assessed as lacking capacity or was under a DoLS authorisation. Our own observations were that no person using the service was restrained or prevented from doing something they wanted to do. Staff had attended training about MCA and DoLS. Staff we spoke with demonstrated an awareness of the legislation. During our inspection the registered manager added information about MCA and DoLS to their library of information for staff that they could refer to.

People we spoke with were very complimentary about the food provided by the service. A person told us, "The meals are healthy and nutritious." We saw staff offering people a choice of lunch and people had what they chose. Another person told us, "The meals are always nice and there are plenty of them." A visiting health professional told us, "The food always looks nice here." People were able to choose meals from a menu. They were involved in what was included in the menu and had influenced the range of sandwiches that were available. For example, some people decided that they'd like `fish finger sandwiches' occasionally and the provider had catered for people's choice and taste. A person using the service told us, "They [staff] are open to our ideas." This extended to drinks that were available. Some people liked a glass of sherry with their meal, others liked a variety of fruit drinks, all of which were provided.

People's care plans included information about people's dietary needs and food preferences. Staff took note of the information and acted on it. For example, a person using the service told us they didn't like a particular vegetable and we saw that it was not added to their plate when a meal was being prepared.

Meals and snacks were prepared by staff who had training in food hygiene and preparation. The mealtime we saw was made into a pleasant enjoyable experience for people. Tables were tidily arranged with napkins. A person told us, "We all have our own places to sit in the dining room". We saw staff assist people to sit in their preferred place. Staff asked a person, "Show me where you sit for dinner," and helped the person sit there. People had their lunch at their own pace. People who required their food to be cut into smaller pieces had that done for them.

Staff maintained records of people's food and fluid intake as part of their monitoring of people's general health. They also maintained informative records about people's mood and well-being. The service had close links with a local medical practice which was involved in people's health care. A doctor visited the home once a week to review people's health and community nurses visited regularly. Staff assisted people to attend hospital appointments.

Good

Is the service effective?

They supported people to maintain general health through armchair exercises. We saw two people watching and participating in a fitness DVD session whilst supervised by staff. People told us they participated in those exercise regularly.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service and they understood people's life histories, needs and preferences. That resulted in people receiving care and support they wanted and needed. A person told us, "The staff look after me the way I want them to." Another person, describing how staff cared for them said, "I can't find fault with the staff."

People told us they felt they mattered to the staff because the staff showed a caring nature towards them. This was most often evident through the care and facilities which people said mattered to them. A person told us, "I always have freshly laundered clothes to wear." People told us they liked using a visiting hairdresser service that the provider had arranged.

People felt they mattered because suggestions they had made, for example about food, activities and decoration of their room, had been acted upon. The service provided people with newspapers and magazines they wanted to read. People had tea and biscuits when they wanted and their choice of toiletries. The accumulation of relatively minor things all contributed to people having a sense that they mattered. A person summarised this saying, "It's important to me that I have my routines and things I like. The staff provide me with everything I need. They make it work for me because they understand my requirements." People also said that they felt staff cared about them because they kept the home very clean. A person told us, "Everywhere is nice and clean."

Our observation of staff was that they were caring and attentive to people's needs. They checked that people were comfortable. Staff spoke to people politely and referred to them by their preferred name. They smiled and conversed with people. A relative we spoke with told us they looked at several homes before deciding on Home from Home. When we asked what it was about the home they and their mother liked they said it was that it was 'homely'. This was echoed by a health worker who visited the home during our inspection. They told us, "It's fantastic here. It's friendly and family like. I'd put my parents here if they needed a care home."

People told us they were involved as much as they wanted to be in discussions and decisions about their care and support. Things people told us about their care and support reflected what was in their care plans. This showed they knew what care to expect. People were able to contribute to regular reviews of their care plans, but their more regular contributions came through daily dialogue with staff and the registered managers. Two people told us they were regularly asked for their opinions.

People tolerated differences of opinion because they respected each other. A person described the service as having a 'community spirit' and another said, "We [people using the service] all get on with each other." They understood that sometimes the wishes of a majority of people were acted on, for example the naming of a pet parrot. The provider promoted the community spirit in the home through regular resident's meetings. They also supported staff to put their dignity training into practice.

We saw that staff had put their dignity training into practice. They understood what was important to people and they provided people with what they needed. This ranged from ensuring that people were comforted in ways they wanted to be to ensuring that people could participate in activities that were important to them.

We saw that staff respected people's privacy. Whilst staff were attentive they were not intrusive. People therefore enjoyed undisturbed time relaxing in their rooms or in quiet areas. When staff took tea to people's rooms they knocked on the door and waited to be invited in.

Relatives were able to visit the service without undue restrictions. People told us they were able to receive visitors in their rooms or in communal areas. We saw from a visitors signing-in book that relatives visited across a wide range of times.

The provider respected people's human rights. An example was that the provider had procedures in place to ensure that people who wanted could vote in the 7 May 2015 general election.

Good

Is the service responsive?

Our findings

People told us they liked the service because it was homely and friendly. A person told us, "It's very much like home." A relative told us that the main reason they and their mother had decided the service was the right one for her was that, "It's very much like home."

The provider operated an admissions policy to ensure that they were able to meet people's needs before they started to use the service. People's personal needs and dependencies were assessed by one of the registered managers or a senior care worker. On occasions that the provider felt a person's assessed needs could not be met they were not admitted to the service.

The provider allowed people and their relatives to view the home before deciding whether they wanted to use the service. People told us this helped them decide whether they were going to receive the care and support they needed and be happy at the service.

We saw from care plans we looked at that people or their relatives were involved in the assessments of their needs and in the initial planning of their care. People's care plans were reviewed monthly by the registered managers. People were not involved in all the reviews but were involved, if they wanted to be, in an annual review.

People's care plans showed that they wanted to be as independent as possible. Care plans were individualised and specific about people's assessed needs. Every plan was different and specific about the extent and type of care and support people required. A person told us, "They [staff] know what I like them to do." That was confirmed by what other people using the service told us. A person told us, "I don't want to be too reliant on staff. I want to do as much as I can myself." That person had a clear understanding of what they could and couldn't do without support and their care plan reflected the assessments of their dependency levels. Other people's care plans detailed how people wanted to be supported with personal care or how they wanted to be involved in activities in the local community.

Staff knew about people's likes and dislikes. For example, a person told us "The staff bring me my tea the way I like. They make my bed the way I like." Another person told us, "It's very important to me that I go to the Women's Institute and church." Staff provided them with a detailed timetable of when volunteers would take them to those places. Staff supported a person to attend a local Fellowship Club. Others went to speaking events at a local library. A person told us that people using the service, "Were very much involved in the local community." People using the service were consequently well-informed about what was happening in the local community. Another person told us music was important to them. They were provided with a keyboard they could play music on. People participated in activities that were associated with jobs and careers they had in the past. For example, a person who once owned a shop was in charge of a till when coffee mornings and fetes took place at the service.

People we spoke with referred to the service being homelike and encouraging a community spirit. This was a reason a relative had chosen the service for mother and another person had transferred here from another service. We saw that people using the service got on well with each other. They played games together, joined in activities. They maintained relationships and contact with relatives, friends and people of faith who were important to them. People chose where and how they spent their time. We saw people using the lounge, a quiet area and their bedrooms. A person told us, "We spend a lot of time in the garden when the weather is nice." Some people liked to involve themselves in meaningful activities such as helping wash and dry dishes after meals, fold laundry and arrange flowers. These were all signs that service provided a family-like service in a homely environment which promoted care and support that met people's individual needs.

People we spoke with told us they knew they could raise concerns if they had any. They told us they would do so with one of the managers. However, people emphasised to us that they had no concerns. People told us their suggestions were acted on for example about additions to the range of meals and snacks that were available.

The provider had a complaints procedure. People and relatives we spoke with knew about the procedure and told us they would use it if they felt they had a complaint to make. No complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

People using the service were actively involved in decisions about the service. This was through resident's meetings where they discussed the kinds of things they'd like to arrange. A recent example was that people had decided themselves how they wanted to mark an event relating to the re-internment of King Richard III which passed by the home on 22 March 2015. They arranged seating outside the home and decided what drinks and snacks they wanted to have to mark the occasion.

The provider had strong links with a variety of organisations in the local community. This benefited people using the service because they themselves visited those organisations with the support of the provider. People told us it was important to them they had those opportunities.

Staff were supported to raise concerns about the service. They told us they could do so at any time with the registered manager or at formal regular meetings with the registered manager. Staff knew they could raise concerns with the Care Quality Commission and the local authority safeguarding team. Contact details for both were on display for staff. This demonstrated that the provider supported staff to question practice if they had occasion to do so.

Staff had regular meetings with the registered managers and staff meetings. They were able in those meetings to make suggestions about how the service could be developed.

The provider's vision for the service was that it provided a homely environment for people where they were comfortable and cared for with dignity and respect. People using the service, a relative and a visiting health professional told us that the service was homely and family like. People's comments to us about how staff supported them showed that staff understood and practised the provider's values. Both registered managers made regular observations of how staff supported and interacted with people using the service to assure themselves that staff displayed the values and behaviour they expected of them.They shared the conclusions of their observations with staff.

People we spoke with knew who the two registered managers were and told us they felt they could speak with them at any time if they had a concern or a suggestion to make. As the service had two registered managers at least one was usually on duty. That made management visible and available to people using the service, their relatives and staff. The registered managers understood their responsibilities in relation to the requirements of the service's registration with the Care Quality Commission.

The registered managers monitored the quality of service through observation of staff practice and regularly asking people and their relatives for their views of the service.This occurred at residents meetings and through everyday dialogue. Their monitoring activities had adopted new guidance from the Care Quality Commission about new regulations that came into force on 1 April 2015 and the five questions that we ask when we inspect services.