

Homestead Services Limited

# Homestead Care Home

## Inspection report

208 Ogley Road  
Walsall  
West Midlands  
WS8 6AN

Tel: 01543360120

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14 November 2019

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Homestead is a 'care home' that is registered to provide personal care and accommodates up to 33 people. There were 26 people living at the home at the time of the inspection.

People's experience of using this service:

Since the last inspection in April 2018 we found improvements had been made to address the areas we identified as requiring improvement and the breaches of regulation had been met. However, we did find that further improvements were required to ensure the consistency of care records and that management audits and checks are robust enough to identify all areas that require action to be taken.

People were supported by staff to stay safe and who treated them with respect and dignity and encouraged them to maintain their independence.

People were supported to receive their medicines as required and were supported by staff who were aware of the risks to them on a daily basis.

Staff had a good understanding of the importance of gaining consent from people before providing support and the registered manager had a good understanding of the principles of the Mental Capacity Act (MCA). However, we found that improvements could be made in the provider's paperwork to record assessments to ensure the principles of the act were promoted consistently.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing. Care was provided in the way that people preferred, and people felt able to raise any concerns they may have with staff.

People gave positive feedback about the choice of food provided which they told us they enjoyed. We saw people were offered regular drinks throughout the day to support their wellbeing.

People, relatives and staff all told us there had been an improvement in the activities provided and we saw people enjoyed a range of activities.

Staff felt supported and said they could talk to management and felt confident any concerns would be acted on promptly.

People, relatives and staff spoke of improvement within the service since the last inspection. The provider worked in partnership and collaboration with other key organisations to support care provision.

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 requires improvement (published 28 November 2018) and there were two breaches of regulation and a warning notice was issued to the provider stating governance arrangements needed to improve. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, although improvements needed to ensure the consistency of care records and that management audits and checks are robust enough to identify all areas that require action to be taken.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

# Homestead Care Home

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Homestead is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

#### Notice of inspection

This inspection was unannounced and took place on 14 November 2019.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with four people using the service and three relatives to ask about their experience of care. We also used different methods to gather experiences of what it was like to live at the home. We observed care to help us understand the experience of people who could not talk with us.

We spoke with the provider's regional manager, the registered manager and the deputy manager. We also spoke to one team leader, two senior carers, one member of care staff and the cook. We also spoke to one healthcare professional who was visiting the service on the day of our inspection and contacted a second healthcare professional by email following the inspection.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to staff recruitment and a variety of records relating to the management of the service, including audit and management reports. Details are in the Key Questions below.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and relatives told us they felt the home was a safe place to be. One relative said, "[Person's name] is very safe here. There's staff in the lounge keeping an eye on people."
- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by the management team. They also were aware of external agencies they could report concerns to such as the local authority or CQC.

Assessing risk, safety monitoring and management:

- People were supported by staff who were aware of the risks to them on a daily basis. Information was shared by the staff team as people's needs changed, so that people would continue to receive the right care.
- Staff had a good understanding of the risks to people and we saw that they took care to keep people safe. For example, where people were at the risk of falls and needed assistance when walking.

Staffing and recruitment:

- People and staff, we spoke with felt there was enough staff employed at the home to keep people safe. We saw staff responded to people's requests for support in a timely way during the inspection. One person commented, "They [staff] are here to keep an eye on us. If you need anything [they] do get it.....If you need help you do get it quickly."
- The provider had completed checks on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely:

- Records showed people received their medication at the right time. Medicines were stored safely and staff received training in how to support people with their medicine as prescribed.
- Some people needed medication 'as and when required' for example, pain relief medication and staff understood when these were needed and how to give them. We saw staff checking people if they required pain relief.
- Medicine records were checked, and audits completed by the management team to ensure medicines

were administered and stored as required.

#### Preventing and controlling infection:

- The home was clean and tidy, and we saw staff wearing and using protective equipment when required. One relative also commented, "It's pretty clean and tidy staff wear aprons and gloves."
- The Homestead was awarded a Food Hygiene Rating of 5 (Very Good) by Walsall Metropolitan Borough Council on 12 March 2019.

#### Learning lessons when things go wrong:

- The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. A weekly managers report was also sent to the regional manager, so they could view the actions taken by the home and any lessons learnt.
- The regional manager also told us that there was shared learning across the providers' homes at manager meetings. For example, checks across the homes had identified a need for oral health training. In response the provider had introduced a new wellbeing training course in place that included oral healthcare.



# 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 our last inspection we found people were not supported by staff who understood the MCA, and consent to people's care and treatment was not always sought in line with legislation and guidance. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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 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).

- Following the last inspection, the provider submitted an action plan showing the actions taken including an external company training staff in the Mental Capacity Act.
- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support. Throughout the inspection we saw staff sought people's consent and their choices and preferences were listened to and acted on.
- The registered manager was aware of their responsibilities regarding DoLS and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. A record of applications and authorisations was maintained showing the application and expiry dates, so people could be reassessed if required.
- People's needs were assessed before they moved into the home to make sure their needs could be met; this included assessing people's individual preferences and choices.

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

- We received very positive feedback about the choice of food provided. People told us they enjoyed the meals provided and a choice was available to them. One person said, "The food is good no one complains, the chef is good." One relative also added, "[The] grub is good - I'm thinking of moving in."
- We observed a lunchtime meal and saw people enjoyed a choice of meals. Where people needed

assistance, we saw this was provided effectively. We also observed people being offered a regular choice of drinks throughout the inspection.

- We spoke to the cook about the meals provided and they advised information of specialist diets. For example, a soft textured diet where someone may be at risk of choking or a fortified diet where a person may be at risk of losing weight, was supplied by care staff. They gave an example of where one person had been encouraged with healthy eating with lots of salads and vegetables to help them lose weight. The cook said they felt well supported by the registered manager and the provider.

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

- We looked at how people's individual needs were met by the design and decoration of the home. The home was clean and tidy and well-furnished. We did note that one bathroom needed updating and the registered manager advised an improvement plan was in place
- We noted signage was used to support people, and there were also pictorial orientation boards showing people the time, day, date and weather.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Staff told us access to training was good.
- We saw since the last inspection a number of staff had received MCA training.

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

- People were supported to access healthcare services. One relative said, "[Staff] get the GP when required."
- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. Records showed the input of the GP, district nurses and optician etc.
- Relatives told us people's wellbeing was supported with regular healthcare appointments. One relative said, "When [person's name] came in here he was in a bad place - he is looked after really well. He is much better now."
- Since the last inspection the provider had introduced a new system to promote and protect people's oral health. A symbol system was used by staff to identify the type of support people needed.

# 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 requires improvement. At this inspection this key question has now improved to good. 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 we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "They are all good and go out of their way to help you."
- Relatives told us they felt welcomed when they visited. One relative told us, "It's a sound atmosphere; It's a nice friendly home."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "It is so rewarding." A second member of staff commented, "I look forward to seeing them more than anything. We have some lovely residents."
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's preferences, so staff could consider people's individual needs when delivering their care.
- We saw the service had received a number of compliments from relatives and visiting professionals. For example, one paramedic had written a compliment slip which said, 'Residents [are] treated respectfully and in a caring manner.'

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

- People said they felt listened to and made choices about their day-to-day care.
- Staff told us people were able to give verbal consent to care but they would also look at people's body language as a way of communicating their consent. We saw communication cards were available and were used by some people to indicate their level of pain when they were unwell.
- Relatives we spoke with told us the home had a calm atmosphere and staff were welcoming. We heard care staff engaging with visitors and relatives in a pleasant and informative manner.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with dignity and respect and throughout the inspection we saw staff support people in a positive and sensitive way. For example, when one person was asking about their health condition, a member of staff knew what this was and explained that it was nothing to worry about. We saw the person appeared happy with this response and became more settled.
- People were given a choice of where they met with healthcare professionals. If they chose a communal area a screen was used to provide privacy.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before they entered. We also saw people's confidential information was securely maintained.

- People and relatives told us that staff promoted their independence. One relative told us, "The staff here support him so he can still do things himself." They added that staff respected people's choices, they said, "They listen to what he wants."

# 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 requires improvement. At this inspection this key question has now improved to good This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew the people they supported well. One relative commented, "Everyone [staff] knows [person's name] well. They look after him well."
- Information was shared as people's needs changed, so that people would continue to receive the right care.
- We communicated with two healthcare professionals as part of the inspection. Both said staff knew people well. One also commented that staff were responsive to advice given in supporting people's healthcare. They said, "Staff have a good understanding. They know residents quite well. They call us appropriately and are very responsive to advice given." They felt the service was well managed and gave an example of when the registered manager gave out of hours support to one person.

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.

- We saw various information such as the complaints procedure was available in different formats. For example, an easy read format or large print.
- The registered manager advised some people preferred information to be read to them and this was supported by staff.

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, relatives and staff all told us there had been an improvement in the activities provided. One relative commented, "The activities are better than before. [Person's name] likes activities and joins in, there's always plenty on."
- During the inspection we saw people were encouraged to take part in a gentle exercise activity and a ball game with reminiscence questions which we saw prompted some good conversations.
- The provider employed an activities co-ordinator who lead on activities within the home. Pictures were displayed of people enjoying various activities throughout the year. Staff told us how people had recently enjoyed a bonfire night event and summer fete with a barbeque. The home was also visited by a local church for those people who wished to practice their faith.

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how they would complain about the care if they needed to. Most people told us they had not made any complaints, but if they had a concern they were happy to speak to staff. One relative said, "[There is] no problems raising concerns."
- We saw that where complaints had been received these had been investigated and the outcome recorded. The registered manager also kept an overview of complaints, so they could easily track actions taken and identify any trends.
- The registered manager was completing a care qualification which included producing a study paper on the best complaints procedure for people living with dementia to aid their understanding. The registered manager advised the complaints procedure used in the home would be updated to reflect her findings.

#### End of life care and support.

- The service was not currently supporting anyone who was receiving end of life care. The registered manager advised that when providing this care, they ensured people were supported to express the care wishes, and their families and other healthcare professionals were involved in the care provided.

# 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 our last inspection we found the provider's systems and processes were not always effective to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but further improvements are still required.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

- We saw that the provider had a programme of regular checks in place to review areas such as care plans, infection control, equipment and the environment. We found that although audits were in place, some needed to be more robust to ensure areas for improvement were consistently identified and actions taken in a timely way.
- For example, we found where the registered manager kept an up-to-date record of falls and weights (where people were at risk of losing weight), this information was up-to-date and actions were in place to support the person, however, we found in some cases this was not reflected in the person's individual care plan. We spoke to the registered manager about this, they acknowledged this had not been identified in care plan audits. They advised that since the last inspection a lot of work had gone into reviewing and improving the care plans.
- We also found that although people enjoyed their meals and gave positive feedback about the food, the dining experience could be improved for people. We observed some people became anxious and called out when they were seated and awaiting lunch. This then impacted on other people who became anxious too. We discussed this with both the registered manager and staff. All staff advised that the lunchtime experience was normally managed in a more effective way. The registered manager acknowledged that improvements could be made to the dining experience we witnessed.
- We also found that recruitment records could be strengthened to ensure all gaps in applicant's employment history are addressed. This had not been identified in recruitment audits.
- The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care. The operations manager also completed visits to the home to observe care and check records. We saw an action plan was produced following these visits to address any areas identified as requiring improvement.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and she was responsive to people's requests. For example, we saw when one person asked to speak to her about a medication change they wanted, the registered manager assured them she would

speak to the doctor to get it changed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us under the new management team they felt listened to and that management team were approachable and supportive. All staff we spoke with felt supported by the registered manager. One member of staff commented, "She is really good very fair and professional. Daily she is on the floor checking everything and make sure it is working correctly. She has a bond with the residents."

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

- The provider held residents' meeting to involve people in the service provided. We also saw that in a questionnaire had been sent to all residents for feedback. We saw positive feedback had been given and a 'You said, we did' style report was displayed in reception of the home to show the actions taken in response. The questionnaire and actions taken had also been discussed at s residents meeting.
- Staff told us regular staff meetings were held to share information and provide an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision and staff meetings.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to. One member of staff said, "Now everyone knows what they are doing and why. Much better organised. We all look out for each other - down to the management of [registered manager's name]. Team morale is so much better."
- The latest CQC inspection report rating was on display in the reception of the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The health professional we spoke with felt there was a positive working relationship between the registered manager and themselves. They advised they were working with the registered manager to provide dementia training for staff.
- The management team had looked to promote links to the local community. For example, the registered manager told us people were supported to enjoy using a cinema room at another local care home. The registered manager had also recently agreed a link to a local school, so pupils of the school would visit the home, although this was not in place at the time of the inspection.