

Homeleigh Care Limited

Homeleigh

Inspection report

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Date of inspection visit:
16 August 2016

Date of publication:
20 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 16 August 2016 and was unannounced.

Homeleigh provides accommodation and personal care for up to 16 people who need support with their mental health. The service is situated in the town centre of Deal where all amenities are close by. There were 12 people living at the service at the time of the inspection. The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. As well as needing support with their mental health, some people were living with dementia and other people required more care and support related to their physical health. Some people were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out on their own.

There was registered manager working at the service. The registered manager was supported by a deputy manager and team of staff. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. On the day of the inspection both the registered manager and the deputy manager were on annual leave for one week. A senior care worker supported the inspectors throughout the visit. We spoke with the registered manager after the inspection.

At the last inspection in August 2015 we found breaches of regulations. At this inspection improvements had been made.

Major building work was being undertaken at the time of the inspection. Environmental risk assessments for most areas that were being affected by the work were in place to keep people as safe as possible during the building works. These were reviewed regularly to make sure they remained current. The fire risk assessment had not been reviewed or updated since 2014 and fire risks had not been considered in relation to the building work being done. We asked the local fire officer to visit the service. The fire officer visited the service and recommended that the fire risk assessment be updated. This was organised by the staff and an external company completed the assessment. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills so people knew how to leave the building safely. Some personal emergency evacuation plans (PEEPS) needed more information.

The registered manager and staff carried out other environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

At the last inspection not all risks to people had been kept to a minimum. At this inspection improvements had been made. Risks to people's safety were assessed and managed appropriately. Risk assessments

identified people's specific needs, and showed how risks could be minimised. When new risks had been identified the registered manager had taken action to prevent them from re-occurring. Staff had updated risk assessments and passed the information to staff so that people would be safe.

A system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. At the last inspection recruitment processes were not fully adhered to. At this inspection improvements had been made but there was an area that needed further improvement. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and knew the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. The registered manager responded appropriately when concerns or complaints were raised. People were cared for in a way that ensured their safety and promoted their independence.

Staff had completed induction training when they first started to work at the service and had completed other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and end of life care. At the last inspection staff had not received all the specific training they needed. At this inspection improvements had been made. Staff still needed some specific training like dementia and mental health awareness. These courses had been booked for the coming months.

People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way. Staff received regular one to one meetings with the registered manager and an annual appraisal to discuss their training and development needs. Staff were supported by the registered manager and felt able to raise any concerns they had or suggestions to improve the service.

At the last inspection decisions about care, support and treatment had not been made in line with the legislation. At this inspection improvements had been made. The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance and had been approved.

People said that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted. If people were not eating enough or needed specialist diets they were seen by dieticians or their doctor and a specialist diet was provided. People received their medicines safely and when they needed them and they were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People said they were satisfied and happy with the care and support they received. People received care that was personalised to their needs. People's care plans contained information and guidance so staff knew how to care and support people in the way they preferred. People or their relative /representative had been involved in writing their care plans. Everyone had an allocated key worker. Key workers were members of

staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs.

People were put at the centre of the service. They told us they received care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. People were involved in activities which they enjoyed. People talked animatedly about social events they had taken part in or were planning. Contact with people's family and friends who were important to them was well supported by staff.

People were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. People were comfortable and at ease with the staff. Staff encouraged and involved people in conversations as they went about their duties, smiling and chatting with people. Staff spent time with people.

People, staff, relatives and visiting professionals told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness and transparency within the service. Staff were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance. They told us they were listened to and their opinions counted.

The aims and vision of the service was to provide quality care and support for people adults with mental health needs. Their aim was to provide a safe and fulfilling life for adults with mental health needs. People told that they felt safe and they lived their lives the way they wanted to.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out action was taken when shortfalls were identified. The registered manager had formally sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we can check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

Environmental risks to people had been assessed and kept to a minimum. Some personal emergency evacuation plans (PEEPS) needed more information.

Individual risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

Recruitment procedures were in place on the whole they were adhered to.

People were protected from abuse and harm.

There was enough staff on duty to make sure people received the care and support they needed.

People received their medicines when they needed them and in a way that was safe.

Requires Improvement 

Is the service effective?

The service was effective

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Staff were in the process of undertaking the training they needed to effectively support people. Staff received regular individual supervision and a yearly appraisal to address any training and development needs.

People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of nutritious food that met their preferences and choices.

Good 

Is the service caring?

Good ●

The service was caring.

People spoke highly of the staff and the registered manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Good ●

The service was well –led.

There were systems in place to monitor the services progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The registered manager led and supported the staff in providing compassionate care for people and encouraged an open and inclusive culture with people and their relatives.

People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 16 August 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We met most of the people living at the service and had conversations with six of them. We spoke with five members of the staff team. We spoke with a visiting professional who had regular contact with the service.

During our inspection we observed how the staff spoke to and engaged with people. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed four care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service in August 2015. Concerns and breaches in the regulations were identified at this inspection.

Is the service safe?

Our findings

People said that they felt safe living at Homeleigh. One person said, "I do not like to go out on my own. Staff come with me and I feel safe when they are around".

At our last inspection in August 2015 risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made. When people had medical conditions like diabetes there was information available so staff knew what signs to look for and what action to take if their condition became unstable. Staff had received training for diabetes care and were able to explain how they supported people with the condition.

When people's mobility had reduced and there was an increased risk of them falling over an assessment had been completed and action taken to prevent this from happening. People had been assessed for walking aids to use within the service and if needed wheelchairs to go outside. People were involved in the risk assessments and agreed to the intervention to keep them safe.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When some people were going out, they received individual support from staff. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

At the inspection in August 2015 the staff carried out regular health and safety checks of the environment and equipment. This was done to make sure that people lived in a safe environment and that equipment was safe to use. The water temperatures had exceeded the recommended level which left some people at risk of being scalded and no action had been taken. Following the inspection the registered manager took action to make sure the water temperatures were safe. Thermostats had been fitted to each sink and bath so that the water could be kept at a safe temperature. Regular checks were carried out on the temperatures and records showed they were now within safe limits.

At the time of this inspection major buildings works were being undertaken at the service. People told us that they did not mind all the work that was going on and that they were kept up to date on developments. One person said, "It's going to be great when it's all finished and it's lovely to see the improvements already". New bedrooms were being built and the communal areas were redesigned. Environmental risk assessments had been completed, reviewed and updated on regular basis to make sure people were as safe as possible while the work was being done. The risk assessments were available for people to see and the risks had been discussed with them. The provider had contacted the fire service in May 2016 when the work had started and the fire service had made recommendations about how to reduce the risks to people. However, at the inspection there were concerns about the fire safety at the building during this time of

renovation. The fire risk assessment had not been updated since 2014 and there was no assessment in place to make sure fire risks were minimised during the building work. We contacted the fire officer who arranged to visit the service the following day. The fire officer found that there were generally no major concerns other than the lack of a suitable fire risk assessment.

The fire officer advised the provider to employ the services of a competent fire risk assessor who may also provide a supplementary assessment whilst building works are ongoing. The staff arranged this assessment to be undertaken on 28 August 2016. The registered manager informed us that the assessment had been completed and implemented.

Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. There were emergency evacuation plans in place in case a fire did occur. Personal emergency evacuation plan (PEEP) were in people's care plans and recorded how people would leave the building, those who needed extra help with their mobility were allocated specific carers each day to be responsible for helping them. It had also been identified that two people were not always happy to leave the building, this was in their PEEP but there was no guidance on how they would be evacuated if they refused to leave and who would be responsible for checking them. We recommend that the provider reviews the personal emergency evacuation plans for people who may refuse to leave the building in an emergency. Staff and people were regularly involved in fire drills to make sure people were aware of how to leave the building safely in case of a fire.

Other regular maintenance checks were made on systems like the boiler, the fridge and the electrics and gas supply to make sure they were safe and in good working order.

At the inspection in August 2015 the provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. At this inspection improvements had been made. All the relevant safety checks had been completed before staff started work. Application forms showed a full employment history and gaps in employment had been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment had been requested. Two references were obtained from previous employers for the majority of staff. On one staff file there was only one reference. This is an area for improvement. Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

People looked comfortable with other people and staff. People said if they were not happy with something they would report it to the registered manager or the deputy manager. They were confident that they would listen and take action to protect them. Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse and had received training in safeguarding people.

Referrals had been made to the local safeguarding authority when safeguarding incidents had happened. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Systems were in place to ensure that people's finances were protected. There were clear systems in place to record and receipt any monies spent which were regularly audited. People could access the money they needed when they wanted to.

There were enough staff on duty to meet people's needs and keep them safe. People said that the staff were

always available when they needed them. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. The registered manager and deputy covered shifts when there were shortfalls. On the day of the inspection the staffing levels matched the number of staff on the duty rota.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

People told us they received their medicines when they needed them and as prescribed by their doctor. There were policies and procedures in place to make sure that people received their medicines safely and on time. All care staff were trained to give people their medicines safely and their competencies to do this was regularly checked. People were asked if they wanted support to take their medicines independently but had decided that they would like the staff to give them their medicines.

Medicines were stored safely. The temperature of the room and the fridge were recorded and were within acceptable limits to make sure the medicines were effective. Audits and checks showed that people had the correct amount of medicines at the right times. Any changes to people's medicines were recorded and staff had to sign to say that they had seen the change. Some people were given medicines on a 'when required' basis. There was guidance for each person who needed 'when required' medicines.

Is the service effective?

Our findings

People told us that they liked the staff and that they 'know what they were doing'. One person said, "They understand me and know when I need a bit more help". Visiting professionals said, "The staff really know how to support people in the way that suits them best. They know people very well" and "The management look after their staff and then the staff really look after the residents".

At the last inspection in August 2015 not all staff had completed the necessary training to provide safe care and support. Staff had not received the required training to provide them with the skills and knowledge they needed to look after people in the best way. At this inspection improvements had been made and action had been taken to make sure staff had the training they needed to perform their role.

The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of some courses related to people's health needs like diabetes and epilepsy. The majority of staff had now completed this training and were able to explain how the conditions might affect people. People required care and support with their individual conditions linked with mental health and dementia. Not all staff had received this training but courses had been booked. Staff were able to tell us how they would care and support people living with these conditions. The service had been expecting a person to come and live at Homeleigh who required oxygen therapy, before the person was due to arrive all the staff had received the training about oxygen therapy so they had the knowledge and skills to care for the person effectively and safely. Staff had also received training in end of life care and person-centred care. Staff said they were able to put into practise what they had learnt.

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. Regular staff meetings and handovers highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the registered manager.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do when people's moods changed and the signs they look for to make sure people were receiving the amount of support that they needed.

Staff told us that they did feel supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis. Staff had regular one to one meetings with the registered manager or senior member of staff. Staff had an annual appraisal which identified their development and training needs and set personal objectives. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the

opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively.

We spoke with a visiting professional who was involved with the service. They told us staff contacted if them promptly if they had any concerns about anyone. They said, "The staff are on top of things all the time and the training was good".

At the last inspection in August 2015 decisions about care, support and treatment had not been made in line with the legislation. At this inspection improvements had been made. All staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards. They were able to explain clearly about how this legislation affected the individual people living at Homeleigh.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Many of the people living at Homeleigh had full capacity to make their own decisions about how they lived their lives and this was respected by the staff. At the last inspection people who had capacity had to ask for the front door to be opened by staff before they could go out. At this inspection people who were able had 'door fobs' so they could come and go without having to ask staff to let them out.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed with people. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision, for example, about medical treatment or any other big decisions, then relatives, health professionals and social services representatives and independent advocates were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

If people refused something this was recorded and respected. One person did not want to do an activity. The staff respected the person's wishes. They left them alone and then asked later. Staff told us that they supported people to make decisions by giving them time to understand the situation. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. Senior staff said they always used the least restrictive ways to support people and people were free to come and go, as they

wished with the right support. People had discussed the care and support that they needed and had signed their care plans to give consent. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. On the day of the inspection staff identified that a person was 'not themselves' they spoke privately with the person to try and find out what was wrong. They then made an appointment with the doctor.

People were supported to go to the GP, dentist and optician; appointments had been made for blood tests when people were on special drugs where they needed to have their blood levels monitored. Staff made appointments with the consent of the person and when asked were happy to accompany people to these appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

People and staff told us that there was good communication between everyone. Visiting professionals said that there was clear and effective communication with the staff. Regular reviews were held when people's care was discussed in full and the staff were able to provide documentation if there had been any issues. Staff immediately sought advice and support if they were unsure how to manage certain situations and in regard to more complex mental health issues.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People were supported and encouraged to eat a healthy and nutritious diet. People told us, that they were involved in cooking and could go to the kitchen anytime. One person told us they often made cakes and liked to do the washing up. People were able to have their meals when they wanted them. Some people preferred to get up later and have a late breakfast. They went to the kitchen and helped themselves to what they wanted.

There was a menu on each of the dining room tables. This detailed lunch and dinner choices for the week. Staff asked people what they would like to eat for their main meals; people were also offered snacks and drinks, including milkshakes, during the day. Lunch was a social occasion and there was a lot of banter, chatting and laughing. When people needed support to eat staff did this discreetly and sensitively.

When people had special dietary requirements staff offered them a choice. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible. One person had a gluten and wheat free diet; staff offered a choice of meals that were available. The person said, "They always have plenty of my special food in stock". When it was identified that one person had lost weight the staff ensured that supplement milkshakes were purchased that day and the next day an appointment was made with the GP for referral to the dietician, and the person's diet was fortified to maximise the calories. When people were not drinking enough because their mental health had deteriorated they were seen by specialist services. The amount of drinks they were having was closely monitored until their condition improved.

Some people had coffee making facilities and fridges in their rooms so they could be more autonomous and independent. Staff included and involved people in all their meals. People often went out to eat in restaurants and local cafés.

Is the service caring?

Our findings

A lot of the people at the service had been there for many years. They said they were very happy living at Homeleigh. People told us, "I've lived here for many years and I won't want to be anywhere else. The staff are good and kind and listen. The manager is good, and the food is good" and "Before I came here I was not in a good place. I did not think I would settle in this type of place but I have. I really like it".

A visiting professional told us, "The management and staff are very caring and respectful. They support people to be as independent as possible".

The staff, demonstrated an in depth knowledge of people and their needs. All staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. The management and staff were committed to providing personalised care to each person. Staff made sure that people were involved in their daily routines, what they wanted to do and achieve during the day. Staff took time to listen and supported people to make arrangements for the day. Some people were going out shopping; others watched the television or went to social activity clubs.

Staff told us that they enjoyed working with the people living at Homeleigh and this was demonstrated by their commitment to providing people with the support they needed. They knew about people's life experiences and supported people in line with their different personalities. Staff gave people the time to say what they wanted and responded to their requests. People felt they were able to express their needs and that they would be listened to. There was a lot of light hearted warm interaction between staff and people.

People were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought in planning people's care. Some people did not have relatives who could support them. The staff told us they accessed independent advocates to support people who did not have any one to speak up on their behalf. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

There was a relaxed, calm and community atmosphere. People were comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. There was a high level of engagement between people and staff. People helped each other. Throughout the inspection exchanges between people and staff were caring, respectful and professional. People were included in conversations and staff explained things to people and took time to answer people's questions. People told us how everyone was involved at the service, the owner, management and staff. They said, the owner visited regularly and spoke with them about the service including the new extension to the premises.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. People were addressed by their chosen name and told us they got up and went to bed at the times they wished. Staff spoke with people in a friendly and pleasant manner. Staff knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but spoke to them privately. One member of staff told us:

"Everyone, staff and clients get on well; we all respect and like each other". Other staff said that they made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly.

People's rooms were personalised with their own possessions, they had their own things around them which were important to them. If people wanted they had a key to their bedroom and were able to come and go as they pleased.

There was personalised information about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. The staff had endeavoured to re-establish contact with people's families to re- build family relationships; this had meant a lot to people.

People's religious beliefs were supported. The service had developed links with local church groups and people attended church if they wanted to. The clergy also visited the service. People said they found comfort in this.

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care. One person told us, "All decisions have been made with me, we have worked together". Staff were responsive to the needs of people and they knew people well. Staff could describe people's life histories, things that were important to people and what had mattered to people throughout their lives.

A visiting professional said, "This is my favourite place to work. People really get everything they need here. Staff are very aware of people's needs and how quickly they can deteriorate".

Before people first came to live at the service they had an assessment which identified their care and support needs. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Homeleigh. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff information about the person and how to care and support them.

From the assessment an individual care plan was developed for each person to give staff the guidance and information they needed to look after the person in the way that suited them best. Staff were responsive to people's individual needs. People told us that the quality of their life was good and staff were supportive. Staff considered people's views and took action in line with people's wishes. There were opportunities for people to express their views about their own support and about the running of the service. There were regular house and individual meetings. People told us that they have monthly house meetings and their opinions were acted upon. At the last meeting people were updated about the building work that was taking place and what was going to happen next. They asked questions and gave suggestions. Improving and changing activities was discussed as people had requested to do different things like the 'daily walkers' activity. People wanted more exercise and wanted to lose weight. An organised walk took place daily for anyone who wanted to join in.

Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. When a person did not want to live at the Homeleigh anymore the staff actively supported the person to make the arrangements and they had moved. Staff said they were much happier now. Another person who was unwell wanted to live nearer their family so they could see them more. Staff made sure that this happened so the person could spend their remaining time nearer to their family.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service. Throughout the day of the inspection people were offered choices

about how they spent their time, the food they wanted and social activities.

People's independence was supported and most people went out and about as they wished. People told us they were able to make choices about their day to day lives and staff respected those choices. Care plans identified goals and aspirations and promoted people's independence. When one person had moved to the service they were not confident to go out alone. Staff had initially gone out with the person, familiarised them with the area and had slowly supported and built up the person's confidence. They were now going out alone and were very happy with the progress they had made. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. Staff supported people to be as independent as possible.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. The registered manager organised the team and matched people with compatible personalities and skills. Some people had chosen their key worker. People had meetings with their key worker at least once a month to review their care and say what they wanted. People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright with the person and if they wanted anything. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

People confirmed that there were activities that they were supported and encouraged to take part in. Some people could go out on their own and came and went as they pleased. Other people needed support when they went out. People said that they were encouraged to go outside the service and shopping trips, visits to local places of interest were arranged. There were links within the local community, and people were supported to attend churches if they wished to do so. One person told us they had started going to the local football matches, which they enjoyed. Other people told us about attending local social groups like age concern, playing bowls and bingo. People were encouraged and supported to attend the local events that were happening in the town. The registered manager was arranging for people to attend a 'Norman Wisdom Tribute' at the local theatre. The provider employed a counsellor who was a fully qualified psychotherapist. They supported people on an individual basis in counselling sessions and they also supported them to develop therapeutic activities.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. If a complaint was received this was recorded and responded to. Records showed the action that was taken to address the issue. The registered manager took all complaints very seriously, responded to them and tried to resolve the issue. When a person had complained about losing an item of clothing the registered manager had recorded this and explained what action had been taken to resolve the issue to the satisfaction of the complainant. People said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. People told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

People told us they were comfortable with the provider, registered manager and the staff. People said: "The manager is good here. You can go to them at any time. Staff said, "There is a lot of investment going into this service. There is no lack of input or money from the owner. It's really good working here and when all the work is done it will be even better". Staff said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to. People told us the registered manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way.

At the previous inspection in August 2015 the registered person had failed to identify the shortfalls at the service through regular effective auditing. At this inspection improvements had been made.

The registered manager and provider carried out quality assurance checks to monitor the quality of the service provided. At the present time the provider was visiting the service weekly to make sure all the building works was satisfactorily undertaken and that risks were kept to a minimum. They also checked that the service was safe and being well managed. They spoke with people and staff and identified any areas that needed improvement. The registered manager recorded any areas that needed attention and improvement and made sure these were actioned. The provider did not formally complete an audit to make sure improvements had been made. This is an area for improvement. The registered manager said that the provider was always supportive and available at the end of the phone, if they needed to discuss anything or if they needed anything the provider acted promptly.

The registered manager and staff audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. When any shortfalls were identified they were addressed.

There were links with the local and wider community and people had friends locally. People had built relationships with people in the community and were supported to keep in touch with their friends and family and to make new friends. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support.' Our observations and discussions with people, staff, visiting professionals, showed that there was an open and positive culture between people, staff and management.

People had the opportunity to discuss any concerns, what was going well and what they would like to improve. People said that they felt listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly. People were encouraged to be involved in the service through regular meetings, and events within the service. Staff were encouraged to voice their opinions through staff meetings, one to one meetings with the registered manager and staff surveys. There were handovers at the start of each shift and communication books to ensure that staff were up to date with people's current care needs. Staff told us that communication was effective between management and staff which enabled them to work well as a team. The registered manager, deputy manager or senior member of

staff were 'on call' at all times to ensure that staff had the support they needed outside of office hours.

The registered manager sent out satisfaction surveys to people, relatives, health care professionals and staff. The results of the questionnaires were positive and people said the registered manager was always willing to listen to any problems they had and do their best to help where they can.

Relatives had responded to the surveys and all comments made were positive. They said, "Kind attention to residents and to visitors", "Good communication/interaction with service users. There are good choices". "Staff have a good understanding of client's needs and they care".

Staff were clear about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the home in the last 12 months relating to important events that affected people had occurred at the service.