

Mrs K Curtis

Homeacre

## 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 ●

# Summary of findings

## Overall summary

We Inspected the service on the 13 November 2018.

Homeacre is a residential care home for five people, some of whom may be living with dementia. At the time of our inspection four people were using the service. The service has spacious living areas and is set over two floors with a stairlift in place should this be needed. The service is set in a residential area with easy access to the local community and has a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had sufficient amounts to eat and drink to ensure their dietary and nutritional needs were met. The service worked well with other professionals to ensure people's health needs were met. The environment was appropriately designed and adapted to meet people's needs.

The service was caring. Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

The service was responsive. Records showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The service was well-led. The provider had a number of ways of gathering people's views. They held regular meetings with people and their relatives and used questionnaires to gain feedback. The provider carried out

quality monitoring to help ensure the service was running effectively and to make continual improvements.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service, and others, and to use their feedback to make improvements.

The service had a number of quality monitoring processes to ensure the service continuously improved its standards.

# Homeacre

## **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 visit took place on the 13 November 2018 and was unannounced. The inspection 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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with two people who lived in the home and two visiting healthcare professionals. We spoke with the provider, assistant manager, and two care workers. We reviewed a care file, medication records, one staff recruitment file, audits and information held in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they were happy living at the service and felt safe. One person told us, "I am perfectly safe here." Another person said, "All the girls [staff] are nice, I like living here."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they should do to protect them. One member of staff said, "I would report anything to the manager. If I had to go outside, I would go to the local council." The assistant manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, helping people to move safely, nutrition and pressure area care. Assessments were regularly reviewed and kept up to date for staff to follow. Staff were trained in a number of areas to support people safely including first aid, wound care and safe moving and handling. Staff told us if there was a medical emergency, they would call the emergency services. Staff also received training on how to respond to fire alerts at the service and the provider had recently had their fire risk assessment reviewed by the fire service.

There were sufficient staff to meet people's needs. The assistant manager told us they had a stable staff base which meant people were supported consistently by staff who knew them well. We saw from recruitment records all the appropriate checks had been carried out for new staff to ensure they were suitable to work with people.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements, the manager had a maintenance person to attend to these, and for specialist work they employed the appropriate contractors. The assistant manager had systems to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed with staff during supervision and at staff handovers.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. The manager ensured staff training was kept up to date and observed medication practices. People told us they got their medication on time and when they needed it. Regular audits were completed of medication to ensure there were no errors.

# Is the service effective?

## Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve nationally recognised training certificates. The assistant manager told us, "I have completed my level 5 training in management which has really helped me develop as a manager."

The assistant manager told us staff completed a mixture of face to face training and booklets. Staff completed the training together as a way of shared learning, and the booklets were then marked by an external auditor. New staff were given a full induction into the service and completed the Care Certificate. This is an industry recognised training that equips staff new to care with the knowledge and skills they need to provide care. Staff received regular supervision and had a yearly appraisal to discuss their developmental needs. One member of staff told us, "I have regular supervision and the manager did an observation of my work recently."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. People told us they were supported as individuals and their decisions were respected. This told us people's rights were being protected.

People were very complimentary of the food. Staff prepared and cooked food fresh each day for people. We saw there was a varied menu and people told us the food was good. Staff monitored what people ate to ensure they were having enough nutrition and hydration. Where necessary some people were provided with additional food supplements such as fortified foods to encourage weight gain. Staff were aware if people required special diets such as soft diets and knew how to support people with swallowing difficulties. The assistant manager told us they had sought advice from the speech and language team for one person who had difficulties swallowing.

People were supported to access healthcare. The manager had developed links with a local GP practice to provide healthcare at the service. In addition, the service had good relationships with the district nurse team. If people needed to go to hospital in an emergency, the assistant manager had transfer information ready for each person.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms and there was access to a garden. All the rooms had been individually

decorated the way people wanted them. The provider told us they had an on-going refurbishment programme in place to keep the environment up to date.



## Is the service caring?

### Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships. People told us they were happy living at the service and one person said, "I do not get lonely as there is always company." Another person said, "I feel safe living here, the staff are kind to me."

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need to know people, understand what was important to them and their likes and dislikes. We saw people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and could build on their independence. One member of staff told us, "We do not have any set routines here, this is their home." People were supported to spend their time how they wished, for example one person told us how they did not like to go out and preferred to stay in their room. They told us, "Staff are kind, they go to the shop for me to buy my newspapers, books and chocolate."

People and their relatives were involved in the planning of their care and support needs. People had a keyworker who worked closely with them to keep all their care needs relevant to them and up to date. Every month the keyworker summarised and reviewed their care needs. There was an easy read pictorial guide in each person's room which was a snap shot of their likes and dislikes and how they liked to be supported.

People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and there was internet available so people could be supported to use this to video call friends and relatives.

People were treated with dignity and respect and their diverse needs were also supported. People were supported to follow their religious beliefs and one person was supported to access their preferred faith. We saw people's privacy was respected and staff asked permission before entering their rooms.

## Is the service responsive?

### Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans which were very inclusive of their views and wishes. This enabled staff to support people in the way they wished to be supported. Staff reviewed support plans each month or when needs changed so the most up to date information was available to meet people's needs.

The service remained responsive. The assistant manager was proactive in accessing healthcare support if people's health needs changes. For example, they had good links with the district nurse service and could get support from them when needed. The provider ensured they had the equipment they needed to assist people's needs and had installed a walk-in bath to help people manage their personal care more easily. They had also obtained profiling beds for people when their care needs had become more dependent. This meant staff could provide the required support for people safely.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from records that staff had assessed people's communication needs and had recorded how these could be supported. For example, ensuring people were supported to have the correct glasses and wear hearing aids if required. One person was supported to have large displayed clocks as they liked to be able to clearly see what time of day it was, as this helped them plan their routine. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. People told us they had enough to do. One person told us how they enjoyed doing quizzes and watching quizzes on the television. Another person was supported to go into the community independently and regularly spent time out with friends and family. One person said, "I have enough to keep me occupied." We saw people genuinely enjoyed spending time with staff and talking with them as a social activity. The assistant manager told us they had made links with other services so if people wished to, they could participate in joint activities.

The assistant manager had a complaints process that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints, they would raise these with the assistant manager. One person said, "I would talk to [assistant manager's name] or any of the staff." People told us they generally did not have any complaints.

People were supported at the end of their life. The assistant manager told us staff had been trained in end of life care and they had good links with the local hospice and palliative care team. We saw from records people had recorded their preferred priorities for care at the end of their life.

## Is the service well-led?

### Our findings

The provider was also the manager at the service and they were supported by an assistant manager. A provider is a person who has registered with the Care Quality Commission. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Registered providers are required by law to display the ratings awarded to each service in the home. We confirmed that the rating was on display. Showing this rating demonstrates an open and transparent culture and helps people and relatives understand the quality of the service.

At our previous inspection we rated well-led as requires improvement due to the provider not having up to date insurance for the service. At this inspection we saw the provider and assistant manager had put systems in place to ensure all renewals happened when required. We saw governance systems were now more robust so the provider and assistant manager had full oversight of the service. The assistant manager completed regular audits on people's care plans, accident and incidents, health and safety, and the environment. They used the information to provide them with a good oversight of the service and to see where they could make changes or improve the experience for people living there.

Staff shared the providers vision for the service. One member of staff told us, "We want to support people to be happy and healthy." The assistant manager told us, "We want people to feel happy, well cared for and at home."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the provider and assistant manager, and said they felt they had a good team. One member of staff said, "We all work really well together as a team, and I can always get in contact with the provider or assistant manager if I need them." Staff had regular handover meetings to discuss people's care and used a communication book to relay important messages to each other. This demonstrated people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The provider and assistant manager gathered people's views on the service daily through their interactions with people. In addition, they held meetings with people and also sent out questionnaires for people and relatives to complete. We saw from questionnaires people were asked their opinion on the home, their comfort, privacy and dignity amongst other questions. We saw where people had made requests or given feedback, this had been acted upon. For example, one person asked for the day the district nurse visited them to be changed. The assistant manager liaised with the district nurse service and had changed the day of their visit. Another person had requested smaller meal sizes and this request had been acted upon. This showed the management listened to people's views and responded accordingly to improve their experience at the service.

The provider and assistant manager had spent time making links with health professionals to ensure people living at the service got the best outcomes available. For example, the assistant manager had introduced PROSPER to the service. This is a council lead training initiative that Promotes a Safer Provision of care for

Elderly Residents (PROSPER). As part of this initiative staff promoted hydration and nutrition to help prevent pressure sores, falls and urinary tract infections which can all impact on people's health outcomes. The assistant manager had maintained their links with 'My home life', another council run training initiative to help managers network and access learning to help them with their role.