

Homestead House Limited







Homestead House

Inspection report

281 St Faiths Road
Old Catton
Norfolk
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Tel: 01603 486098
Website:

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Ratings

| | | |
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| 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 |  |

Overall summary

The inspection took place on 27 October 2015 and was unannounced.

Homestead House provides care and support for up to 19 older people, some of whom may be living with dementia. The home is over two floors and some rooms are shared. At the time of our inspection there were 19 people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

People were supported by staff who had undergone appropriate recruitment checks to ensure they were safe to work in health and social care. Staff were well trained, competent and passionate in their roles. There were consistently enough staff to meet people's needs and keep them safe.

Summary of findings

People were protected from harm by staff who understood the importance of preventing, recognising and reporting potential signs of abuse. People received their medicines as prescribed and the service managed medicines safely and appropriately.

Staff had received regular training and the service had plans in place to further develop staff's skills and knowledge. Staff demonstrated the skills they had learnt. New staff had undergone an induction which included completion of the care certificate.

People benefitted from a staff team who were motivated, worked well as a team and felt supported. Staff were happy in their work and supported people with kindness, compassion and thoughtfulness. Staff had good knowledge of the people they supported and they maintained people's independence and dignity whilst encouraging choice. Staff supported people in their likes and dislikes and people were fully involved in decisions around the care and support they received.

The Care Quality Commission is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were not being deprived of their liberty unlawfully. Staff

understood about people's capacity to consent to care and had a good understanding of the MCA and DoLS which they put into practice. The service had made appropriate applications to the local authority.

People's plans of care were developed around the individual with involvement of those important to them. Care plans gave staff full and clear guidance on how people wished to be supported. People's changing needs were regularly assessed.

Although the service did not consistently meet individual needs in relation to their hobbies and interests, the service provided regular interaction which was warm and meaningful.

The service had an open, supportive and transparent culture and people felt they were listened to. People's views and feedback was encouraged in order to improve and develop the service. Suggestions were listened to and actioned where appropriate. People felt staff were approachable and felt confident in raising concerns. The provider had effective quality monitoring systems in place that contributed to the development of the service. However, the service had not consistently reported important events that affect people's safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to keep people safe and meet people's needs. Staff understood the importance of preventing, recognising and reporting abuse.

Recruitment processes ensured that the staff employed were safe and suitable to work in care.

Potential risks to people had been identified and assessed in order to protect people from avoidable harm.

People received their medicines in a safe manner and as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by trained, well supported staff who demonstrated the appropriate skills and knowledge required.

Staff assisted people in a way that protected their human rights. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS).

People received food and drink of their choice and received individual assistance as required.

People were supported to maintain their health and wellbeing as a variety of healthcare professionals were available as required.

Good



Is the service caring?

The service was caring.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

Staff supported people in a way that maintained their dignity, respect and privacy and encouraged independence.

Staff involved people and, where appropriate, their relatives in decisions around their care and support.

Good



Is the service responsive?

The service was responsive

People were supported with care plans that were personalised and tailored to their preferences and choices.

Good



Summary of findings

The service supported people to maintain relationships with those important to them. People received regular social interaction which was amicable, warm and engaging.

People felt comfortable in raising concerns and were confident they would be addressed.

Is the service well-led?

The service was not consistently well led.

The service failed to report important events relating to people's safety.

People received continuity in their care due to staff working in a coordinated and organised way.

The service had an open approach that encouraged people to become involved in its development.

Requires improvement



Homestead House

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 27 October 2015 and was unannounced. Our visit was carried out by two inspectors.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

We contacted the local safeguarding team and the local authority quality assurance team for their views about the service. We also gathered information from a health and social care professional that had experience of the service.

During the course of our inspection we spoke with three people who used the service. We also spoke with five relatives of people using the service and observations were made throughout the day of our inspection.

We gained feedback from three health professionals visiting the service. We also spoke with the registered manager, the director of the provider and three members of care staff.

We viewed the care records for three people and the medication records for five people. We also looked at records in relation to the management of the service including staff recruitment files, health & safety records, quality monitoring audits and staff training records.

Is the service safe?

Our findings

People told us they felt safe living at Homestead House. One person said “I feel safe and have no worries”. The relatives we spoke with had no safety concerns. One told us that whenever they visited their relative, they left contented and reassured as they knew their relative was safe and happy. Another said “I feel [relative] is safe and secure, so that makes me confident that the staff are looking after her”.

The staff we spoke with understood how to protect people from abuse. They could identify types and signs of abuse and knew what to do if they suspected someone was being abused. Staff knew they could report concerns to outside agencies as well as to the management team. When we spoke with the registered manager, they demonstrated they had a good understanding of safeguarding people and how to manage allegations of abuse. The registered manager gave us correct examples of the types of concerns they would report to the local safeguarding team. Staff told us they had regular training in safeguarding people and the records we viewed confirmed this. We concluded that people were protected from abuse as staff knew how to prevent, recognise and report concerns.

The service had robust risk assessments in place. The care plans we viewed demonstrated that risks to people had been identified, assessed and reviewed on a regular basis. These included where people were at risk of developing pressure sores and not eating and drinking enough. The people who used the service and their relatives told us they had been involved in decision making around what support was needed and wanted.

We viewed records that showed the service had identified risks associated with the premises and work practices. For example, these included the risks relating to fire, use of gardening equipment and cleaning materials, laundry processes and any hazards that could cause danger in people’s bedrooms. These records were robust and reviewed regularly. We saw records that demonstrated the service ensured all equipment was regularly maintained and serviced.

The service comprehensively documented any untoward occurrences and accidents and each one was viewed and assessed by the registered manager on a regular basis. These records showed what actions had been taken in

order to reduce the risk of an incident happening again. For example, after identifying that a person was having a number of falls, actions taken included requesting a GP visit and making referrals to the falls clinic and Occupational Therapist.

The registered manager told us the steps they took to ensure the staff they employed were suitable, safe and competent to work in care. These included gaining two references and completing a criminal records check. The registered manager also told us they looked for the ‘heart and ability’ to do the job during interviews with potential staff. We viewed the recruitment records for three members of staff and these contained the safety checks required including photographic identification. The registered manager told us that they occasionally used agency staff to cover holidays. They told us they ensured a profile of the agency staff member was in place before they started. This confirmed that the agency staff member had been appropriately trained and the correct safety checks had been completed. We concluded that safe recruitment practices were being followed.

People were very complimentary about the standard of care and how promptly support was delivered. One relative told us “Staff have time to spend with you”. Staff told us there were enough staff to meet people’s needs. Throughout our visit, we saw people’s needs were promptly met by staff and that the support they received was at a pace that suited the individual. We observed call bells being answered within a minute and that staff had time to respond to people.

We concluded that there were enough staff to safely meet, and respond to, people’s needs. Although no specific dependency tool was being used by the service, the registered manager told us that staffing levels were determined by assessing people’s individual needs on a regular basis such as whether people required two people to assist them with personal care.

People received their medication safely and as prescribed. The staff we spoke with, who were responsible for administering medication told us they received regular training and that they received extra guidance during staff meetings and one to one support sessions. They told us they knew where to go for advice on medications and gave us examples of what they would do if a medication error occurred. Staff told us the manager completed informal checks on their ability to safely administer medications.

Is the service safe?

During our visit, we observed a staff member administering medicines to three people. The staff member wore a red tabard to alert people to the fact she was administering medicine and to assist in avoiding unnecessary interruptions. We saw that the staff member was focused and completed the task in a paced and conscientious manner. For example, we saw the staff member check the medicine packet against the medication administration record and double check the information again before administering it. We saw that the staff member had prepared everything they required prior to administering the medicine such as plenty of fluid and medication

spoons and pots. We noted that the room where people's medicines were stored remained locked at all times when unattended to reduce the risk of harm to others and prevent unauthorised access.

We viewed the medicine administration records for five people who used the service. These were complete and accurate with no omissions. A clear stock count and audit of medicine amounts were recorded ensuring the service could account for medication. Returned medicines were recorded and counter signed by the pharmacy on collection. We checked the expiry dates for five medicines and these were all in date. We concluded that people received their medicine safely and in the manner the prescriber intended.

Is the service effective?

Our findings

People told us they felt well cared for. One person said staff had helped them to access the equipment they needed to pursue their interests. The relatives we spoke with agreed that the staff supported people effectively. One told us the staff were “...very good on a one to one basis; they know how to communicate with [relative] and they have a nice way about them”. One visiting health professional told us that staff communicated with them appropriately over the care of people who use the service. They went on to tell us that staff were knowledgeable in identifying when people required treatment and were prompt at asking for support.

Staff told us they received regular training in all aspects of their role. The registered manager told us that new staff completed an induction period that included completion of the new care certificate. The registered manager was able to tell us what this included and was knowledgeable in its contents. Staff gave us examples of practice that demonstrated the training they had received was effective. We also observed staff working to best practices. For example, we saw a staff member assist a person with their mobility. This was done in a reassuring manner that promoted independence but kept the person safe. The training records we viewed confirmed staff had undergone regular training and we saw that plans had been made for future staff training.

Staff told us they felt supported and received regular supervision. One member of staff told us “The manager is always on the end of the phone; they will do whatever they can to help you”. Another staff member told us they benefitted from the extra learning and support they got through staff meetings and one to one sessions. When we viewed the minutes from three staff meetings we saw that a part of each meeting was used for training. We saw that topics such as communication, dignity, health and safety, pressure sore prevention and the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) were discussed.

The Care Quality Commission (CQC) is required by law to monitor the MCA DoLS and to report on what we find. The MCA aims to protect the human rights of people who may lack the mental capacity to make decisions for themselves. The DoLS are part of the MCA and aim to protect people who may need to be deprived of their liberty, in their best

interests, to deliver essential care and treatment, when there is no less restrictive way of doing so. Any deprivation of liberty must be authorised by the local authority for it to be lawful.

Staff had received training in the MCA DoLS and demonstrated they understood the importance of consent and protecting people’s rights. The registered manager was able to appropriately tell us when they would assess someone’s capacity and what was required if someone lacked the capacity to make a decision. Action had been taken to ensure applications were made in accordance with the principles of the MCA DoLS. This was to ensure that any restrictions made to a person’s freedom by the support they receive were properly considered. We concluded that the service was meeting the legal requirements of the MCA DoLS and that people’s rights were being protected.

People were supported to make informed choices. One person told us that they were able to make choices in their life such as what they would like to wear and when to have a shower. One relative told us that, although she didn’t necessarily agree with a decision a person had made, it was their decision and this had been respected by the service. Throughout our visit, we saw staff offering choice to the people they supported. For example, we saw one member of staff offering a person a choice of drinks. People told us they had enough to eat and drink and that the food was good. The relatives we spoke with agreed. The service had assessed people’s nutritional needs and reviewed them regularly. We saw records that showed the staff monitored people’s weight on a regular basis. Although records didn’t show a daily total for the amount of food and drink people consumed, we saw records that showed people received enough to eat and drink.

During our visit, we observed lunch being served. We saw people being offered a choice of food and that this was served to their liking. We saw staff offer assistance and respect people’s wishes. The atmosphere during lunch was calm, relaxed and informal. People chatted easily amongst themselves and music was playing quietly in the background. We saw that the day’s food choices were displayed and that there was a variety of drinks available. There were three members of staff available throughout

Is the service effective?

lunch and we observed that they were attentive to people's needs. We also observed the chef checking that people were happy with their meal and that they had enough to eat.

We saw that people who needed assistance to eat and drink had a dedicated member of staff to help them. We saw that staff assisted people in a dignified and discreet way. People were assisted at their own pace and staff members were observed as chatting amicably with the people they were assisting. We saw that staff offered

regular sips of drinks in between food. People had access to a variety of healthcare professionals as required. Relatives told us the service managed people's health needs well. One relative told us "They [the staff] are very on the ball with health issues". During our visit we saw three healthcare professionals providing treatment to a number of people. The records we viewed also showed that referrals had been made to a variety of healthcare professionals and that these had been made appropriately and in a timely manner.

Is the service caring?

Our findings

The people we spoke with were very complimentary on the care and support they received. One person told us “I feel very happy here” and said the staff were “...very nice”. This person also commented on how thoughtful and caring the staff had been towards them during a recent difficult time. One relative we spoke with said “I can’t fault the care”. Another told us “We are satisfied. [Relative] is very happy and healthy here”. A further relative told us they wouldn’t want their relative living anywhere else. A visiting healthcare professional told us that the care was “...always of a very high standard” and that the staff are “...always very kind to residents”.

People told us they were involved in the planning of their care and, where appropriate, their relatives. One person told us she was particularly pleased she was able to discuss with staff her preferences in the morning. All the relatives we spoke with said they had been involved in planning the care their relative needed and wanted. The care documents we viewed confirmed this.

The staff we spoke with, who were responsible for care planning, told us they met with people and, if appropriate, their relative to discuss the person’s needs and preferences. The member of staff told us this was completed in a relaxed and private environment. One relative we spoke with also confirmed that their relative’s needs had been assessed prior to coming into the home. This was to ensure the home could meet their individual needs. We also saw that relevant accessible information was available to people in their rooms on all aspects of the service to assist people in making decisions around their care and day to day living.

The staff we spoke with, including the registered manager, demonstrated a good knowledge of the people they supported. Staff were passionate when telling us about the

people they supported. We saw that there were aids around the home to assist people with communication and we saw staff using these to help people make themselves understood.

Throughout our visit, we observed staff assisting people with warmth, kindness and compassion.

For example, we saw a member of staff offer reassurance and warmth to a person while administering their medicines. The member of staff sat down next to the person and carefully explained why she was there. This was done in a patient, unhurried and respectful manner and we observed that eye contact and smiles were exchanged between the member of staff and the person.

When one person became distressed, we saw that staff were there to reassure and comfort them quickly. This was done discreetly and with respect. Staff demonstrated they knew that person well as they were able to relieve the person’s distress and anxiety promptly. On another occasion we saw staff quickly reach for a communication book to assist a person in explaining what they needed. This effectively and promptly relieved the person’s anguish and ensured their voice was heard.

People were treated with dignity and respect. A relative told us staff addressed their relative in a respectful manner and encouraged independence. This relative also told us that staff were quick to respond to people’s needs especially when people became distressed. One healthcare professional told us “Staff are always respectful and friendly”. Throughout our visit, we saw staff maintain people’s dignity and treat them with respect and thoughtfulness. We saw staff encourage independence and assist people in a discreet and gentle manner. For example, we observed a member of staff assist a person into their wheelchair. We saw that this was done at the person’s pace with the staff member encouraging and reassuring the person throughout.

Is the service responsive?

Our findings

Care was individualised and delivered in a way that met people's personal preferences. One person told us they have a choice of when they go to bed. Another person told us the staff assist them to get up when they want to. The care plans we viewed were comprehensive yet presented in a logical way that staff could easily access in order to provide support. For example, we saw a care plan was in place for a person with a hearing impairment. The care plan gave staff clear guidance on how best to support that person. During our visit, we saw staff delivering support as stated in the care plan. We saw that people's changing needs were reviewed and assessed regularly and that people were involved in these decisions. The care plans we viewed clearly showed that relatives, where appropriate, had contributed to the plan of care.

People's choices and levels of independence were accounted for. During our visit, we saw a person requesting a shower. We observed that the staff member was able to meet this request promptly. The care plans we viewed were individualised and focused on people's strengths and preferences. For example, we saw one care plan that stated the person could generally mobilise independently but would ask for assistance if required. Another care plan we viewed showed that the person needed assistance with their personal care but that they wished to help as much as they were able to. There were care plans in place to meet people's differing needs for different times of the day as well as documents that gave the staff information on people's life histories. This ensured staff had the right information in order to have meaningful conversations with people. Staff were also able to offer tailored support as they had insight into people's experiences and life stories.

During our visit, we saw friends and family were free to come and go as they pleased. The relatives we spoke with told us they felt welcome in the home. We saw a notice telling people that there were no set visiting times. We observed that visitors were offered refreshments, along with their relatives, to make them feel at home. We concluded that the service encouraged people to maintain relationships with those important to them.

The people we spoke with had mixed feelings on the amount of activities the service provided. One told us "I'm a bit bored at times" however they told us they enjoyed

doing the gardening, singing and attending the meetings. Another person said they were able to do their knitting and that staff had helped them with this. One relative told us that, although they felt there could be more stimulation for their relative, on the occasions the home provided singing entertainment their relative had enjoyed it. The same relative told us that their family member had never sung so much and that "...the social interaction had helped this".

During our visit, we observed staff regularly interacting with people and this was done in a person-centred way and was not task-focused. During our visit, we consistently saw people being stimulated by conversation with the staff and that the staff sat with people regularly. The main lounge and dining area was at the centre of the home with offices and the kitchen leading off of it. This meant staff were always in attendance in the area most people spent their day in and that they were involved in the day to day activities of the home. On the day of our visit, we saw a student who was on a placement at the service interacting with people. We saw people smiling, laughing and chatting. However, we did not see specific activities taking place and the activities board on display showed that the day's activities were listening to music and reading the daily newspapers. When we discussed this with the registered manager, they told us they did not employ an activities coordinator and that it was up to the care assistants to provide activities. We concluded that people had regular meaningful social interaction but that individual leisure needs to complement people's individual interests were not always met.

The people we spoke with felt comfortable in raising any concerns they may have with the staff or registered manager. Two of the relatives told us they had raised concerns in the past and that these were actioned quickly and effectively by the registered manager. One relative told us that the change the service had made as a result of their complaint had been ongoing and had resolved their concern long term. Staff told us they also felt comfortable in discussing any issues with the registered manager. One told us they would have no qualms in highlighting bad practice or any other concerns they may have. Another staff member told us they felt confident the registered manager would action any concerns. We saw records that showed the registered manager had taken appropriate action to address issues and were therefore satisfied that people's concerns and complaints were dealt with appropriately.

Is the service well-led?

Our findings

There was a registered manager in post who was knowledgeable. However, from the information we hold about this service, and from discussions with the registered manager during our visit, we concluded that there had been incidents that they had not informed us about. A registered person must inform the CQC of certain incidents via a statutory notification. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

The registered person had failed to inform us that a person who uses the service had developed a grade 3 pressure sore. They had also failed to inform us that a person who uses the service had had a DoLS application authorised. However, during our visit, the registered manager had taken actions to address this.

People we spoke with felt the home was friendly, supportive and communicative. One relative told us "I always feel welcome and get offered tea and biscuits". Another said "Staff are friendly and helpful – it's all lovely". A third told us the home communicated well with them. People told us they saw the registered manager regularly and that they were approachable. The registered manager told us they ensured they saw every person who used the service on the days they worked and was 'on the floor' regularly, especially at mealtimes. They explained that this was to check on people's wellbeing and so people could talk to them. In addition, they told us that this also enabled them to ensure care was being delivered in the appropriate way. Throughout our visit we saw the registered manager was visible and interacting with people.

Staff worked well as a team. We saw a number of completed questionnaires from both people who use the service and their relatives. They were positive about how the staff worked together. Some of the comments included "Staff always seem to be doing a good job and work well together" and "Staff morale, cooperation and team spirit is the best always". Staff told us morale was good and that they all worked well together. One told us "Team work is good". During our visit, we saw that staff interacted amongst themselves and kept each other informed of their whereabouts and what they were doing. This ensured that people received continuity in their care in an organised and unhurried manner.

The service gained people's views on the service in a variety of ways. The registered manager told us that as relative's meetings had not been very well attended, they sent out questionnaires to all relatives twice a year as well as to people who used the service. In addition to this, they stated that, due to the service being small, they saw family members individually and on a regular basis in an informal way. The relatives we spoke with confirmed the manager was available if they had any concerns or wanted to discuss anything. We saw a number of completed questionnaires on file and, where people had made suggestions, we saw that the actions taken had been documented and signed by the registered manager. The questionnaires we viewed, from March and October 2015, were all positive and rated the service as either 'good' or excellent'. We also saw that there was a 'suggestion box' in the foyer for people to post comments.

Staff told us they attended regular staff meetings and found them supportive. We saw from the minutes of meetings we viewed that staff meetings were held regularly and were used as a tool to develop the service. For example, one meeting was dedicated to discussing the CQC's new approach to inspecting and how this had changed. We also noted from the minutes that staff had been reassured that the registered manager and nominated individual for the service were always available should they be needed.

Effective systems were in place to monitor the quality of the service. Audits were completed by the registered manager on a regular basis and included actions taken as a result. The audits we saw were comprehensive and covered areas of the service such as resident satisfaction, the environment, supervisions of staff and medication management. We also saw that regular quality meetings were also held and items that had been discussed included complaints, training and feedback received from people who use the service and their relatives. We concluded that the systems in place assisted the service in maintaining the required standard and drove improvement.

The registered manager told us they felt supported in their role. The registered manager was also the provider and told us they received support from their business partner. They told us they kept up to date with current legislation and good practice by attending training and seminars. They told us they were a member of a small business group who provided them with support and guidance. The registered manager also regularly attended meetings held for

Is the service well-led?

providers. In addition, they used sector magazines, email alerts and websites to keep their knowledge up to date. This demonstrated that the registered manager had a commitment to developing themselves, their staff team and the service they provided.