The Homestead (Crowthorne) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Homestead (Crowthorne) Limited is a care home without nursing which is registered to provide a service for up to 23 older people many of whom have some form of dementia. There were 17 people living in the service on the day of the visit. All accommodation is provided within a three story building situated within private housing and close to local amenities.

This unannounced inspection took place on 21 June 2018. At this inspection we found the service was Good overall.

Why the service is rated Good overall:

There is a registered manager running the service. 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 2008 and associated Regulations about how the service is run.

People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General operational risks and risks to individuals were identified and appropriate action was taken to eradicate or reduce them.

There were enough staff on duty at all times to meet people's diverse and individual needs safely. The service now had a stable staff team. The provider had robust recruitment procedures. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained mostly effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs. However, the design of the service was not dementia friendly and we could not be confident that people had choice with how they were assisted with their personal care needs.

In all other respects people were encouraged 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 practise.

The service continued to be caring and responsive. The attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a range of activities, according to their needs, abilities, health and preferences. Care plans were reviewed by management regularly. Care plans contained up to date information and records demonstrated that risk assessments were usually reviewed within stated

timescales.

The registered manager was well regarded and respected. The quality of care the service provided continued to be reviewed and improved, as necessary.

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 continued to provide good care.	**Good**
Is the service effective? The service continued to provide good care. However, there were limitations with the building layout which could negatively impact on people's choices particularly in relation to how their personal care was provided.	**Requires Improvement**
Is the service caring? The service continued to provide good care.	**Good**
Is the service responsive? The service continued to provide good care.	**Good**
Is the service well-led? The service continued to provide good care.	**Good**

The Homestead (Crowthorne) Limited

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 was unannounced and took place on 21 June 2018. It was completed by one inspector and a bank inspector.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider was asked to send us a provider information return (PIR). This document is designed to provide key information about the service, what the service does well and improvements they plan to make.

We looked at documentation for six people who live in the service. This included care plans, daily notes and other paperwork relating to their support. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We observed medicines being administered and reviewed medicines procedures. We interacted with people who live in the home and spoke individually with four people. Some people had limited verbal communication due to the conditions they were living with, however they smiled and nodded their agreement to some questions. We spoke with two care staff, the registered manager, the activities organiser,

the chef and the administrator. We requested information from a range of other professionals and family members. We received four responses from family members and two visiting professionals.

Good

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

Some people told us they felt safe while others either nodded their agreement or smiled. However, some were unable to tell us about their experiences due to the condition they were living with. Where this was the case we observed the care provided and their reactions to the staff working with them. People were kept safe and comfortable. People smiled or spoke with staff who engaged with them.

All the responses we received from family members and health and social care professionals indicated that people were safe. One professional advised, "Yes, I know that people are treated very well at The Homestead; the staff are very kind and patient. I have no doubt that the residents at The Homestead are safe."

People were protected from the risks of abuse. Staff continued to receive training which included safeguarding adults. Staff were able to describe what may raise their concerns and indicated how they would report concerns immediately. One gave us an example of how they had raised a concern to protect a person. We saw from the records action had been taken immediately to raise this with relevant professionals. Information on safeguarding was displayed and available around the service in the form of posters which staff could refer to when necessary. Staff were familiar with the whistleblowing policy and said they would have no hesitation to report poor practice. One said, "Regardless of who you might upset you have to say something." There had been two safeguarding issues in the previous 12 months. Both had been appropriately dealt with.

Risks to people's health and well-being were assessed. These included risks associated with mobility, falls, skin integrity, nutrition and specific health conditions such as diabetes. Once assessed, identified risks were incorporated into people's care plans which provided guidance for staff on minimising and monitoring those risks. We saw staff referred to the care plans for guidance and they were able to tell us about people's needs in relation to keeping them safe.

Medicines were managed and stored safely. The service was in a period of change in the supply and practice of medicines administration which the registered manager was able to explain to us. Storage temperatures were monitored and recorded daily. Ventilation and fans were available in hotter weather to ensure medicines could be stored at their optimum temperature. Medicines were administered by appropriately trained staff who refreshed their knowledge and skills in line with current guidelines. The registered manager told us they observed and monitored staff to check their competency in supporting people with medicines. However, there was no record made of these competency checks. The registered manager said they would look to introducing a checklist to record them.

People were supported to take their medicines in a kind and caring manner. They were asked if they were ready to take their medicines and time was taken to allow them to do so at their own pace. When people were prescribed medicines to be taken when necessary (PRN), a protocol was available for each individual

to assist and guide staff in when to administer those medicines. Although no-one was receiving their medicines covertly (disguised in food or drink) the staff were aware of the protocol to follow should this become necessary.

The service benefitted from an enclosed garden which people could enjoy. However, we found a catch on the gates of the bin store was broken and saw how a gust of wind forced them to fly open without warning. This was a risk to people who may be in the area. Additionally, a hard plastic storage unit which housed chemicals was located in the garden and although locked had a broken lid which may allow access to unauthorised personnel. We raised both of these issues with the registered manager who agreed to address them immediately.

One staff member told us they felt there were not enough staff however, we observed staff were available to assist people when required and call bells were answered promptly. Staff worked in a calm and efficient manner. They worked collaboratively to cover for colleagues who were on leave or absent due to illness. The registered manager had a hands-on approach and worked alongside staff on a regular basis. The registered manager told us they used agency staff only when the permanent staff were unable to cover or when staff absence was at short notice. They considered the consistency of the approach of regular staff essential to maintaining people's safety and well-being.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed mainly at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance requirements and fridge and freezer temperatures as part of their daily work.

The provider had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with a care staff member new to the service who confirmed that they had completed an application form, that references had been sought and that a Disclosure and Barring Service check had been obtained.

The service was generally clean and there were no malodours. However, there was dust found lying on surfaces such as the stair edges and some floors had debris on them which remained present throughout the inspection. Staff had been trained in infection control and we saw they put their training into practise. Staff wore personal protective equipment appropriately when supporting or assisting people and there were hand gel dispensers located throughout the service.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared.

Requires Improvement

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

The design of the service was not dementia friendly. There was little dementia appropriate signage throughout the service to assist people to feel oriented and find their way around independently. However, one professional told us, "The Homestead takes care of people with advanced dementia, and does so admirably." The décor was tired and lacked colour to brighten it up making it feel somewhat uninviting. However, people had brought personal belongings with them to make their individual rooms more in keeping with their own taste.

The service had a bathroom on the uppermost floor and an assisted shower room on the first floor. However, it was clear that the bathroom was not used regularly by people and had become more of a storage area making it less accessible for use. The bath itself had dust and debris in it. Staff confirmed that people used the shower room on the first floor rather than the bathroom. Therefore, we could not be assured that people had the choice of having a bath if this is what they wanted. The registered manager was aware of the limitations of the design and décor, they told us of plans for refurbishment in the future to address this issue. However, no timescales for these improvements were known.

People's needs and choices were assessed fully before they were admitted to the service and included their physical, social and mental health needs. This assessment enabled a care plan to be drawn up which was added to and completed more fully as staff got to know the person and their individual preferences. The care plan informed staff in detail of how to meet people's needs and achieve effective outcomes. Assessments and care plans were reviewed monthly or when a person's condition changed.

People were supported to access a variety of health and social care professionals when required. They had regular visits from allied health professionals such as chiropodists and opticians. One professional told us, "I have noticed a huge improvement in my customer, she has improved and has also told me she is well looked after."

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

People's rights to make decisions and remain in control of their lives were promoted by staff who told us they gave people as much choice as possible. One described how they assisted a person who was living with

dementia to decide what they wanted to wear each day. In another person's care plan it described how pictures were used to help them select the food they wanted. Staff respected people's choice and decisions, for example, during the inspection we saw how one person did not wish to get up and had said to staff, "I've nothing to get up for today." Staff left them to rest in bed but visited them regularly to check if they had changed their mind and to offer support with personal hygiene and meals.

Staff were aware that when people found it difficult to make decisions for themselves any decision made needed to be made in their best interests. The registered manager told us decisions such as using a sensor mat to alert staff when a person got out of bed were made with people, their relatives and when appropriate professionals. However, there was no record of these discussions or how the decision was made, on people's files. The registered manager agreed to address this and record all best interest meetings to demonstrate who was involved and the options that had been considered.

Applications for DoLS had been made appropriately to the supervisory body when necessary. Where people had appointed attorneys to make decisions on their behalf this was verified. Documentation relating to the type of decision they were authorised to make was kept on file.

Staff understood that people living with dementia were at risk of malnutrition, dehydration and constipation. These risks were effectively assessed and managed by regular monitoring. When necessary a referral was made to gain professional advice. Staff were observed to remind people to drink throughout the day and offered support and encouragement to people when necessary. Where there were concerns regarding peoples nutrition or fluid intake a record of all intake was monitored.

People were involved in choosing menus as far as they were able. The chef told us that he sought feedback from staff as to how each meal was received by people. We saw the most recent food safety report which had awarded a four star rating. There were a number of recommendations in relation to food labelling and the washing of equipment such as knives. We noted that some of these actions had not been fully addressed. We brought this to the attention of the registered manager who undertook to follow these up.

We observed people being supported with their lunchtime meal. Staff assisted people to where they wished to eat. Some people preferred to eat in the dining room while others remained in the lounge or chose to stay in their room. One person told us, "I can go to the dining room with the others but I like it here [in their bedroom] where I can please myself." Staff ensured people were comfortable and in an appropriate position to eat and drink before offering any food or drink. People were supported appropriately and at a pace that suited them. Staff encouraged people to be as independent with eating as they were able to be. People appeared to enjoy their meal and in particular dessert. They smiled at staff when asked if they were enjoying it. Although there was little interaction between people due to the conditions they were living with, staff interacted with them throughout the meal. This helped to make it a pleasurable and sociable experience.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. This was confirmed in discussion with staff. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism. This meant staff could provide better care to people who used the service.

Staff received formal supervision regularly to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we spoke with. Staff confirmed they had regular supervision and said they felt

supported by their manager.

Good

Is the service caring?

Our findings

The Homestead (Crowthorne) Ltd continued to provide a caring service.
People were supported by staff who were caring, compassionate and kind. One person said, "They are kindness itself, I can't praise them enough." Another told us, "Yes they are very kind, there's always someone to help me." People and when appropriate their relatives had been involved in planning and making decisions about their care.

We observed interactions between people and staff which demonstrated kindness. For example, one person was struggling to read their horoscope in the newspaper. A member of staff offered to help and read it aloud for them and then had a short conversation about it. Staff responded to people in a positive manner, recognising when people needed additional help and assisted them accordingly. People were relaxed and comfortable with the staff around them and were assisted in a patient, respectful and friendly way. Staff frequently checked on people's welfare, especially those that remained in their own rooms. We were provided with an example from a visiting professional who told us, "A few residents wandered off and came to where I was having a meeting, staff gently spoke to them and then walked them off to the other lounge, whilst doing so they were talking to the customers."

It was clear that staff had spent time getting to know people and their individual needs. They were able to tell us about individuals and what was important to them. For example, what activities they enjoyed or who they liked to spend time with. One staff member told us how a particular person looked forward to reading the newspaper while another enjoyed doing jigsaw puzzles. Staff had a good understanding of people's preferred routines and supported them to maintain these. People told us their relatives and visitors were always made welcome and added they were offered refreshments when they visited.

The majority of responses from relatives and professionals stated that they were kept informed of events and that communication was very good. However, we heard from two sources that they had not been adequately informed about practical changes in the home. This had involved the moving of the manager's office from one location to another room which had been previously used as a quiet lounge. It was considered that there was now no alternative for people or their visitors to meet other than in the communal lounge which could get busy and noisy. The registered manager was aware of these concerns and had already made the owner of the home aware.

People's privacy and dignity were mostly respected. We observed staff knocked on doors before entering people's rooms and ensured people were aware of their presence. However, we also observed one member of staff did not always knock on doors and in one instance opened a toilet door when a person was using the facilities. We raised this with the registered manager who told us they would address this with the member of staff. We observed people were assisted to protect their dignity when they found this difficult. For example, people were assisted to adjust their clothing when they were unable to do this for themselves.

People were supported to be as independent as they were able to be. Care plans contained information to guide staff in encouraging this. For example, people's care plans stated the parts of their body they could

wash themselves and which they required assistance with. Staff we spoke with were able to provide examples of how people liked things done and we observed them using this knowledge when supporting people.

Staff were aware of the need for confidentiality, however, we noted the keypad lock to the office containing people's care plans and private information did not always work correctly. This meant at times the office remained unsecure and there was risk information could be accessed by unauthorised personnel. The registered manager was aware of the fault and said it would be reported immediately. Furthermore, we found archived records were not always stored appropriately. Some were found in a garden shed which the registered manager was not aware of. They undertook to remove them to a more suitable location.

Good

Is the service responsive?

Our findings

The service remained responsive to the care and support people needed.

People received a responsive service. Care plans were person centred and detailed the support people required. They included people's preferences in regard to disabilities, culture and communication. We observed staff gave responsive care in line with people's care plans. For example, when staff spoke to one person who had a hearing deficit they faced them and spoke clearly in a slightly raised voice to ensure the person heard and understood them. Another person wished to continue to practice their faith and they told us they thought the registered manager was organising something with their local church. The registered manager confirmed they had invited the minister to visit the person. One person had a preference for a cultural diet and was supported to follow this. Care staff took time to sit and chat with people in the lounge or speak to them as they passed their room.

Some people could become anxious or distressed which could in turn cause distress to other people who used the service. We noted for one person advice had been sought from health professionals to help reduce this type of behaviour. During the inspection we noted staff responded to this person using the guidance provided by the professional. They told us this had had a positive impact on the person reducing the distressed and anxious behaviour.

People's care remained person centred and care plans reflected this. Care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Care plans were kept under monthly review and updated when a change occurred. This helped to enable staff to respond appropriately to their most current needs. Staff told us they reported any changes in people straight away and we saw from records when something was reported it was acted on promptly. Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished with documenting the communication needs of people. However, they were in the process of checking that this was done in a way that meets the criteria of the standard.

A new member of staff had recently been appointed to run an activity programme. They told us they were currently getting to know people and were spending time on a one to one basis with people to assess what type of activity interested them. At the current time there was no structured activity programme and during the inspection people mostly watched TV or listened to music while sitting in the lounge area. Some people told us they would like to go out more or go for a walk. While we saw some people did go out into the garden and walked around with a member of staff we were told there was little opportunity to go further afield. We heard from some relatives that they thought more outside activities would be beneficial for people. Another relative told us, [Name] is kept engaged with activities she very much enjoys colouring/painting they also sit

and help her with word search always one of her favourites." The registered manager was seeking advice with regard to activities for the service with a view to introducing a more varied programme.

The service had a robust complaints procedure which was displayed in relevant areas in the home. It was clear that some people would need support to express a complaint or concern, which staff were aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that two complaints had been made about the service during the previous 12 months. These had been addressed appropriately

Good

Is the service well-led?

Our findings

We found the atmosphere at the service to be relaxed and friendly and it supported openness and transparency.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept mostly confidential where required.

Staff were positive and complimentary about the leadership in the service. They told us they felt the registered manager had "an open door" and was approachable. We saw the registered manager received a positive response when they met people around the service. We observed how people were happy and relaxed in their presence and noted the significant depth of knowledge the registered manager had about each person at the service. Newer members of staff felt they had been introduced to the service well and had felt part of the team quickly.

The registered manager had a clear presence in the service and worked alongside staff to provide care and support to people. Staff praised them for being supportive when extra help was required. The registered manager was praised by professionals and relatives for her approach and the improvements that had been made since her appointment. One visiting professional told us, "I have no reason to doubt [name] ability as a manager; she took over at a difficult time and has worked to overcome any issues." The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments.

A handover meeting was held at the beginning of every shift to ensure staff were aware of any changes in people or any events taking place. Staff contributed to this meeting and told us they could ask questions. Staff meetings were held regularly and minutes were kept. Staff told us they felt included in decisions and they were confident that their ideas and suggestions were considered.

The service was monitored and assessed by the registered manager to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. There was a fire emergency plan and contingency plans were in place in case of unexpected occurrences such as flood or power loss.
The views of people, their families and friends and the staff team were listened to and taken into account by the registered manager. People's views and opinions were acted upon without delay and always recorded in their reviews. One relative told us, "The manager or a senior member of staff always spends time when requested, ensuring when you arrive they ask if you would like to catch up." Another relative told us that,

"They are always very willing to help and the manager always has time for me when I visit." A health care professional advised us, "I have never had any difficulty in contacting the management." The service continued to ensure people's records were detailed, up to date and reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as health and safety and maintenance records were accurate and up-to-date.