

# The Regard Partnership Limited

## Homeleigh

### 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 Homeleigh on 11 and 16 July 2018. The first day of the inspection was unannounced. This meant the home did not know we were coming.

Homeleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 32 people with mental health needs. At the time of our inspection there were 28 people living at the home, but just seven people were in receipt of the regulated activity personal care.

At our last inspection on the 16 and 17 May 2017 the overall rating of the service was 'requires improvement'. We issued two warning notices in relation to breaches of regulations concerning the provision of safe care and treatment and good governance. This meant we sent a formal notice to the provider that they must become compliant with the regulations by 30 August 2017. The provider sent us an action plan to tell us the improvements they would make in order to become compliant with the regulations. At this inspection we found the provider had made significant improvements and they were meeting the requirements of the regulations.

The service had a registered manager in place. 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.

We found arrangements in place for the safe management of people's medicines and regular checks were undertaken. However, we found the medicines clinic room temperature was exceeding the recommended temperature of 25 degrees. The provider attempted to resolve this problem with fans, but this had not been successful.

We found improvements in how the provider risk assessed people's needs. Staff assessed and understood risks associated with people's care and lifestyle. Risks were managed effectively to keep people safe whilst maintaining people's rights and independence.

Recruitment included pre-employment checks to ensure people were of a suitable character to work in a care home environment. Staffing levels were consistently maintained to provide safe care and support to people.

People were protected from avoidable harm and abuse. Staff had good knowledge of the types of abuse and how to report them. Systems supported staff to record and take appropriate actions in line with their safeguarding policies and procedures.

People received effective care from staff who knew them well, and had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to social and healthcare services according to their needs.

People received personalised care and support, which was responsive to their current and changing needs. Care plans were developed with the input of people who were involved in decisions about their care and support. Care plans now captured people's goals and aspirations.

People were supported to enjoy an active lifestyle doing things that interested them and that they wanted to do.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We saw that staff sought people's consent before providing care and support. Where people had been identified as lacking capacity to make certain decisions the service acted in accordance with legal requirements. Necessary DoLS applications had been made and subsequent conditions were complied with.

People living at Homeleigh were diverse and multi-cultural. Through talking to staff, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people from certain groups would be respected.

The home was well-led by an experienced registered manager. Staff were clear about their roles, responsibilities and values of the service. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going 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 was safe.

Improvements had been made to manage medicines safely. Medicines were securely stored, were safely administered and accurately recorded.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Staff and the management team understood their responsibilities in safeguarding people from harm.

### Is the service effective?

Good ●

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

Staff fully understood their responsibilities under the Mental Capacity Act 2005 and the Mental Health Act 1983 and ensured the service worked in accordance with the legislation.

Where people needed support with specialist diets this was provided. Staff accessed other professionals to ensure support provided was appropriate for people's needs.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People's equality and diversity needs were respected and staff were aware of what was important to people.

People and their relatives were involved in making decisions about their day-to-day care.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were accurate and informative and the registered manager had worked with professionals to ensure people needs were accurately identified.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were opportunities for people to engage with activities within the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a clear quality assurance system that was used to monitor the safety and effectiveness of the service.

Staff, people and families told us they felt listened to and involved at the service.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it

# Homeleigh

## 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.

The inspection took place on 11 and 16 July 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of services for people with substance misuse and enduring mental health conditions.

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 in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority, and Healthwatch (Manchester) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During the inspection we spoke with 12 people who used the service. We spoke with the locality manager, registered manager, interim deputy manager and seven members of care staff. We received feedback from one social care professional.

We looked around the building including in bedrooms, bathrooms, and satellite kitchens for people's use on each floor, the clinic room and in communal areas across all floors. We also spent time looking at records, which included a detailed review of three people's care records, three staff files, the training matrix, minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe living at Homeleigh. Comments received from people included, "I feel safe here, the staff know what they're doing" and "Yes I feel safe. Sometimes it's scary when someone kicks off, but staff are quick to handle it."

At our last inspection in May 2017 we found people's medicines were not always managed and administered safely. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this regulation was now being met.

We discussed with the senior support worker how medicines were ordered, stored, administered, recorded and disposed of. We saw robust systems were now in place. People were identified by a photograph on their medication administration record (MAR). Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. We saw that topical medicines, such as creams and lotions, had cream charts to detail how often they should be applied. However, we found topical body maps were not in place. These would indicate to staff where on the body they should apply creams. During the inspection the registered manager introduced topical cream body maps to provide further guidance to staff.

The service had three dedicated medicines rooms on each floor. We found people's MARs were completed appropriately. Any handwritten entries were double signed to help prevent any errors. These records had been regularly audited to ensure people had been appropriately supported with their medicines. Where any errors were identified these were discussed with the staff involved and if necessary, procedures were changed and updated to prevent similar errors reoccurring. There were appropriate policies and procedures in place for the self-administration or covert provision of medicines if required. Where medicines had been prescribed 'as required' staff had been given guidance on how and when these medicines should be used.

People were encouraged to self-medicate where appropriate following a risk assessment and consideration of the person's mental capacity. The risks relating to self-administration were explored during the initial assessment process and staff regularly checked that people remained safe to take their own medicines in the daily one to one sessions. However, at the time of our inspection nobody was in the process of self-medicating, as the management team didn't feel this was an option currently for people. The registered manager commented that one person who recently progressed within the service was supported to self-medicate, which had a positive impact for the person moving on.

People using the service may require controlled drugs and there were safe systems in place to manage this including secure storage and a dedicated register for staff to sign for them. Controlled drugs are medicines which require more stringent checks due to risks in relation to their misuse. Staff were aware of how to administer controlled drugs.

It is recommended that medicines are stored below 25 degrees Celsius to ensure that the medication is kept

in optimum condition. However, we found that the ground floor medicines room temperature was exceeding this temperature, and at times was noted to be 30 degrees Celsius in July. This meant that some medicines requiring storage at specific temperatures may have been compromised, making them less effective. We found the registered manager had attempted to resolve this issue by introducing fans, however we found the room temperature was still above 25 degrees. The registered manager also put in an urgent request in with the provider of the home to purchase an air conditioning unit for the room. We will continue to monitor the progress of this.

At our last inspection in May 2017 we found one person had not received the appropriate care and was at high risk of choking. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this regulation was now being met.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise hazards and keep people safe whilst maintaining as much independence as possible. Staff understood the support people needed to promote their independence and freedom, yet minimise risks to them. Staff we spoke with told us, "[Person's name] has a detailed risk assessment in place that keeps [person's name] and staff safe. All staff who work with [person's name] know they must wear a hat at all times, to avoid hair pulling as this is a trigger for the person." Another staff member told us, "The risk assessments and care records have improved greatly. The risk assessments are also mirrored by the training that we receive."

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions had been taken following these audits to help reduce risk in the future. For example, the needs of a person had increased to a level where the registered manager had agreed with professionals the placement was no longer safe. The registered provider worked with the person and family as well as professionals to seek a more suitable placement.

Recruitment practices helped ensure staff were suitable to support people. These included checks to ensure staff had relevant previous experience and qualifications. Checks were carried out before staff started working at the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

The provider ensured there were sufficient staff to meet people's individual needs and safety. People told us there were enough staff to meet their needs during the day and night. One person said, "We can always see staff around" and "Yes, plenty of staff on duty."

We looked at how Homeleigh was staffed to see whether there were enough workers on duty to support the people who lived there. We found that there was a sufficient number of staff on duty to meet the needs of the people using the service. The registered manager explained that the service used a staffing dependency tool that calculated the needs of the people receiving care. There were three seniors on duty, along with three staff members who would lead each floor and a further three to four support workers were also available.



This was in addition to the registered manager when she was also on duty. There was also an interim deputy manager, an office administrator, and a domestic worker. The service had their own bank staff available to them to cover any sickness and annual leave. The service also used a local agency to cover shifts that could not be fulfilled by overtime or the pool of bank staff. There was an on-call system in place outside of office hours and at weekends. This provided the staff team with a means to access additional help and support should the need arise.

The majority of staff we spoke with had no concerns about staffing levels, however two staff members felt the staffing levels could be improved further. Comments received from staff included, "Occasionally we can have a blip if someone doesn't turn in, but we tend to get these shifts covered quickly", "Staffing levels are fine", "I haven't noticed any issues, if we are short the staff work well as a team", "We have enough staff, of course it would be great to have more, but we have to be realistic with budgets", "Not always enough staff, sometimes the rotas can be changed, which isn't ideal" and "It depends who does the rota, sometimes we have been short staffed, but I don't think it has impacted the clients care." We provided both the registered and locality managers with this feedback who were both surprised and confirmed staffing levels have increased since our last inspection. The registered manager provided evidence of the staff levels each week and this confirmed the staffing levels were appropriate to support people with their assessed needs. Both managers confirmed they would discuss the staffing levels at the homes next team meeting to establish how the staff team are feeling.

We checked the safeguarding records in place at Homeleigh. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; we noted these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff understood what abuse meant and what action they should take if they suspected it. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns. Contact details were visible on the service's notice board so people could refer to the safeguarding team independently.

During this inspection we saw the home was clean and free from malodour, but we found a strong malodour from one person's bedroom. We discussed this with the registered manager who commented that staff were continually prompting this person with their personal care, but this was sometimes difficult due to the person's behaviours.

We saw the latest infection control audit by the local authority carried out in September 2017 had made a number of recommendations. An action plan had been put in place, and the registered manager was confident the areas highlighted had now been addressed. We saw evidence the registered manager had taken action to address the recommendations. For example, we found the provider had installed a new extended laundry room, which now had sluice facilities.

During our last inspection in May 2017 we contacted the Greater Manchester Fire and Rescue Service to ask them to advise the provider on fire safety arrangements in the home. We were previously concerned about aspects of the home. For example, the home was meant to be a smoke free environment. However, we found a number of cigarette burn marks on the vinyl flooring throughout the home, we found evidence of cigarette stubs within the home and the smell of cigarette smoke was noticeable. At this inspection we found the new registered manager challenged the people who were continuing to disregard the rules of not smoking in the building. People had received formal letters of concern, that detailed they were putting their

placement at risk. The registered manager confirmed this was a daily battle to stop people from smoking within the home, but felt improvements had been made. They acknowledged how well the staff have done at ensuring people were using the outside designated smoking area. The registered manager also installed a small smoking shelter that was implemented for one person who would regularly smoke in their bedroom. This had a positive impact, with the person now using the shelter, rather than their bedroom.

We viewed the homes fire risk assessment report completed in March 2018. This highlighted a schedule of works to achieve the improvements required. We noted the action plan was all completed, apart from the installation of CCTV for the outside of the property. The schedule of works identified this was not urgent, and the registered manager informed us that this will be completed when their office has been refurbished. The Greater Manchester Fire and Rescue Service also visited the home in June 2018 and were satisfied that the required work had been completed.

Each person had information held on their care plan which identified the action to be taken for them in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Equipment had been serviced and maintained as required. Records were available confirming gas; electric and fire systems were being maintained and were safe to use.

# Is the service effective?

## Our findings

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 to 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). Although the service's doors were not locked and people were able to access the community independently, the registered manager had identified that some people who lacked capacity in relation to certain decision were the subject of restrictive care plans. Necessary applications to the local authority for the authorisation of these care plans had been made. Where authorisations had been granted the service had complied with any associated conditions.

In most cases, where it was considered that people lacked capacity to consent, consent forms were included in the care plans in relation to photographs, agreement to personal care and medication. We found one consent form had been signed by a member of the person's family. However, it wasn't clear if the family member signing the forms had legal authority to provide consent on their family member's behalf, such as a Lasting Power of Attorney (LPA) for health and wellbeing. We raised this with the registered manager who acknowledged this person's family member should not have signed the consent form, and confirm this person's care plan would be reviewed. Under the MCA a relative cannot give consent on behalf of a person who lacks capacity to consent themselves. The only exception is if the relative or a representative has been granted a LPA or a court appointed deputy for health and wellbeing. In the absence of that, there must be a best interest's decision. The MCA Code of Practice gives advice about how to reach such a decision. Depending on the situation, it does not have to be too formal.

Staff told us that they assumed capacity unless they had reason to believe otherwise. One staff member commented, "We don't decide what people should be doing, they make their own decisions. If we are however concerned about unwise decisions they are making, we will consult the appropriate people. If necessary we will have a best interest meeting to establish what is in their best interests if they do lack capacity around a particular decision." A best interest meeting takes place after a mental capacity assessment has established that the person lacked capacity for the decision that needed to be made.

At our last inspection in May 2017 we found people who were subject to a Community Treatment Orders (CTO) did not have their conditions or restrictions clearly recorded within their care plans. We found this to be a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this regulation was now being met.

At the time of our inspection nobody was subject to a CTO at the home. A CTO is part 17A of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital.

A CTO means that people have to keep to certain conditions in the community, for example being compliant with their medicines. The registered manager commented that the care planning documentation now ensures if people were under a CTO this would be clearly recorded within the person's care plan and reviewed monthly with the person and their keyworker.

Assessments of people's needs were completed before they moved into the service. This was done to ensure that the service could meet their needs. Before people moved in they were also encouraged to visit the service, look around and meet the other people currently using the service. This ensured people had a good understanding of how the service operated before choosing to move in. It also gave people an opportunity to observe staff interacting with people and gain an understanding of how the service operated, its rules and procedures.

Staff had the skills, knowledge and experience necessary to deliver effective care and support. All new employees completed an induction programme when they joined the service. This consisted of a mix of formal training, shadowing experienced staff and reviewing the service's policies and procedures. In addition, staff new to the care sector were supported to complete the care certificate during their probationary period. The care certificate is designed to help ensure all staff have an understanding of current good working practices in care. Staff who had recently completed the induction told us, "Really impressed with the training and induction on offer. I haven't been with the company long, but already I have learnt so much."

Staff received regular training updates in topics the provider considered necessary including, safeguarding adults, mental health awareness, infection control, first aid and the Mental Capacity Act. Specific training was also provided to staff on subjects that reflected the needs of people living at Homeleigh, including; Makaton (a form of communication using signs and symbols), challenging behaviour and epilepsy.

Staff told us, "There is plenty of training available" and "I think the training the company offers is superb, always informative." Training was provided in a mixture of face to face and online formats and the registered manager completed regular audits to ensure staff training needs had been met.

There were systems in place to support staff working at Homeleigh. This included regular support through one-to-one supervision from managers and annual performance appraisals. These meetings gave staff opportunities to discuss working practices, identify any additional training or support needs and to discuss any other issue that may impact on the staff member's performance. In addition, staff team meetings were held monthly. Records of these meetings showed they provided staff with additional opportunities to discuss training needs and any changes within the service. Staff told us, "I feel supported, the manager has been great" and "I have been encouraged to progress my career here at the home, thanks to the manager."

People were supported to have enough to eat and drink. People said they enjoyed the food and were given plenty of choices. Staff supported people to prepare their meals to help them maintain independence. People's weights were monitored regularly. Action was taken should any significant change be noted, including involving the GP and/or dietician. Care plans had been developed to guide staff to people's needs. Where people had specific requirements in relation to the texture/consistency of food and fluids, we saw this information had been reflected in their care plans. We observed people being given the correct consistency of meals. Observations showed that people were given appropriate support to eat their meals.

The most recent local authority food hygiene inspection for Homeleigh was in October 2017 and the home had been given a rating of four stars (rating of good) out of five. This was an improvement with the last inspection rating being just two stars (improvement necessary) in November 2016. We found the kitchen had

now been fully refurbished, which had helped improve the rating and cleanliness of the kitchen.

The registered manager confirmed the service had good links with external professionals. The service worked closely with a wide range of professionals such as speech and language therapists, community psychiatric nurses, learning disability nurses, dentists, social workers, general practitioners and the Greater Manchester Police (GMP) to ensure people lived comfortably at the service, and received suitable support. Where staff had concerns about somebody's welfare, the service had good links with professionals to ensure any changing needs were reassessed, and, for example, they received specialist help as necessary.

The design, layout and decoration of the building met people's needs and it was maintained to a reasonable standard. However, we found the vinyl flooring on the third floor was showing signs of wear. The registered manager confirmed this was due to be replaced. Most people had their own bedrooms with shared bathroom and toilet facilities. However, some rooms had been converted into self-contained flats with their own bathroom and kitchen facilities designed to enable the person to live more independently. There was a designated outdoor smoking area and outdoor seating areas that people could access when they wished. The registered manager commented that on-going refurbishment works at the home were planned, with the introduction of wet rooms and a designated activities room. We will continue to monitor the progress of this at our next inspection.

# Is the service caring?

## Our findings

We received positive comments about the kindness and attitude of the staff at Homeleigh. Comments included, "I don't need a lot of care, but if I do need support the staff and [manager's name] will support me", "The staff care for us and help me into the shower when I ask," "The staff are kind to me and help me with my problems" and "Staff are good, kind and caring."

We observed a notice in the hallway which stated: 'Our residents do not live in our workplace we work in their home' which gave a respectful impression to those visiting the home of the way staff viewed the people living there. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. One person told us, "Staff will always fasten my buttons and give me privacy when I get dressed."

We observed the staff team during the day and saw they were professional, kind and caring. People were given choices in what they did and often went out, what they wore and ate. Part of the plan of care was a background history and people's personal preferences which enabled staff to know what people liked and therefore treat them as individuals. Plans of care showed people's age, gender, sexuality, ethnicity and religion had been discussed and considered.

People were involved in planning their care and support. This included making choices and this was evident from resident meetings records and people's care plans and information. Staff explained meetings to support people to share their views and wishes were on a one to one basis, as people found previous group meetings difficult. A staff member said, "The one-to-one meetings are much better. This has worked well as it gives the person the confidence to speak out, rather than a group meeting where people have felt less confident."

Meeting records demonstrated what was discussed with people and included what long term and short-term goals people had, what they had achieved within the month, and any changes they wished to make. Agreed actions were discussed and then reviewed at the next meeting. This meant staff had considered and acted in people's best interest, to give them the best opportunity to be included in their care and support.

People living at Homeleigh were diverse and multi-cultural. Through talking with staff, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. People's religious and cultural needs were respected, and care plans included details of this. The care staff told us that different cultural diets were catered for. We viewed one person's care plan which detailed their dietary requirements and where they were able to purchase food that met this person's dietary requirements or preferences.

During the inspection the locality manager informed us the provider (The Regard Group) is now a Stonewall Diversity Champion. Stonewall works with the country's leading organisations to create fully inclusive environments for staff, clients and the wider community. The locality manager commented this was in its

early stages and plans were afoot to develop key policies within Regard to ensure people who are part of the LGBT (lesbian, gay, bisexual and transgender) community feel at home with Regard.

A discussion with registered provider showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. We saw that information regarding advocacy was prominently displayed within the entrance hall.

## Is the service responsive?

### Our findings

At our last inspection in May 2017 we found the fundamental purpose of Homeleigh was to support people to recover, rehabilitate and become independent, however we found this was not the case. We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this regulation was now being met.

The three care plans we reviewed demonstrated that staff worked with people to identify the goals they wanted to achieve whilst using the service. There was a system of review so people's progress and developments were recognised. Relatives and other agencies were invited to attend review meetings or were contacted for their views and feedback. For example, it was identified for one person during their pre-admission assessment period, that the home's purpose-built flat would be appropriate for the person to regain and develop new daily living skills. This person was regularly encouraged to fulfil their goals and aspirations of eventually living in the community independently or with limited support. The provider had created a clear plan in consultation with the person that supported them to manage their own meals, personal care and finances. The registered manager commented that staff had worked well with this person and they had noticed positive improvements in the person's wellbeing. We were provided with several other examples of people's future goals and aspirations that staff were working closely with people to achieve.

People's care plans were detailed and informative. They included information about the person's background, interests, family history as well as information about their mental health needs. This included details of topics of conversation people were known to enjoy. This helped staff new to the service to quickly build relationships with the people they were supporting. Staff were provided with guidance on how to meet people's care needs and details of the person's preferences in relation to how their support was provided. Where people were known to be likely to decline or refuse support, staff were provided with specific information on techniques that had previously been effective in encouraging people to accept help.

Each person who used the service had a communication passport. This included the person's communication needs and how staff could meet these. For example, one person was unable to verbally communicate and the registered manager told us this person had struggled communicating using standard sign language. The registered provider provisioned training for staff to enrol onto a Makaton training course. Makaton uses signs, symbols and speech to help people communicate. A high number of staff had been trained in Makaton and the provider was slowly introducing the use of Makaton with the person while developing the person's skills with this communication aid. The registered manager felt the person could now feel much more in touch with the staffing team and hopefully feel empowered. As well as the Makaton training, staff also used picture boards to enhance the quality of support this person received. This meant the provider was complying with the accessible information standard. All organisations that provide NHS care or adult social care are legally required to follow the accessible information standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.



People were able to take part in a range of activities according to their interests and hobbies. Staffing levels were in place and arranged to help ensure people could do the things they wanted when they wanted. A vehicle was available, which was owned by the organisation, which staff used to enable people to access the community.

Throughout the inspection we saw people being supported by staff to occupy their time inside and outside the home. One person was getting ready to go shopping. When they returned they told us they had enjoyed the activity. People were supported to occupy their time when they were at home. We saw some people relaxing watching the television and others enjoying particular interests such as using the computer, listening to music and doing arts and crafts. It was a sunny day and we saw people sat out in the garden with staff. The service continued to explore opportunities for people and considered people's social needs as part of the on-going review of their support arrangements. For example, the registered manager explained they had recently encouraged one person to get back in to employment. This had worked well for a short time, but unfortunately the person left this job. Staff encouraged another person to volunteer at a local charity shop. This had been a huge achievement for the person and was working well at the time of our inspection.

The service had appropriate systems in place for the investigation of any complaints received. Information about the complaints policy was readily available to people and visitors in the hall way. Records showed that where complaints had been received, these had been fully investigated by the registered manager. The service aimed to use any complaints received as opportunities for learning and to improve the service's performance. People living at the home could also raise their complaint via an easy read complaint template.

Where appropriate, staff discussed end of life care with people and their family. However, staff told us they were mindful that most people and relatives did not wish to take part in these discussions. The registered manager told us they were aware that this was an important subject and would ensure that appropriate discussions took place as needed. However, we did see in one person's care plan details of arrangements they would like in place in the form of a funeral plan.

## Is the service well-led?

### Our findings

Since our last inspection in May 2017 there had been changes in the management at the home. There was a new registered manager in post since June 2017 who was experienced and had the skills required to effectively manage 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.

The registered manager provided the staff team with leadership and support. Staff told us they felt well supported and commented, "[Manager's name] has been a breath of fresh air at the home. Everything has changed, the way we think as a team and how we deliver the care to our residents", "The manager is great, I feel supported and valued now", "I feel like this home has evolved over the last 12 months, and this is due to [manager's name]" and "I am excited about the future of Homeleigh because of the manager's ideas."

There was a clear staffing structure within the home, which consisted of the registered manager, deputy manager, senior support workers, designated responsible staff and support workers. The manager was supported by the locality manager and had access to the provider's other support team including a quality team, human resources team and behaviour support team. Staff were confident in their role and understood the part each person played in delivering the provider's vision of high quality care. The management team encouraged staff and people to raise issues or concerns with them, which they acted upon.

At our last inspection in May 2017 we found the providers quality and assurance monitoring system were ineffective. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this regulation was now being met.

Audits and quality checks were integral to the registered manager's approach and were proactively used to improve the service. These were varied and routine and included risk assessing safety hazards, auditing medication processes, checking staff competencies, incident reporting and a monthly audit to check if the service was meeting the regulations outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The locality manager made regular visits to the service and worked closely with the registered manager. A monthly quality monitoring tool was in place, which was reviewed by the locality manager. These looked at areas of the home such as: checks of the building, the environment, issues regarding people who used the service and staff and documentation. The registered manager told us that they felt well supported by the locality manager and communication between them was good. There were contingency plans in place in case of an emergency or any events that may impact on the smooth running of the service. For example, flooding or major incidents. This helped ensure that staff were confident about taking appropriate action.

People and their relatives were encouraged and supported to feedback about the service through quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. We saw that the results indicated that they were happy with the service and the care provided.

The provider carried out yearly satisfaction surveys of staff to gather their feedback about the service and identify any areas for improvement. At the time of our inspection these satisfaction surveys were in the process of being reviewed at the providers head office.

The service worked with external agencies and organisations as a method to improve outcomes for people. This involved attendance at local forum meetings where providers shared and exchanged information and good practice. Staff were supported by community health and social care professionals and engaged well with the support provided. A professional told us, "I have seen marked improvements when me and my staff nurses have been visiting Homeleigh recently. Staff are communicating well with the District Nursing service and then are highlighting patients we may need to become involved with in a timely fashion. I would like to congratulate [registered managers name] and the Homeleigh Team on the progress they have made."

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They were also aware of and meeting the requirement to display the last CQC rating of the service.