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The Homesteads

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

The Homesteads provides accommodation and care for up to eight people with a learning disability. There were eight people living in the service on the day of our inspection.

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

At this inspection we found the service remained Good.

There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health and wellbeing. The provider had a good management and monitoring structure in place for medication.

The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in people's care needs. People were supported to follow their interests and participate in social activities. Complaints were responded to in a timely manner.

The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager told us that current systems and processes were being updated and improved.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The services remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Homesteads

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.

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This inspection took place on the 16 October 2018, and was unannounced. The inspection team consisted of one inspector.

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. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people using the service, who were all able to articulate their experience within the service, we also spoke to the registered manager, one senior carer and two of the support staff. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager.

Is the service safe?

Our findings

People told us they felt safe using this service. One person told us, "I feel very safe when the staff are with me, they are always looking out for me and making sure I am safe."

Staff had the information they needed to ensure people's safety. Each person had support plans and risk assessments that were regularly reviewed to document current knowledge of each person's, current risks and practical approaches to keep people safe when they made choices involving risk.

Staff showed us they had a good knowledge of how to keep people safe and protect them from any potential harm or abuse. Staff told us that they would escalate their concerns to the registered manager. If the concerns were about the manager, staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures.

We found staff knowledgeable about people's medicines and the effects they may have on each individual. In addition, staff continued to receive regular medication training and their competency were assessed by the registered manager. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented.

There were sufficient numbers of staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager adjusted staffing numbers as required to support people needs. A sample of staffing rotas that we looked at reflected sufficient staffing levels.

The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had a robust cleaning schedule in place. The registered manager informed us that every member of staff was allocated time during each shift to carry out cleaning within the service. We reviewed the cleaning schedules and found all highlighted areas on the schedule had been carried out.

Is the service effective?

Our findings

Staff told us that they received regular one-to-one supervision from the registered manager and deputy manager. Supervisions were used as an opportunity for staff to discuss training and development in addition to reviewing aims/targets that had been set out from the previous supervisions. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals. Records we reviewed confirmed this.

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. All the staff working in the service had attended training provided in house also by the Local Authority and other healthcare training agencies.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff then worked 'shadowing' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

People said they had enough food and drink and were always given choice about what they liked to eat. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community. When appropriate this was discussed with person and their relatives, to ensure everyone was involved and kept up to date with any changes.

People's bedrooms were decorated to everyone's personal interest. The deputy manager informed us that some of the people in the house had expressed an interest in changing the colour of their rooms and this was currently planned.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. We found the service was compliant the law and guidelines.

Is the service caring?

Our findings

We found staff to be friendly and caring towards people using the service. Staff made people feel that they mattered. Atmosphere within the service was very relaxed, we observed staff and people share jokes throughout our inspection. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being.

There was a very strong, person-centred culture within the service that was remarked on by everyone we spoke with. Care plans were personalised to each individual. Staff worked very closely with other professionals to gain insight on how to undertake specific ways of providing care for each person being supported.

People were supported to be as independent as they chose to be. For example one person informed us that they regularly went out with friends to do shopping and this would be without being accompanied by staff. This was documented in their support plans we viewed.

The interactions we saw between people and staff showed that staff respected people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. Staff understood how to care for and support people as individuals. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. In one house we visited staff informed us how they supported one person to visit their relatives at least once a month.

People were supported and encouraged to access advocacy services. Mental capacity assessments relating to people's capacity to decide about the support they were receiving had been assessed and were required the service had referred people to an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions regarding changes to care provision. People were given the opportunity to attend self-advocacy groups.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people.

The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. People's support plans were regularly updated with relevant information if their care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

Is the service well-led?

Our findings

The service had a registered manager in place at the time of our inspection. 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 was visible within the service and we were informed that in the absence of the managers they were supported by the senior care staff that looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives.

The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift.

People and their relatives felt at ease discussing any issues with the registered manager and staff. They informed us the service had a family feeling and this was due the service being a family run business.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. In addition they informed us that they held meetings with relatives and the people using the service as this gave them an opportunity to identify areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The registered manager informed us that the service was continuously using past and present incidents as learning experiences for both staff and people using the service.