

Imperial Healthcare (UK) Ltd

Homelea Residential Care Home

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

About the service

Homelea is a residential care home that provides accommodation and personal care for up to 28 older people, some living with dementia. At the time of the inspection, 27 people were living at the home. Three of these people were staying at the service on a short-term basis, otherwise known as respite.

Homelea is situated across three floors, with various communal areas and a large spacious garden. There were stair lifts to enable people to get to rooms on all floors. There was also a small room that had been turned into a hairdressing salon.

People's experience of using this service and what we found

People told us they felt safe living at Homelea. One person said, "Yes I feel safe, it is good here, it is great here." Relatives were confident their loved ones were safe and looked after. One relative told us, "The staff are very good, my relative is kept safe here. They get their medication on time and the staff always wear gloves and aprons for personal care." Staff were aware of risks to people's wellbeing and supported them to reduce these risks. People received their medicines from staff that were trained and competent. Staffing levels were regularly reviewed to ensure that people's needs, and preferences could be met at all times.

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

People and their relatives believed that staff received regular training and support to do their jobs effectively. One person said, "Definitely the staff have the skills to care for us here." People's nutritional needs were met, and they were complimentary about meals. Comments included, "The food is always great, the cook is very good" and, "Food is excellent, you get a choice." People had access to a variety of health and social care professionals to ensure they felt happy and healthy. The building had been adapted to support those people living with dementia or physical support needs.

People and their relatives spoke highly of staff and described them as "Lovely", "Sweet" and, "Interested in me." A relative said, "Staff are very caring, they treat my relative very well. I am definitely happy with their care and they are well looked after." Staff listened to and respected people's preferences and choices, to ensure they were treated with dignity. They had a good understanding of maintaining people's privacy and their independence was continuously promoted.

Since the previous inspection, significant improvements had been made to ensure people enjoyed activities that were centred around their preferences and hobbies. External entertainers visited daily and people told us they enjoyed these sessions and looked forward to them. Staff knew what activities people enjoyed doing and encouraged them to do these.

Staff knew about people's communication needs and used a variety of tools to support with this. People and their relatives knew who they could talk to if they had any concerns and were supported to make complaints if required. Although no-one was receiving end of life support at the time of inspection, staff told us how they had supported people previously and personalised end of life plans were implemented that detailed people's preferences.

Since the previous inspection, significant improvements had been made to the quality assurance process. Regular audits of people's documentation, the environment, incidents and complaints meant that the management team had clear oversight of the service. An external professional visited monthly to do further audits. People, their relatives, staff and professionals spoke highly about the registered manager and deputy manager and their passion about providing the best care possible. Both managers had ideas of continuously growing and improving people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (Published 17 July 2018) and there were two breaches of regulation. We issued two warning notices and met with the provider to discuss the improvements that were needed. The provider completed an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made, the warning notices had been met and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Homelea Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one 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.

Service and service type

Homelea 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At Homelea, the registered manager and provider were the same person.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about. We viewed the service's Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service,

what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we looked at rotas and contingency plans, quality assurance processes and records of accidents, incidents and complaints. We reviewed five people's care records, four people's medicines records and five staff files. This included information about recruitment, training and supervision. We spoke with 13 people using the service, three relatives, the registered manager, deputy manager, cook and four members of care staff. We spent time observing people in areas throughout the home and could see the interactions between people and staff.

After the inspection

Following the inspection, we spoke with two health and social care professionals and another relative about their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- People told us they felt safe. Comments included, "I feel safe here because of the staff and building, no worries about my possessions or abuse at all", "I feel safe as one can be" and, "I feel safe living here because staff look after us." One person said, "The atmosphere, people and staff all make me feel incredibly safe."
- Relatives were confident that their loved ones were safe and well looked after. One relative said, "They keep an eye on my relative and look out for her. I don't need to worry anymore." Another told us, "I think my relative is safe because the environment is safe, and staff are very knowledgeable."
- Staff had received safeguarding training and had a good understanding of how to recognise signs that a person could be at risk and who to report to. One staff member said, "The first thing I would do is make sure the person was physically and emotionally okay. Then I would talk to the manager about my worries and talk to health and social care professionals too."
- Staff told us there was a whistleblowing policy which was reviewed with them regularly. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. One staff member said, "If I was concerned that managers weren't taking action, or someone was still at risk, I would speak to the safeguarding team or CQC." Telephone numbers for these were displayed on the staff notice board.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- Staff were aware of risks to people and monitored areas of concern closely. For example, one person had a health condition that could cause a risk of choking. Staff immediately went over to the person when they started coughing and offered them water, waiting with them to check they were okay.
- We observed staff supporting people with mobility and demonstrating safe moving and handling practice. Staff encouraged people to use their own mobility equipment and not to rush. They checked the areas around them to make sure there were not any trip hazards. If people needed to rest, they waited with them and only started moving again when the person was ready. One staff member went to get a person a chair when they became tired walking from one room to another.
- For people that had specific health conditions such as diabetes, there were assessments that identified how this was managed, signs that the person could be unwell and how staff should support. For people that were at risk of damaging their skin, there were assessments that detailed support required, equipment used and when professional's advice should be sought. Some people had catheters. These are tubes that are

inserted into the body to support with continence needs. There was clear guidance in what type of catheter people had, how it was maintained, what staff should look for regarding risks of infection and details about professional's involvement.

- There was an online care system that enabled careful monitoring of people and risks to their wellbeing. There was a function that highlighted risks to staff. For example, a GP had been out to visit a person and encouraged more fluids to be given. The deputy had set up a 'red flag' notification to staff that would alert them on their phones to do this throughout each shift.
- Regular health and safety checks were completed to ensure the environment was safe. This included checks on legionella, electrical and fire equipment. Staff and people took part in regular fire drills to ensure they knew what to do in the event of an emergency. People also had Personal Emergency Evacuation Plans (PEEP's) that advised what support people needed at this time.
- There was a 'Snatch file' by the front door, which was designed for staff to take in an emergency. This file contained information on how to evacuate people, as well as emergency contacts for people and staff. When the registered manager or deputy manager completed fire drills, they assessed whether staff used this tool effectively and reviewed information to ensure it was up to date.

Staffing and recruitment

- There were enough staff to meet people's needs. We viewed staff rotas and saw there were enough staff on each shift to ensure people's needs were met. Call bells were answered quickly and efficiently by staff, including at busy times such as meals. People often chose to eat in different areas such as the dining room, lounge or their bedrooms. There were enough staff to monitor and support people within all these areas.
- People told us there were enough staff. One person said, "I think there are always enough staff, I have done very well since I came here." Relatives agreed, one telling us, "Whenever I come there's always a lot of staff. Always someone if I need to talk and they answer the door quickly."
- The registered manager used a dependency tool to determine how many staff were needed on each shift. This looked at people's support needs, behaviour, capacity, communication and mobility. We saw that the registered manager ensured there was always an extra member of staff on each shift, to cover any emergencies or changes in support needs.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding work conduct and character and these were evidenced in staff files.

Using medicines safely

- People received their medicines safely from trained and competent staff. Before they were able to give medicines, staff completed training and had their knowledge and skills assessed by the registered manager or deputy manager. This was through observations and questions asked about good practice.
- We observed medicines being given to people and staff were methodical and thorough in their approach. Staff checked the person's medicine and Medicine's Administration Records (MAR) before giving them. They stayed with people until they have taken their medicines and then signed their MAR.
- A lockable trolley was used to transport medicines and staff ensured this was always locked when left unattended. Medicines were stored in individual containers for people.
- We viewed MAR's for people and saw that people were given their medicines as prescribed. There were descriptions of people's preferences when taking medicines. Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed and the dose to be given, as well as how the person would indicate they were in pain, side effects, and when the GP would need to be

consulted.

- Some people received medicines that had to be stored separately from others. These were kept in a separate lockable cabinet and staff demonstrated correct procedures for giving them. This included two staff signing that they had given this type of medicine.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained. People and relatives confirmed this was always the case. One person said, "My room is nice and kept very clean every day." A relative said, "It always smells nice and I always see staff cleaning." Another told us, "They are always keen to improve the environment. It is clean and smells nice and they are always making décor improvements."
- Staff had all received training in infection control and there was Personal Protective Equipment (PPE) available around the building. We observed staff washing their hands regularly and wearing gloves and aprons when supporting people with food or personal care.

Learning lessons when things go wrong

- The registered manager and deputy manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring. Each month an analysis was done of incidents and accidents to identify patterns or trends and actions taken to mitigate risks.
- When one person had moved in to Homelea, they had experienced anxiety and displayed behaviours that challenged. Staff sought support from the adult social care team and the person's GP. By analysing incidents, they recognised that incidents occurred more at a certain time of day. Therefore, extra staff were provided on those shifts to provide 1-1 support for the person.
- The deputy manager said, "We found that introducing that extra support at the time the person first became anxious helped prevent this from happening and reassurance was given straight away." Following this support, incidents reduced, and the person felt much calmer.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved in, assessments were completed with them, their relatives and professionals to determine care and support needs. A relative told us, "The deputy manager came to do an assessment with me and my relative. They really got to know my relative and were so lovely."
- People's needs were assessed in line with current guidance and legislation. For example, people's skin integrity was assessed using a Waterlow assessment tool. For those people at risk of malnutrition, a Malnutrition Universal Screening Tool (MUST) was completed. These documents helped staff identify levels of risk and actions they could take to make sure people's needs were met.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge to meet all their needs. One person said, "I think the staff understand me and have the right training." Another said, "Yes the staff have the skills to look after me, they understand me well." Relatives agreed and told us they had confidence in staff's skills and knowledge. One relative said, "Dementia can be difficult, but staff know what they're doing and manage it so well. Their interactions are all very natural."
- Staff had received training in areas such as moving and handling, mental capacity, safeguarding and medicines management. They had received more specialised training in diabetes, catheter care, skin integrity and dementia to meet the specific needs of people.
- Some staff had been given champion roles in falls, dignity, nutrition and infection control. This meant that they attended additional training and supported staff with their understanding in these areas. Senior staff were also provided with training in complaints handling and conflict management to ensure they had the skills to support and coach staff.
- Staff were positive about training provided. They explained that some was practical and others online but that both were useful. One staff member said, "With online training, you have to get 100% to pass so you really have to listen and take everything in."
- Staff told us they also had their competency to complete care tasks assessed regularly with the deputy manager or registered manager. One staff member said, "They observe our medicines or moving and handling and make sure we are doing everything right. They then feedback how it went. Its good to hear when you're doing things right and you can fix things if they need to improve."
- A professional felt that staff were enthusiastic about learning and developing their knowledge. They said, "I arranged to do specific training within the home. The deputy manager had arranged this with plenty of staff attending, who were all engaging and keen to learn."

- Staff told us that they received a robust induction where they got to know people, their routines and what is expected of them in their role. This included regular meetings with the registered manager or deputy manager, shadowing more experienced staff and learning about roles and responsibilities.
- New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Following induction, staff were supported with regular supervisions. They had personal development plans that identified goals for the future and ways they could reach these goals. Staff all told us they had regular supervisions. One staff member said, "Management ask me how I am, and we talk about my relationships with people and other staff. We talk about my skills and how I can develop them. I can also bring up any concerns. It's very useful."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. They told us food was "Tasty" and "Varied." Other comments included, "Food on the whole is very nice, you get a choice, I am never hungry, and you get snacks in-between" and, "Chef is very good, he is Cordon Bleu trained."
- There were pictorial menus used to communicate to people the meal options. We observed the cook going around and asking people individually what they wanted for lunch. One person did a hand gesture for 'Fish' and the cook understood and communicated back. Another person didn't want the options offered and was given alternatives.
- The cook and staff were aware of people's dietary preferences and needs. For example, one person required their food to be prepared in a certain way to prevent them from choking. They also required staff to sit with them and support them to eat. We observed that the person received this support during meal times.
- The cook told us, "Whenever there is a new resident, I talk to them to find out their preferences or diet needs. If they cannot tell me, the deputy will go through their care plan with me and make an information sheet on foods they like and what they can or cannot eat."
- We observed meal times during inspection. The atmosphere was cheerful, with music playing and people talking to one another and staff. Staff took people their food, reminded them what they had ordered and checked they were still happy with their choices. Jugs of fresh drink were available on tables in all communal areas to promote hydration.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to ensure it met the needs of people.
- Bedrooms and communal areas were large and spacious, which allowed room for people to move around with mobility equipment. There were stair lifts and hand-rails between all floors, so that people could access all areas of the building should they wish to.
- Some people with dementia could become disorientated in their surroundings. Pictorial signage had been placed on doors around the home, to remind people where they were and help them find their way around the building.
- There was a large well-maintained garden and patio area, accessible by a wheelchair ramp. Staff told us this area was used regularly by people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing. We saw evidence of involvement from the fall's prevention team, people's GP's, specialised nurses, mental health, chiropodists and physiotherapists.

- People told us that they had access to health and social care professionals whenever they needed it. One person said, "If I am unwell, I tell staff and they help me see someone." Another person said, "You get taken to a Dr or Dentist. I see the Chiropodist and hairdresser here which is handy." Relatives told us that their loved ones were supported to appointments and they were kept up to date with information about their health and wellbeing.
- One person had experienced several falls. The deputy manager involved the falls prevention team and organised a medicine review with the person's GP. Actions taken resulted in falls being reduced.
- Another person had come to the service for respite. Some professionals were concerned that they required more specialised care, but the person wanted to stay at Homelea. Staff worked with the mental health team to learn motivation skills and calming techniques. They also worked closely with the person's GP to review their needs. As a result, staff were able to meet the person's needs and they had remained at Homelea. Staff told us that the person was, "Happy to be here." We observed this person smiling and chatting to staff and they told us, "It's great here."
- A professional spoke positively about staff. They said, ""Staff were happy to improve resident's quality of care and reduce risks and seemed keen to gain more knowledge around prevention. They know I am a source of support for them and they can contact me should they need more support and guidance."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person was assessed as lacking capacity, DoLS applications had been made. Any conditions required to meet the authorisation of a DoLS, were being met.
- People's choice and consent was valued, and they were continually consulted about their care. We saw people being asked how they were, what they would like to do and what they would like to eat. Pictures and objects of reference were used with some people to identify their choices.
- Staff had a good understanding of the Mental Capacity Act and how it related to people they supported. One staff member said, "Some people can't tell us, but we do things to help them make choices. For example, I show one person objects and he nods at the one he wants." Another staff member said, "If a person doesn't have capacity, we have a best interest meeting with them, maybe their relatives and professionals too. We ask lots of questions to see how much they understand."
- People had specific mental capacity assessments to address different areas of understanding, such as consenting to care, sharing information, support with medicines and building security. People and their relatives had been consulted about each of these decisions in best interest meetings.
- The deputy manager had recognised that some improvements were needed to the recording of mental

capacity documents. They told us they needed to be reflective of the conversation held with people, their responses and how this helped decide about capacity. New documentation was being implemented to improve this at the time of inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary of staff and told us they felt supported and valued. People told us, "I am looked after very well indeed, excellent staff", "It's first rate here" and, "The staff are kind, caring and patient. They look after me well." One person smiled and said, "On the whole, giving it consideration, I would give this place an 'A'."
- Relatives described staff as, "Lovely", "Thoughtful" and, "Caring." Other comments included, "I am very happy with the care and my relative is very happy there. My relative was agitated before they moved in but now they are calm and always have a smile on their face" and, "Staff come across professional and people comfortable and happy. I couldn't ask for better." Another relative said, "It is really lovely here and my relative is very happy. I would give it 100/100."
- Professionals also told us they found staff caring and that they knew people and their support needs well. One professional said, "I generally find the staff caring towards their residents. If they are needed to undertake any extra care or for a change in medications, they will respond to what is required or needed immediately. If they are unsure they will ensure to contact the surgery. We are constantly kept up to date with any changes to patients."
- We observed that positive relationships had been built between people and staff. The atmosphere was positive and friendly, with lots of joking and laughter. Staff continually stopped and talked to people. One person held a staff member's hand and joked with them. Another person smiled at a staff member and said, "Oh you are such a nice person."
- Staff used open body language when communicating with people and crouched down to their level if they were sitting down. They seemed genuinely interested in how people were and getting them what they wanted.
- Staff told us they enjoyed working at Homelea and that it was rewarding to support people. One staff member said, "We try really hard to make people as happy as possible and ensure they never feel alone." The registered manager told us, "This is not just my business but my passion as well. Anything I can do to make people happy, I will do."
- Peoples protected characteristics under the Equalities Act 2010 were highlighted during assessment. This included needs in relation to culture and religion, for example their religious preferences to ensure their needs were supported. People told us that a priest visited the home every Sunday and gave a service, which they could attend if they wanted to.
- Staff had all received equality and diversity training and had a good understanding about treating people

equally and respecting differences. One staff member said, "A couple of people come from a different culture and so respond to things in ways that others aren't familiar with. We have to explain to people that this is just their way of expressing themselves and support them to understand that it's okay to respond in a different way."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to and that their views were continually sought.
- People were involved in regular meetings about the home and care provided. One person said, "I always get invited to meetings but don't always choose to go." Another person said, "Meetings happen all the time and I always try to attend."
- Staff and people used this opportunity to discuss activities, maintenance and staff. People also completed monthly food surveys where they discussed menus and made suggestions for alternatives.
- The registered manager told us that a hairdresser visited every week, but some people fed back that they did not want to have their hair cut in their bedrooms or found sinks uncomfortable to wash their hair in. The registered manager listened to this and implemented a small hairdressing salon with adaptive seat and easy access sink.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged. One person said, "The staff are always very good at treating me with dignity and respect."
- Staff gave examples of how they would support people's privacy and dignity. This included listening to their preferences and choices and respecting them. One staff member said, "Some people don't like eating in front of people and we respect that. We give them choices and make sure their care is as person centred as possible." Staff also told us that some people had preferences for gender of staff supporting them and this was respected.
- People's care plans were kept password protected on the computer. Paper copies were kept in a locked cabinet which ensured they could only be accessed by staff. A staff member said, "I would never talk about residents in front of others and would go somewhere private to take phone calls." Another said, "Some people don't like us being in their rooms. So, I wait outside and only enter if they give me permission."
- Staff had all received confidentiality training. A new online system had been introduced for signing visitors in and out of the building which meant people's names and details weren't visible for everyone to see.
- Staff had a good understanding of promoting people's independence and told us they did this in every aspect of people's care. One staff member said, "I observe what people can do for themselves and only support if they need it. It's not going to help anyone if you do everything for them."
- We saw various examples of people's independence being promoted and encouraged. For example, the home had introduced a breakfast station, with cereals and hot drinks in easily accessible containers. This meant that people could prepare their own breakfasts if they chose to. Other people had specially adapted crockery to enable them to eat independently.
- Staff told us about one person who was very independent but had had a decline in health. The deputy manager said, "The person didn't want to go out or do anything which was completely out of character for them. Staff started doing activities and mobility exercises with them to get their motivation back." This technique seemed to give the person their confidence back and they were now mobilising independently and joining in with activities again.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found that activities were not always person centred or relevant to their interests and hobbies. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this.

At this inspection we found significant improvements had been made, the provider had met the requirements of the warning notice and was no longer in breach of Regulation 9.

- People told us they enjoyed the activities that happened at Homelea. Comments included, "They have quite a lot of activities, we have music, quizzes and games, and I will try anything", "We have a Minister that comes here, and good singers come as well" and, "Family and visitors are made very welcome; I get taken out for walks which I enjoy." Another person said, "I attend all the activities, I enjoy exercises, games, quizzes, opera singer, he is marvellous, we read poems and have music, they are all very good."
- Relatives told us that activities were, "Brilliant." One relative said, "There is always something going on and my relative is always telling me how much they enjoy it." Another said, "My relative enjoys the activities, they usually have something on every afternoon, the activities here are very good."
- A permanent activities co-ordinator had been employed to organise group and individual activities for people throughout the week. External entertainers visited the home daily. This included musicians, singers, music therapy and reminiscence sessions. The YMCA also visited to do exercise, mental stimulation, ball games and motivation exercises with people.
- We observed staff doing activities with people such as games and jigsaws. A singer came to visit one afternoon, and all people joined in. People were smiling, laughing and singing along. The deputy manager sat with one person, holding hands and they sang together. One staff member started dancing with a person while others encouraged people to clap to the music.
- People had activities plans that highlighted what people liked to do, what they liked to talk about and how to engage them. The deputy manager said, "This has helped us consider activities for people, trigger memories and know what to talk to them about." People and their relatives had been consulted to make sure activity plans were as detailed as possible.
- One person's care plan said they enjoyed painting and staff supported them to do this. Another person's care plan said that they could wander around the building if they felt confused and staff should try and redirect them with an activity they enjoy. We saw staff doing this during the inspection and spending time

with the person playing cards and walking with them around the garden. The person was engaged in both these activities. For those people who chose to remain in their bedrooms, individual activities where they could spend 1-1 time with staff, were offered.

- The registered manager told us that they had hired a minibus and taken people on a trip to the beach and seafront for fish and chips. They were planning to buy a minibus so that more trips could be arranged. Staff and people were also planning a summer party.
- People told us, "I see my family whenever I want to" and, "They are welcomed by staff any time." One person's family lived abroad, and staff supported them to skype their family once a week.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines.
- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. For example, one person liked singing and staff sat with them when a musician came to visit and sang with them. Another person liked to talk about their family and their previous career in maintenance. When staff supported the person to mobilise near a maintenance man, they joked with the person, "You'll have to tell them what to do as you're the expert." This made the person laugh and start talking about where they used to work.
- Information was gathered about the person during an initial assessment before they moved in to Homelea. This information was then used to formulate a bespoke care plan based around the person's preferences and support needs.
- Care plans included person-centred information such as people's preferred routines, life histories, family and hobbies. There was also detail about the kind of subject's people liked to talk about and the activities they liked to engage in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people and their communication needs well. They used various tools to support people with communicating. We observed pictorial menus were showed to people to understand what options there were and remind them what was for each meal. There was also an easy read board in the lounge that stated the day, month, year, season and weather with pictures. One person asked a staff member what day it was, and staff used this board to explain.
- One person was having trouble with their Hearing Aid and two members of staff went out of their way to find the correct battery and fit it for them so that they could hear properly. Another staff member offered to fetch a person their glasses when they couldn't see the television.
- Two people did not have English as their first language. Staff had learned several words and phrases of their origin language to enable them to communicate better. We observed staff doing this on inspection. Staff also supported other people to learn several words so that they could communicate as well. To support with consent and addressing any issues of concern, staff worked closely with the person's relatives to understand how these people were feeling.

Improving care quality in response to complaints or concerns

- People told us that if they were concerned about anything they would speak to the registered manager and deputy manager. One person said, "They listen and help." Another said, "I haven't had to complain about anything, no complaints about the staff they work well together I think, and they understand me."

- One person was supported by the deputy manager to make a complaint. Concerns were discussed, and the deputy manager had supported the person to write a letter and explained the process to be followed. The person was involved throughout and their opinion about outcomes sought.
- When other people had raised concerns, the deputy manager had listened and responded immediately. They had taken action to investigate issues and taken steps to ensure they didn't happen again. In some cases, this had involved disciplinary actions, re-training for staff or reporting concerns to other professionals. Once an investigation had been completed, people were met with to discuss findings and check they were satisfied with outcomes.
- Most relatives said they had never had to complain about anything, but they knew who to speak to and were confident that issues would be dealt with straight away. One said, "I had a minor complaint once, but they dealt with this straight away."
- There was a clear complaints procedure which was reviewed with people and relatives during meetings and care reviews.

End of life care and support

- Support given to people at the end of their lives was kind, compassionate and reflective of people's wishes.
- Although no-one was receiving end of life support at the time of inspection, staff talked about the care and support they had previously provided people. This included making sure that the person was comfortable and free from pain. There were several thank you cards that had been received by relatives following end of life care.
- Some people had Do Not Attempt Resuscitation (DNAR) forms. Where this was the case, records clearly showed why and who had contributed to the decision. For people with DNAR's, this was clearly highlighted on the front of their care plan.
- The deputy manager had recognised that improvements were needed to end of life documentation for people. They had implemented a 'Person centred end of life plan' for people and talked about this with relatives in a recent relatives meeting. This document asked for information about people's likes, preferences and wishes for end of life care, including funeral arrangements.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found people's records did not reflect all of their care and support needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this.

At this inspection we found significant improvements had been made, the provider had met the requirements of the warning notice and was no longer in breach of Regulation 17.

- Each month, the registered manager and deputy manager completed a series of audits in areas such as personnel files, the environment, incidents and accidents and complaints. Care plans were also audited to ensure that information about people was detailed and up to date with their current support needs. Each area looked at was transferred to a graph format so that patterns or trends could be identified more easily.
- There was an action plan completed each month for areas not at 100%, with explanations of what needed to be done, who would do it and when actions had been taken. For example, the most recent audit showed some improvements needed to the kitchen environment. This had included inconsistent recording of temperatures and areas that required cleaning. To address this, the deputy manager reviewed record checks daily and deep cleans of the kitchen were increased.
- An external professional visited the service each month to provide additional auditing support. The register manager said, "We have monthly unannounced audits from an external professional, like an unannounced CQC inspection. We've noticed a massive improvement since they've been coming." Any areas of improvement that had been identified by the professional were added to the service action plan and actions taken immediately to rectify them.
- The registered manager and deputy manager had reviewed areas of concern raised at the previous inspection and sought clarification from the external professional, CQC guidance and other legislation such as the National Institute for Health and Care Excellence (NICE). For example, the recording of catheter and wound support had been improved and now contained detailed information in how staff should care and treat people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People were complimentary about the registered manager and deputy manager and felt that the service was well-led. Comments included, "It is well managed here, I have no complaints", "Very well run home here, good atmosphere here. I am happy here" and, "Yes, I know the Manager, they come around and say hello and ask how I am." One person described the deputy manager as, "Very approachable. They came to my home to meet me and they were very, very nice."
- Relatives also spoke highly about the management team at Homelea. One relative said, "The registered manager seems very nice and is always chatty." Another said, "The deputy and registered manager are very friendly and approachable. You can talk to them about anything."
- Staff told us that a positive, team working ethic was encouraged and that the registered manager was passionate about people. One staff member said, "They visit their services every day. They really put time and money in to decorate and make services dementia friendly. They also get extra staff on each shift." Another staff member said, "They can be demanding but honestly it's because they're very passionate and want the best for people. They have very high standards which is a good thing."
- The deputy manager was relatively new to the service and told us their induction had been, "Better than I imagined." They told us, "When I started, the registered manager worked from the service for three months to support me. They visit most days and are always on the end of the phone if I don't know how to do something."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us that an open and honest culture was promoted and that they were taught to share any concerns they had. One staff member said, "The registered manager is good and listens. They're always supporting, giving instruction and advice."
- The registered manager and deputy manager understood when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the Safeguarding team and CQC.
- Relatives confirmed they staff were good at keeping them up to date when things went wrong. One relative said, "Staff are always good and keep us well informed. My relative is prone to falls and they ring us about treatment and actions they've taken straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had been asked to complete surveys about the service and the care provided. One person said, "I have done questionnaires before and have always given the highest score." Questionnaires were completed every three months with people. We viewed the latest results and saw that all answers were 'Good' or, 'Very Good.'
- Relatives told us they had completed surveys and that they had only positive things to say. Comments in the most recent relative surveys had included, "Staff are always lovely and always helpful" and, "My relatives are settled here, and the atmosphere is always pleasant."
- There was evidence to demonstrate that any constructive feedback from surveys was used to improve the service. For example, several staff had fed back that they would like to have more conversations about their development. The deputy manager amended supervision preparation forms to get staff to think about this before meeting. They also amended development plans to ensure discussions were regularly happening with staff and actions taken to improve skills and learning.
- Results from all surveys were analysed and presented in a graph form to look for patterns and trends. This was then fed back to people, staff and relatives in meetings.
- Staff meetings were held once a month and included discussions on training, good practice, people and

maintenance of the building. The deputy manager had also introduced an 'Employee of the month' award where staff were presented with a certificate.

- At the end of each meeting, staff were encouraged to think of a quote that was important to them and that would be included in the meeting minutes. One staff member had said, "The highest form of wisdom is kindness." The registered manager had said, "If we want to be outstanding, we need to act like we are already outstanding" and talked about this with staff.

Continuous learning and improving care

- The registered manager and deputy manager were passionate about making improvements and continually strove to better the service and the experiences of people.
- Since the previous inspection, the registered manager and deputy manager had worked hard to address concerns and make improvements. This included employing additional staff and talking to people about their preferences and ideas.
- The registered manager said, "We want to work towards being a specialist dementia service." They had started to decorate outside each person's room in different coloured brick wallpaper so that rooms looked like individual houses. They planned to paint people's bedroom doors to create their own front door and colours and styles would be based on people's preferences. They had also started plans to create a 'Memory lane' mural, which would include a line of shops.
- The deputy manager talked to us about their ideas to improve staff training. This included making a series of homemade training videos that gave practical demonstrations to staff of good practice. The deputy manager said, "I would also like to make a 'Welcome to Homelea' video that involves interviews with people and managers." The registered manager had purchased a projector screen to enable this to happen as soon as possible.

Working in partnership with others

- The registered manager told us it was important to them that they worked with others to improve outcomes for people. This had included building good relationships with GP's, paramedics, district nurses, mental health teams, pharmacists and dieticians.
- Staff told us that they had worked closely with a local GP surgery and paramedic team. The deputy manager said, "Because we talk to them and they visit a lot, they know people really well and people are familiar with them too."
- Professionals we spoke to were complimentary of management and said staff worked together with them to ensure positive outcomes for people. One professional said, "I know the deputy manager has been doing a lot of work around the environment of the home to improve the service for residents. They seem keen to lead the service and make the improvements."