

# Mr Steven Monaghan & Mr John Charles O'Connor

## 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 inspection took place on the 25 and 26 April 2016 and was announced. 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.

A registered manager was in post who was also the registered provider. 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 supported by a deputy manager to ensure the daily management of the service.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. There were sufficient numbers of staff available to meet people's care needs. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. There were systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were supported by skilled staff who ensured people were safe and encouraged them to achieve their full potential and live as independently as possible. The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

There was a strong emphasis on person centred care. Care plans were person centred and included people's preferences and individual needs. Care plans were regularly reviewed and people were involved in the planning of their care. The service was flexible and responded to people's changing needs.

People told us they were happy with the care and support they received; they were treated with dignity and respect and care was provided in a kind and caring way. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People's health needs were managed by staff with input when required from relevant health care professionals.

There were effective quality assurance systems in place to regularly assess and monitor the quality of the service provided.

## 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.

People told us they felt safe and robust systems were in place to identify, manage and reduce risks to people.

There were sufficient staff to meet people's needs.

Medicines were stored, administered and recorded safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were supported to access appropriate services for their on-going health care needs.

### Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the individual needs and preferences of people using the service.

Staff had developed positive and caring relationships with people.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

Care plans were person centred and contained sufficient

information to enable staff to deliver care that met people's individual needs.

People were supported to enjoy and participate in activities of their choice.

The provider had effective arrangements in place for the management of complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt well supported by management.

Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service.

# 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.

This inspection took place on the 25 and 26 April 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with four people who used the service, one relative, three members of staff, the deputy manager, the registered manager and a health and social care professional. We looked at a range of records including three people's care plans and records, three staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

# Is the service safe?

## Our findings

People using the service told us they felt safe. One person said, "I feel safe, I'm happy;" Another person said, "I feel safe and I'm settled here; I've told my social worker I want to stay here it's good." A relative told us they felt confident their family member was safe and well cared for.

There were systems in place to protect people from the risk of harm and abuse. Staff had attended training in safeguarding people. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. The service had safeguarding and whistleblowing policies in place and staff were aware that they could report any concerns to outside authorities such as the local authority or the Care Quality Commission (CQC). One staff member told us, "I would report any concerns straight to the manager and wouldn't hesitate to whistle blow if I had to; it's our job to protect people from abuse." An 'Ask Sal' poster was displayed within the service. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns .

Risks to people's health and safety were well managed and staff had the information they needed to support people safely. People's individual risks had been identified and assessed and appropriate risk management plans had been put in place to manage these without restricting people unnecessarily. People's risk assessments were regularly reviewed. This meant staff were aware of people's individual risks and how to help keep them safe.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service such as fire safety, infection control and water safety. Staff had been trained in fire safety and first aid and had access to telephone numbers to call in the event of an emergency.

There were enough skilled staff to meet people's needs. The registered manager told us they monitored staffing levels to ensure there were enough staff and gave an example of where they had applied to the funding authority for increased staffing hours when a person's needs had increased. Staff confirmed there were always enough staff to meet people's individual care and support needs. Throughout our inspection we observed that there were enough staff; staff spent quality time with people and were not rushed when providing personal care.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews and seeking references. The recruitment records we reviewed confirmed that appropriate checks had been undertaken. Staff told us that they were not able to start work until all of the relevant checks had been carried out. One member of staff said, "I couldn't start work until the checks were completed". There was a disciplinary policy and procedure in place should any member of staff behave outside their code of conduct. This meant that people could be assured that staff were of good character

and fit to carry out their duties.

People received their medicines safely and as prescribed from appropriately trained staff. The service had procedures in place for receiving, storing and returning medication safely when no longer required. We observed staff administering medication to people and they followed the correct procedures and stayed with the person until they were sure that the medication had been taken. We also carried out a random check of people's medication administration record sheets (MARS); these had been completed to a good standard. Training records confirmed that staff designated to administer medication had received appropriate medication training. Regular audits were carried out to ensure safe management of medicines.

## Is the service effective?

### Our findings

Staff had the knowledge and skills to support people effectively. Staff told us, and records confirmed, they had received a thorough induction when they started working at the service and had been provided with a staff handbook. The induction included shadowing other staff, an orientation of the building, fire safety and emergency procedures and getting to know people. One staff member said, "I had a good induction. I was given time to read policies and procedures and people's care plans. There were lots of things I had to do as part of my induction and these were signed off once completed. I shadowed other staff for about a week until I was comfortable to do things on my own; there was no pressure to work on my own until I was ready."

Staff told us, and records confirmed that they had received training in order for them to fulfil their duties and meet people's individual needs. Comments from staff included, "We get lots of training, some is in house and some on line [e-learning]; I feel I have had all the training I need to do my job;" and, "I get a lot of training and when I've completed any training this is discussed with [name of registered manager]." Staff had completed, or were in the process of completing, a relevant health and social care qualification. The registered manager told us that all new staff were required to complete the new Care Certificate. Following recommendations from a recent contract monitoring visit by the local authority the registered manager had booked additional training for staff. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they felt well supported and said they received regular supervision and had an appraisal in place. Staff told us the registered manager was always available for support and guidance. A staff member said, "I really enjoy working here, I am supported and if I have any problems I can always speak to a senior or management." Records confirmed that staff received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their practice and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 registered manager was aware of the legal requirements relating to the MCA and records showed that people had had their capacity to make decisions assessed. The registered manager told us that all the people currently living at the service had capacity to make their own decisions. There were information posters displayed in the office about the MCA; however not all the staff we spoke with were able to demonstrate an understanding of the MCA and DoLS. We discussed this with the registered manager who immediately arranged for training to be delivered to all staff. Staff told us they always sought people's consent to their care and support and helped people to make choices on a day to day basis. During our inspection we observed staff asking people how they would like to spend their time and helping them to



make choices.

People were supported to have sufficient to eat and drink and to maintain a healthy balanced diet. People were supported to shop and, where appropriate, prepare drinks, snacks and meals. People's food dislikes and likes were recorded in their care plans. Menus had been planned in line with what people wanted to eat and were discussed at residents meetings to ensure that they were reviewed and amended according to people's wishes. People told us the food was nice and there was always plenty to eat. One person said, "The food is really good, it's really nice. We have two options to choose from; [Name of staff member] makes a really good paella." Staff were aware of people's specific dietary needs for example some people who used the service were diabetic and they told us how they worked with the diabetic nurse to help manage people's health condition. People's weight and nutritional intake was monitored. The registered manager told us that, following a recommendation from a recent contract monitoring visit by the local authority, they were in the process of implementing the malnutrition universal screening tool (MUST). MUST is a tool which has been designed to help identify adults who are underweight and at risk of malnutrition as well as those who are overweight.

People were supported to access healthcare services as required such as hospital appointments, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans and in their daily notes so that staff knew what action to take; this ensured that people's healthcare needs were met. Each person had a Hospital Passport which contained information about the person's personal and medical needs. This ensured hospital staff would know how to provide consistent care and support for people in the event of a hospital admission. One healthcare professional told us, "[Staff] are flexible in bringing people to appointments, reliable, follow treatment plans effectively, communicate well and give me the impression of a high quality service with a kind and skilled workforce."

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind, caring and respectful. One person said, "Of all the homes I've been to this home is much better for me, staff are really kind and it's like a family atmosphere, I was welcomed straightaway by staff; everyone is treated with respect." A relative said, "We love it here. [Name of relative] has been so happy and settled in straightaway, it's like an extended family home. Staff are always there to listen and I know [name of relative] feels she can talk to any member of staff; the things I've seen when I visit, they [staff] just don't do the minimum they really care." A healthcare professional told us, "I always find staff to be extremely caring for their residents who often have complex multiple needs." Throughout our inspection we observed staff interacting with people with kindness and respect, addressing people by their preferred name and giving reassurance where needed.

The service had a strong visible person centred culture. Staff had developed positive relationships with people who valued their relationships with the staff team. Each person had an assigned keyworker who helped to assist and monitor their individual needs. The care planning process centred on individuals, their views and preferences and provided sufficient information to enable staff to respond to people's needs and enhance their enjoyment of life. Staff were able to describe people's preferences, interests and hobbies and we observed staff listening to people and respecting their wishes.

Staff respected people's privacy and dignity. We observed staff knocking on people's doors before entering their room and closing people's doors prior to personal care being provided. Staff recognised the importance of self-esteem for people, for example staff supported people to dress appropriately in a way which reflected their personality. People showed us clothes they had bought on a recent shopping trip. One person said, "I choose my own clothes and staff help me to pick what I'd like." People told us that they had the privacy they needed and that they were able to stay in their room if they wished. One person confirmed they had a key so they could lock their room. People's records were securely stored to ensure confidentiality and respect people's right to privacy.

People's diversity needs were respected and included within their care plan. People were supported to access religious support and access local church services. We observed two people telling a member of staff that they wished to attend the Sunday Church service; the staff member immediately confirmed that they would take them.

People's bedrooms had been personalised and staff had involved people in choosing colour schemes. One person told us, "[Name of staff member] took photos of NYPD cars when she went to New York as she knows I like them. I'm going to get them blown up and put on the walls. I've had my bathroom done and soon my bedroom is going to be painted in blue, I choose the colour." We saw another person's room which had been decorated in the colours of their favourite football team.

People were encouraged to maintain relationships with friends and families. Visitors confirmed they could visit at any time. One relative said, "I usually call to check [name of relative] is in. I am always made to feel welcome."

The service displayed information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to their admission to the service. This ensured that the service could meet the person's needs. Information from the initial assessment was used to develop people's care plans which detailed the care, treatment and support needed to ensure personalised care was provided and people's individual needs met.

People's care plans were comprehensive, detailed and included information and guidance on how they were to be supported by staff. They also included information to ensure staff knew how to manage specific health conditions such as diabetes and epilepsy. Care plans were reviewed monthly with people to evaluate what had gone well and helped to identify any required changes to people's care and support; this ensured responsive care and support was provided. Staff were made aware of changes in people's needs through handover meetings, reading people's care records and reading the service's communication book. This meant that staff had the information required to ensure people received the care and support they needed.

People were supported to lead meaningful and interesting lives; for example staff supported people to partake in activities, social events, attend college and go on holidays to a destination of their choosing. During our inspection we observed staff discussing forthcoming shows at a local theatre with people and asking whether they would like to go. One person said, "Don't get bored here; there's always lots of things to do." People told us how they were looking forward to their holidays and how they had chosen where they would like to go. One person said, "I'm going to Cornwall with my keyworker. I went there on a school trip and want to go back." A relative told us how their family member was always going out to different places and that staff supported them to continue to go to work which was something very important to them.

The provider had a complaints policy and procedure in place. People had been provided with an easy read service user guide which contained information on how to make a complaint or raise a concern. A pictorial poster on how to make a complaint was also displayed in the service. Records confirmed that complaints had been looked at by the registered manager and responses had been provided to the complainant. One person told us, "If I'm not happy I tell [name of registered manager]." A relative said, "I'm not sure about the complaints process. I don't have any concerns but if I had any or had the need to complain, I would talk to staff or [name of registered manager]. I feel I would be listened to."

## Is the service well-led?

### Our findings

The service had a registered manager in post who was also the provider. The registered manager was supported by a deputy manager.

The registered manager had clear vision and values that were person centred and focussed on people being as independent as possible and having the opportunity to be active citizens in their local community. He said, "It's not institutionalised here, this is a home for people to live. Service users are very much involved and we support them to gain and maintain as much independence as possible. Neighbours recognise and talk to the people who live here and we try our best to assimilate into society, this is a house just like any other." Staff shared this vision and told us they enjoyed working at the service and were committed to delivering good care and support to enable people to live meaningful and fulfilling lives. One member of staff said, "I love my job, I like the challenges and seeing people progress and become more independent, it's very rewarding."

Staff told us the registered manager and deputy manager were supportive and approachable. Comments included, "I am well supported if I need any advice I can speak to [name of registered manager], he is very helpful;" and, "The managers are very visible and approachable, I feel comfortable to talk to them about anything." Staff had regular supervision and team meetings to discuss people's care and the running of the service. They also received the support and training they needed to develop in their roles and care for people appropriately.

There were systems in place to involve people in the running of the service. Resident meetings were held regularly where people had the opportunity to discuss a range of topics such as choosing the menu, decoration of the home and social activities. The registered provider also carried out questionnaires to assess and monitor the quality of the service. We saw the results of a stakeholder survey undertaken in May 2015 which showed people who used the service, their relatives and other professionals were satisfied with the overall quality of the service. Comments included, "[Name of person] continues to receive the highest standards of care, I think you should add 'excellent' to the choices as this would be an even better reflection of our opinions in all areas;" and, "The home had a refurbishment plan in progress and has been completed which is a big improvement." Regular audits were undertaken by the registered manager such as health and safety, infection control and medication. The registered manager had recently developed a more comprehensive audit tool to ensure a more robust auditing system was in place. He told us that this would be implemented in April 2016.

The registered manager attended local provider forums which provided an opportunity to network with other providers and share good practice, discuss challenges and keep up to date with legislation.