

Lovestar Limited

# Homeleigh Residential Care Home

## Inspection report

The Bungalow  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Homeleigh Residential Care Home is a small care home that provides accommodation and personal care support for up to five adults with learning disabilities and or autism and who may have enduring mental ill-health. At the time of our inspection five people were using the service.

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

People received their medicines as prescribed. However, there were discrepancies in the records relating how people's medicines should be given. The medicines audit completed by the registered manager had not picked this up before our inspection.

Risks to people's physical health and safety were assessed and appropriate actions put in place to mitigate such risks. Safeguarding procedures were followed to protect people from risks of abuse. The physical environment of the home was safe and suitable for people using the service. Health and safety systems were maintained. Records of incidents and accidents were maintained and reviewed by the registered manager.

There were sufficient staff on duty to meet people's needs and safe recruitment procedures were followed. Staff told us and records showed staff were supported in their roles.

People's needs were thoroughly assessed in line with recommended guidance. People were supported to eat and drink to meet their nutritional needs. People had access to a range of health and social care professionals to meet their needs.

People were supported to integrate in the home and social inclusion was promoted. The registered manager understood their responsibilities to safeguard people from abuse and had followed the provider's safeguarding policies and procedures to address any safeguarding concern raised.

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.

Records showed consent was obtained from people and their representative for the care and support they received, where appropriate. Records showed people's legal rights were protected in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to be independent as possible and do the things they wanted; and follow their interest. People's human rights, dignity and privacy was respected. People were involved in the day-to-day decisions about their care and support. People received care tailored to meet their individual needs.

People knew how to make a complaint about the service and told us the registered manager addressed their concerns. The registered manager assessed the quality of the service through audits and checks. The registered manager worked in partnership with other organisation to meet people's needs and improve the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was Inadequate (published 31 December 2019) as there were breaches of regulations 9, 11, 12, 13, 16 and 17 and Warning Notices were issued for breaches of 11, 13, 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homeleigh Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Homeleigh 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and a CQC pharmacy inspector who looked at medicine management in the home.

#### Service and service type

Homeleigh Residential Care Home 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.

#### Notice of inspection

This unannounced inspection took place on 27 July and 4 August 2021.

#### What we did before the inspection

We reviewed information we had about the service since the last inspection. This included reviewing the provider's action plan we had asked for following our last inspection and notifications we had received about the service. We used all this information to plan our inspection.

#### During the inspection

On the day of our inspection we spoke with three people using the service, the registered manager, deputy manager and two support workers. We reviewed four people's care plans, staff training matrix, health and safety records, incident and accident records; and other records relating to the management of the service. People living at the home had varying levels of communication and some people were unable to share their views and experiences, so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

After our inspection, we spoke with three relatives to seek their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 inadequate as the provider had failed to ensure care provided to people were safe. At this inspection this key question has now improved to requires improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to robustly assess and mitigate risks to people.

At this inspection we found improvements had been made and there was no longer a breach of regulation 12.

- Risks to people were assessed and actions to mitigate risks to people were put in place. Care plans detailed actions to support people to reduce risks associated with their physical health conditions, mental health conditions, behaviours and activities that might impede on their safety and well-being.
- There was appropriate guidance in place for staff to follow to recognise signs of high or low blood sugar for one person who was diabetic. The plan included support required to manage this condition safely including food choices, regular checks and input of healthcare professionals.
- There was a risk assessment and management plan in place to support people whose behaviours challenged. Triggers to people's behaviours and signs to recognise a relapse in people's mental health conditions were stated in their care plans and actions for staff to take.
- We saw a detailed moving and handling plan for one person who was supported in this area. The number of staff and equipment required to perform each task safely was stated. Records showed staff had undertaken training in safe moving and handling techniques.
- There were systems in place to report incidents and accidents and records of incidents and accidents were maintained. The registered manager reviewed them and took actions where necessary to improve and learn from each incident. We observed the registered manager giving staff on the spot training and support on how to manage one person's behaviour following difficulty staff had to appropriately manage the person's behaviour.
- Staff also monitored people at risk regularly to ensure they were safe.

Using medicines safely

- Medicines were managed safely however we found some improvement was needed
- We found records relating to the management of people's medicines were not always accurate. For example, medicines instructions on the MAR sheet for one person did not always match with what was

prescribed and the service had not taken action to communicate this with the pharmacy for it to be corrected. This could increase the risk of people not receiving their medicines as prescribed.

- Protocols for people's 'when required' (PRN) medicines were not always available or accurate. One person's PRN guidance for one medicine had instructions relating to another medicine which could increase the risk of a medicines error.
- we found no direct evidence that people had been harmed as a result of these concerns and raised this with the registered manager who took actions to resolve the issues.
- People received their medicines at the right time and as prescribed. Staff followed systems and processes to safely administer and record medicines when given.
- Medicines were stored safely in a locked cabinet in the office and only staff had access to it. Medicine administration records (MAR) were completed to indicate when people had received their medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse and improper treatment. People told us they felt safe at the service. One person said, "Yes, I feel safe and I can talk to the manager [registered manager] if something was going on that worries me."
- The registered manager understood their responsibilities to safeguard people in their care from abuse. The registered manager had taken steps to ensure people were protected; and their freedom and rights safeguarded. They knew their responsibilities to raise safeguarding concerns with the local safeguarding authority, investigate allegations of abuse and notify CQC.
- Staff had received training on safeguarding and understood their responsibilities to safeguard people including reporting concerns.

#### Staffing and recruitment

- There were sufficient numbers of staff to ensure people were supported in a safe way. One person told us, "There is staff here day and night if I need help."
- Staff told us they were enough staff to safely support people. One member of staff said, "There are always at least two staff members on duty during the day shift and night shift. We support each other."
- We observed people were supported with their needs promptly. During lunchtime, people got the support they needed to eat and drink.
- The registered manager was available to support staff where it was needed. Staff absence was covered by staff who willing to do extra hours as overtime.
- Safe recruitment procedures were followed. The provider checked new staff members suitability for the role before they started. Checks included satisfactory references, criminal records and gaps in employment. Registered nurses were checked for their current validation with the Nursing and Midwifery council.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 requires improvement. At this inspection this key question has now improved to good.

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

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

At our last inspection of January 2020, the provider had failed to work within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards which meant that people's rights were not upheld or protected. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our follow up inspection of August 2020, we found that the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed.

At this inspection we found the people continue to be supported within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

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 required, a mental capacity assessment had been completed for people in specific areas where there were doubts about a person's capacity. Care plans documented how people made decisions and who supported them to make decisions where required. Best Interest decisions were made, involving the people and their relevant representatives where required, to ensure their needs were safely met.
- Where people had capacity to make decisions for themselves, we saw signed consent forms from people on specific aspects of their care.
- There were valid DoLS authorisations in place for two people and we checked that their conditions were followed and met.

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

- Staff assessed people's needs and delivered care in line with best practice guidance. Assessments covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, oral care, mobility, and skin integrity. Assessment of people's medicines needs started at admission was regularly reviewed.
- People's needs were reviewed on an ongoing basis and when things change such as following hospital admissions and falls.

Staff support: induction, training, skills and experience

- Staff were supported and trained to undertake their duties effectively. People told us staff understood how to support them.
- Staff told us, and records showed staff had completed relevant training courses for the job. Staff also told us, and records confirmed they had regular supervisions, handovers and team meetings to discuss how to do the job properly. New staff members received induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- On the day of our inspection, we observed the registered manager giving staff training and advice on how to support one person when they expressed behaviour that challenges.

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

- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.
- We carried out an observation during lunchtime and noticed people were given choices of what to eat and drink. Staff assisted people who required assistance to cut up their food and sat with people who required support to eat and encouraged them to eat sufficient amounts and followed the care plan in place for people to enable them to eat safely.
- The menu for the home had varied meal options each day and people told us they were involved in planning the menus.

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

- Staff supported people to access healthcare services they needed to meet their healthcare needs. One relative or person? confirmed they had a GP and staff supported them to arrange appointments when needed.
- Records showed liaison and communication with various health and social care professionals including the community mental health team regarding people's physical and mental health well-being.

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

- The environment was adequately adapted to meet people's needs. People had access to a communal area where they could relax, socialise and spend time with other residents.
- People decorated their individual rooms to their individual requirements.

# 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 requires improvement. At this inspection this key question has now improved to 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

- Staff were caring towards people. One person commented, "The staff are nice and kind. Some are more polite and gentle than others." Another person said, "[named two staff members] They are really good. I like them a lot. All the staff are good." The staff are respectful and nice. Some understand me better than others, but they are all really caring.
- Care plans included things that were important to people such as their likes and dislikes, preferences and routines. Support plans also provided information about what made people anxious and frustrated, so staff knew how to support them appropriately. One person's care plan stated how staff should support them when they became anxious or to reduce the chances of them becoming agitated. We observed staff supporting the person accordingly.
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. People could choose the gender of staff they preferred to support them with their personal care needs and this was respected. People were supported to attend places of worship as they wished.

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

- People were involved in making decisions about their care and support and were supported in expressing their views. People told us staff involved them in making day to day decisions about their care. Relatives we spoke to confirmed they were involved in their loved one's care planning and they were made aware of any changes.
- Care plans documented how people expressed their views and who supported them in making decisions about their care and support. We saw people and their relatives were given information and supported to make important decisions such as taking the COVID vaccines.
- The registered manager told us they supported people to find independent advocacy services if they needed it to support them during meetings to ensure people's views and rights were promoted. People's care coordinators were also involved if needed to promote people's views.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider failed to ensure that care was planned and delivered in a person-centred

way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made the required improvement and was no longer in breach of regulation 9.

- The service applied the principles and values of 'Registering the Right Support' and other best practice guidance. These ensure that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People's privacy, dignity and independence was promoted. People were able to spend time in their rooms as they wished. One person told us, "I can lock my door when I'm going out if I wish but I prefer not to. Staff always knock before they come in. They know that's important to me."
- Staff respected people's privacy and dignity whilst supporting them with their personal care needs. We saw staff closed the door to undertake this task and they spoke to the person politely. Another person told us how they were being encouraged by staff to improve their skills of daily living.
- People were encouraged to do things for themselves to promote their independence. People were supported to carry out basic household chores such as doing the laundry and cleaning their rooms. During lunchtime, we saw people help set the tables for meals.

# 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.

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

At the last inspection the provider failed to ensure that care was planned and delivered in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made the required improvement and was no longer in breach of regulation 9.

- People were supported in a way that met their individual needs and preferences.
- People had personalised support plans which detailed people's backgrounds, preferences, social connections, personalities, likes, dislikes, routines and goals. Staff worked with people to meet their needs and achieve their goals.
- Care plans covered support people needed to maintain their physical health conditions, mental health, activities of daily living and gaining independence.
- People's support plans were reviewed, and their progress monitored through regular multi-disciplinary team meetings and care programme approach meetings. Staff followed agreed plans and sought for advice and support where needed.

Improving care quality in response to complaints or concerns

At the last inspection the provider failed to address complaints effectively. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made the required improvement and was no longer in breach of regulation 16.

- People and their relatives knew how to complain if they had any concerns about the service. They also knew how to escalate their concerns to external agencies if they needed to in line with the provider's complaint procedure.
- There had not been any complaints since our last inspection.

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 communicated with people in the way they understood using both verbal and non-verbal means methods. People's care plans included their communication needs and how best to achieve effective communication. We saw care plans in pictorial formats and large prints to help accessibility of information.
- The registered manager told us that they would produce information in other formats such as audio, video and Braille depending on the needs of people.

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

- People were supported to maintain relationships which mattered to them and to follow their interests. People accessed local community facilities as they wished and to participate in activities of their choice.
- There were inhouse activities taking place which people took part in. On the day of our inspection we observe people participating in a group exercise session. They were involved and showed interest in it. The expression on their faces showed they were keen and enjoyed it. One person told us, "I join in every day. I love it as it gets me up and going." Other activities that took place in the home included music sessions and games.
- People's relatives and loved ones visited them in the home as far as they complied with guidance to ensure people's safety. People were supported to maintain regular contacts with their loved ones through phone calls.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.
- Care plans contained information about people's advanced care decisions and wishes.

# 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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found the provider had breached regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for failing to operate systems to assess and monitor the quality of the service.

At this inspection we found the provider had made some improvements and was no longer in breach of regulation 17 but further improvement was needed to improve the quality and safety of the service.

- Records were not always accurate and up to date. We found a few records issues relating to medicines. For example, as when required medicine protocol was not correct or accurate. It contained information relating to another person. This error had not been picked up during audit. We raised this with the registered manager, and they rectified it immediately.
- We found the care plans were up to date and comprehensive. The registered manager had worked to improve the quality of information contained in the care plans and they regularly checked to ensure they were up to date.
- Health and safety audits were completed and up to date.
- The registered manager reviewed incidents and accident records and had taken steps to learn and improve from incidents.

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

- People told us they felt their needs were met; and relatives we spoke with told us their loved one's needs were met. One person commented, "I get support from staff with whatever I need. They listen to me and do the things I want."
- Records showed the registered manager involved people's relatives and relevant healthcare professionals to develop strategies that meet people's needs.
- People's needs were regularly reviewed, and actions were put in place where required to manage risks and improve outcomes.

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



- The service had a registered manager who understood their role and responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- They complied with the requirements of their registration and had notified us (CQC) of significant events as required.
- Staff were supported through various ways such as supervision meetings to develop their roles and responsibilities.
- They kept a record of incidents and an investigation was carried out. Staff knew the importance of reporting incidents and maintaining care records of support people received day to day. Staff knew their rights to whistleblow to external organisations if there was a need to do so.

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

- People were involved in the running of the service and used to improve the quality of the service. Regular meetings were held with people which were used to listen, and views sought with them about various aspects of the service. We saw minutes of a recent meeting where the standard of the service delivered was discussed. People told us they were involved in planning the menu.
- Information and updates about the service and relating to government COVID guidance were shared with people and staff.
- Staff told us and records showed staff had regular meetings where they shared information and updates about people's need and other aspects of the service.

Working in partnership with others

- We saw evidence that the provider worked closely with the community mental health team, the local authority commissioners and other agencies to improve the care and support people receive and to develop the service.