Nifinara Limited

Homelea Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Homelea is a residential home in Eastbourne, providing care for people with dementia. Homelea provides local authority and privately funded long term care and periods of respite. People's care needs varied, some had complex dementia care needs that included behaviours that challenged. Other people's needs were less complex and required care and support associated with mild dementia and memory loss. Most people were independently mobile and able to walk unaided or with the use of walking frames. The service is registered to provide care for up to 27 people. At the time of the inspection there were 22 people living at the service.

At the last inspection 28 August 2014 we asked the provider to make improvements for care and welfare of people who use the service, cleanliness and Infection

Summary of findings

control, management of medicines, assessing and monitoring the quality of service provision and records. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found that some actions had been taken. However, further improvements were required to ensure all systems were fully embedded. You can see what action we told the provider to take at the back of the full version of the report.

This was an unannounced inspection which took place on 3 and 4 February 2015.

Homelea had a registered manager who had left the service three weeks before the inspection. An appointee manager immediately took over the general running of the service supported by the provider and had commenced the application process to become registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

General maintenance and on-going redecoration of the service had not taken place in a timely manner. When the maintenance employee had been unavailable, interim measures had not taken place to ensure the continued improvement to the environment. This meant that areas of the building were poorly maintained and did not provide a positive living environment for people. Appropriate equipment maintenance and servicing had taken place including water safety checks.

Staff treated people with kindness and respect. Staff spoke with people in a dignified way and knew how people liked to receive care. Staff communicated in a positive manner, providing support when people became anxious or distressed. People who were able to communicate or who became distressed received immediate response from staff. However, during our observation, we saw that people who sat quietly went for long periods of time without any interaction. Due to a lack of opportunities to pursue hobbies, interests, activities or access things to do many people sat in the lounge impassively throughout the day or went to sleep.

Complaints received had not been appropriately documented to show that the provider had taken actions in line with the organisation's complaints policy. It was unclear when complaints investigations had been completed and closed.

Risk assessments had been completed for people's needs. This included behaviours that may challenge and was completed to give staff consistency in their response. Risk assessment information did not always correspond with the latest care planning information but was in the process of being reviewed and updated.

Policies were in place to support staff with medicines, safeguarding and whistleblowing. Medicines were managed safely and infection control in place to ensure cleanliness and hygiene throughout the building was maintained.

There was an organisational recruitment policy and procedure to follow when recruiting new staff to ensure that only staff who had the right skills and competencies to work were employed. However, references had not been clearly recorded in staff files.

All staff had completed safeguarding adults at risk training and were aware how to raise concerns. Further training had included Mental Capacity Act (MCA) and staff showed they had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people to ensure their rights were protected. Staffing levels were monitored by the manager and provider, with feedback from staff on whether levels were appropriate. This was flexible with extra staffing available if required. Staff told us they worked extra shifts if needed to ensure staffing levels were maintained.

People's nutrition was being monitored effectively to ensure that people received appropriate meals. People received support at meal times. Peoples weights had been checked monthly and referrals for additional support and guidance had been made when people lost weight.

New staff received a period of induction. There was a training schedule in place for all staff. Staff felt that they received appropriate training to meet people's needs. Staff felt they had clear direction with the new manager

Summary of findings

with supervision and appraisals taking place. Staff felt supported and were aware of their roles and responsibilities to ensure people received appropriate care.

The manager and provider had been reviewing previous auditing and monitoring of the service, with the use of an independent consultant and had identified areas which still needed to be improved. The new manager, supported by the provider, was in the process of reviewing how audits were completed to ensure they provided information and a clear analysis of findings. The manager had implemented a number of immediate changes to improve the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now correspond with the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

Summary of findings

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.

When recruiting new staff, appropriate references had not always been clearly recorded in staff files.

People told us they felt safe, and staff knew people well.

Staffing levels were monitored; medicines and infection control policy and procedures were being followed.

A contingency evacuation plan was in place to deal with an emergency.

Requires Improvement

Is the service effective?
The service was not always effective.

Appropriate maintenance and redecoration had not been carried out in a timely manner.

Staff received training, supervision and appraisals. Senior care staff were receiving specific training to ensure they were able to meet a person's health need.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS).

There were close links to a number of visiting health care professionals and people were able to access health care services.

Requires Improvement

Is the service caring?
The service was caring.

Staff knew people well and were able to tell us how people liked to receive care.

Relatives had been involved in decisions about how care was provided.

Staff spoke to people with kindness and people felt comfortable and supported by staff.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was not always responsive.

The service was not providing opportunities for people to pursue their hobbies and interests, with a lack of social activities and interaction specifically designed for people with dementia.

Requires Improvement

Summary of findings

Complaints received had not been appropriately documented to show that the provider had taken action.

A clear process for the reviewing of care plans and risk assessments had been implemented; however this was not yet fully embedded.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager had implemented a number of immediate changes to improve the service. However, these had not yet become fully embedded.

The new manager had made a positive impact on the day to day running of the service.

Staff meetings took place and feedback was being sought from people and their relatives to ensure they continued to meet people's needs.

Homelea Residential Care Home

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 which took place on 3 and 4 February 2015 and was an unannounced.

The inspection team consisted of one inspector and one 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, in this case elderly and dementia care.

Before the inspection we looked at information provided by the local authority including contracts and purchasing (quality monitoring team). We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and investigations, complaints and information received from members of the public.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone was able to tell us about their experiences living at Homelea due to their dementia. To gain further feedback we carried out observations including a Short Observational Framework for Inspection (SOFI). SOFI is a tool used to observe care in communal areas to capture the experiences of people who have dementia and are unable to tell us about their experiences and the care they receive. SOFI observations take place over a designated period of time to gain feedback about people's first hand experiences, staff interactions and how people spend their time.

We spoke with five people using the service, three relatives, nine staff, including the appointee manager, care staff, kitchen, domestic, maintenance staff and the registered provider. We also met with nurses from the district nursing team who visit the service regularly.

We looked at care documentation for four people and daily records, risk assessments and associated daily food, fluid and activity charts. All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and handover information completed by staff, policies and procedures, complaints, accidents, incidents, quality assurance records and staff meeting minutes. Recruitment files were seen for three staff and records of all staff training and supervision.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Homelea. They told us, "I feel safe here." And, "I am happy, staff look after me." Relatives felt reassured by staff, and could tell their relative felt secure as they were happy and relaxed. Comments included, "I visit at various times and days. There always seems to be enough staff." And, "He is safe here, the staff are very good." Staff told us that recent changes to the running of the service had been positive. One told us "The change has turned the service around." And another said, "I feel safe now, it's a much better working environment."

At the last inspection in August 2014 we asked the provider to make improvements in the management of medicines. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found that medicine management, administration procedures and MAR charts and auditing had been improved.

Medicines were managed safely. The Medication Administration Record (MAR) charts were accurate, with appropriate guidance in place for people. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. The MAR charts recorded when PRN medicines had been given and why. Since the last inspection staff had received refresher training. A senior carer now took responsibility for medicines, supported by the manager and provider and staff competency was reviewed for all staff who handled medicines within the home.

The medicine storage and recording arrangements were appropriate, including medicines stored in a fridge. We saw staff administer medicines individually from the medicines room, completing the MAR chart once the medicine had been administered.

At the last inspection in August 2014 we asked the provider to make improvements in the cleanliness and infection control. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found this had been completed.

Staff had received further training refreshers and we saw that appropriate infection control procedures were followed. Hand washing facilities included liquid soap and paper towels, and alcohol gel was available around the service. Access to the kitchen area had now been restricted. This prevented staff using this as a cut through to the lounge whilst food preparation was taking place. Staff were seen to wear gloves and aprons appropriately.

Appropriate equipment maintenance and servicing had taken place. Certificates were seen for water system and legionella checks, personal appliance testing as well as equipment servicing and maintenance documentation.

There was an organisational recruitment policy and procedure to follow when recruiting new staff. Staff files included application forms, identification, references and terms of employment. All new staff received a copy of their job description. Each member of staff had a Disclosure and Barring Service (DBS) check completed prior to commencing employment. These checks identified if prospective staff had a criminal record or were barred from working with children or people at risk. In two files we saw that two references had been obtained but this did not include the most recent employer or a reason as to why a reference could not be obtained from the most recent employer. Another stated that a good reference had been received by telephone but no details of this had been documented. This is an area that needed to be improved to ensure the provider is following their own recruitment policy to ensure that staff recruited are competent and suitably qualified to carry out the duties they are employed to perform.

Staff knew people very well and were able to tell us about their individual needs. Environmental and individual risk assessments had been completed. When a risk was identified guidance was in place for staff to reduce the risk. For example repositioning charts were in place for people at risk of developing pressure sores.

There were no personal emergency evacuation procedure (PEEP's). PEEP's provide instantly assessable information regarding people's individual needs, medical history and mobility to assist with emergency evacuation. However, evacuation information was seen in some care files. The provider told us they would be implementing PEEPS in the near future. An emergency contingency plan was in place, this included who to contact, plans of the building and where people were to take people in the event of an emergency evacuation being required. A fire inspection had been completed by an external company in September 2014.

Requires Improvement

Is the service safe?

All staff had completed safeguarding adults at risk training which was updated every two years. The safeguarding policy included contact information and telephone numbers to report concerns directly to the local authority safeguarding team. Staff told us they would raise concerns with senior staff on duty but understood their responsibility to raise concerns with outside organisations if appropriate.

Staff told us when people had falls that they completed an accident form and it was put into the daily records. The provider told us that they or the manager checked the daily records each morning to review any accidents or incidents that had occurred and appropriate follow up actions took place and were documented. We identified recent falls and saw that accident/incident forms had been completed accurately and in a timely manner. The CQC had received notifications and any safeguarding concerns had been reported to the local authority for investigation. Staff were aware of the whistleblowing policy, and told us that they would feel comfortable to raise any concerns with the manager or provider if they arose.

The manager and provider were available at the service throughout the week. This meant that they had a good overview of the service; this included regularly reviewing staffing levels. Staff told us that they felt that there were enough staff to provide care and support to people. People were responded to quickly and there were staff available at all times to look after people in the lounge area during the day. Senior care staff told us that if they felt that more staff were needed they would speak to the manager or provider. Staff told us they worked extra shifts if needed to ensure staffing levels were maintained.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that staff knew how to look after people and took into account their personal choices. Staff told us that they knew how to respond when people became anxious or upset, as they knew the people well. When someone new moved into the service they took the time to get to know them and how they liked to be cared for.

There was a full time maintenance employee and there was a maintenance plan in progress. Contractors were at the service carrying out maintenance to the building and roof. Heavy rain had caused damage during work to maintain the roof; this had led to work being extended as a new roof was required. The maintenance employee had a busy schedule for the interior redecoration, and this had to be incorporated into dealing with daily maintenance issues which arose and required attention.

The schedule included complete redecoration of a number of people's rooms and communal hallways. There were a number of areas which required immediate attention to ensure that they were suitably maintained and provided a positive living environment for people. A number of bedrooms had curtains which were not properly attached to curtain rails and bare hooks in walls. Wallpaper was seen to be peeling and plaster coming away from the walls. Furniture in one bedroom was broken and we saw that handles had come off cupboards and drawers. This gave rooms an unkempt feel and did not portray a positive environment for people when in their rooms. Staff and management agreed that areas of the home required improvement, and were included as part of the maintenance plan for the service. We spoke to the maintenance employee and provider and they told us one of these rooms was due to be redecorated next. However, due to the time each room had previously taken to be completed, the complete redecoration would take some months. This did not explain why broken furniture had been left unattended.

We raised a further maintenance concern regarding a communal toilet door which did not close properly; this was replaced during the inspection. Staff told us this toilet was used by service users. In the main lounge an area was visible where something had been removed from the wall. We asked the manager who explained this had been an old call system which had been removed from the wall. This had been some months ago, however, the area which was clearly visible had not been repaired. The communal hallways had been stripped of pictures but nails and hooks had been left in walls this meant that hallways appeared plain and bare. We were told a number of new pictures had been purchased and would be put up in hallways once they had been redecorated.

Maintenance issues had not been audited appropriately. When the maintenance employee had been unavailable, the maintenance plan for the service had not been overseen by anyone else. This had caused further delay impacting negatively on the environment for people who lived there as the premises and equipment used by service users had not been properly maintained with some items not suitable for the purpose for which it was being used.

People were not protected against the risks associated with unsafe or unsuitable premises. This is a breach of Regulation 15, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that when people were not in their rooms they sat in the main lounge area. One or two people were seen to walk around and a further two people stayed in their rooms. We saw that when people stood up to walk around they were guided calmly by staff to sit down. However staff did not always give people the opportunity to express why they wished to stand up. The exception to this was when people became distressed. Staff then encouraged them to walk with them to their bedrooms to rest. People who spoke to staff or were being vocal received immediate attention from staff. Staff spoke with them in a kind considerate manner. However, those who were sat quietly had long periods of time throughout the day without any interaction taking place. When we spoke to staff they told us some people liked to sit quietly, however, no information was seen in people's care plans regarding this.

A procedure on dealing with behaviours that challenge was used by the staff. This gave general information regarding how to respond and why people may become agitated or aggressive. Individual care plans reflected behaviours, triggers and effective responses for staff to follow for that individual. When people displayed behaviours that were challenging, staff responded immediately and took action to distract the person. Staff spoke tenderly and knew how to respond to different people when they became

Is the service effective?

distressed or upset and people responded positively to this interaction. One person was asked if they would like to walk to their room and lie down, another was offered a warm drink and a biscuit. When staff felt they needed assistance from another staff member we saw that this was sought in a timely manner to prevent any escalation of the situation.

Following their interview new staff were invited to spend a couple of shifts shadowing other staff before a permanent offer of employment. The provider told us that this gave the individual an opportunity to experience what it was like to work in the service, and gave the staff an opportunity to work together before a final decision was made.

New staff had a period of induction and all staff followed a training programme. This included challenging behaviour and dementia training. Staff told us that they felt able to look after people well but would always welcome refresher training to ensure they were providing good dementia care. All staff had a newly designed job allocation form, this reminded staff of their roles and responsibilities during each shift. Two senior care staff had allocated management hours with tasks to complete during these hours, for example, spot checks around the service, meetings and checking documentation was appropriately completed. We saw one senior used her allocated time to speak to staff and check their understanding of policies and procedures. On this occasion they were discussing Deprivation of Liberty Safeguards (DoLS) using examples of previous experiences when a DoLS restriction had been in place for a person.

There was a training schedule in place which identified when staff training was due. Staff told us that they felt they had appropriate training to provide safe, effective care for people. For example staff had told us that the mental capacity training had helped them understand how best to care for people with dementia, and updated medicine training had reiterated the importance for staff to follow correct procedures. Senior care staff were trained to administer medicines and had this training checked and assessed to ensure they remained competent to do so.

Staff had regular supervision and appraisals. Competencies were assessed and spot checks carried out by senior staff to ensure that staff skills were assessed and reviewed. Staff told us they felt supported by the new manager and the provider.

All care files included an assessment of people's mental capacity. The registered manager had appropriate knowledge and most staff had completed this training. Staff had an understanding of Deprivation of Liberty Safeguards DoLS and Mental Capacity Act 2005 (MCA). Training was in place and considered to be essential training for staff. The appointee manager and provider were in the process of applying for DoLS for some people living at Homelea. People were involved in decisions about their care or their families and next of kin if this was appropriate. Staff understood how a DoLS meant that certain restrictions would be in place in order to protect the person and how this may impact on the individual.

We observed meal times on both days of the inspection. People chose whether to eat in the dining room, lounge or in their bedrooms. The dining area was noisy as people ate their meals and chatted. One person did not like the level of noise and chose to eat alone in the lounge. A number of staff were available to assist people at meal times. When people left the table during the meal staff encouraged them back to eat more, or stay to have pudding. Cold drinks were served with the meal. Menus were displayed in the dining area. We were told the menu was in the process of being updated. There was only one choice of main meal and pudding each day. We discussed this with the provider and cook. We were told that they knew people's likes and dislikes and if someone did not like the meal that was served or did not wish to eat it then an alternative would be offered. We saw that everyone seemed to be happy with the food, and no one requested an alternative. Relatives told us they thought meals were good and their relative seemed to enjoy them.

Food and fluid charts had been implemented for people to monitor their daily intake. Due to dementia and health related conditions which may affect people's appetite or nutritional intake, people were weighed monthly to ensure they had not lost weight. We saw in care files that referrals had been made to Speech and Language Therapy (SALT) and dieticians when issues had been noted or if people lost weight. This meant that people's nutrition was being monitored to help ensure that they received appropriate care.

There were effective systems in place to liaise and refer to other health professionals when needed and to support people to access services, this included GP's, dieticians, SALT and district nursing services. One person attended a

Requires Improvement

Is the service effective?

health related appointment during the inspection supported by staff. We spoke with a visiting community nurse who told us that staff were responsive and contacted the nursing team when needed. Staff listened and followed instructions to ensure people received the care required.

Senior care staff were receiving training from the community nursing team to assist them to carry out regular monitoring of some health conditions and provide treatment for someone with diabetes.

Good

Is the service caring?

Our findings

Not everyone was able to tell us about their experiences living at Homelea due to their dementia. Those who could told us the staff were very caring. Relatives felt that staff knew people and responded to their needs appropriately.

At the last inspection in August 2014 we asked the provider to make improvements to ensure that care and treatment was planned and delivered to ensure people's safety and welfare. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found that changes had been made to the assessment, planning and review of documentation. With improved assessments in place relating to people's admission to the service. All care information was now easily assessable in appropriate care files to ensure care was consistent and relevant information available for staff to assess.

Most people sat in the lounge area. We saw excellent communication between staff and people. During an activity of singing and quizzes carried out by a visiting organiser, staff supported people. One staff member was able to translate for a person who spoke only their first language as their dementia had progressed. This was done with patience and kindness. Staff showed a clear fondness for people and cared about their care and welfare. People recognised staff and it was apparent in their body language they felt comfortable and trusted staff to look after them.

It was clear from staff interactions that they knew people very well. However, guidance was required to ensure all staff were aware of people's personal preferences, background and beliefs. People were unable to consent fully to all decisions about their care due to their dementia. We saw that people were involved in some day to day decisions about what they wore and staff were able to tell us if people preferred to be dressed smartly, casually or have their hair cut/styled regularly. Relatives told us they had spoken to the manager and provider to discuss care for their loved one.

People were treated with respect and dignity. People were asked discretely if they needed to use the toilet and when personal care took place bedroom doors were closed. Staff knocked on people's doors before entering their rooms.

When people displayed behaviours that challenged, became distressed or anxious, staff responded swiftly showing empathy and support. People were spoken to kindly and staff sat and held a person's hand when they were distressed. Staff told us this was what the person liked and we saw that this person appeared calmer and content to sit in this way.

Private information kept about people was securely stored in a cupboard which was protected by keypad entry. All care staff had access to this cupboard. Further newly implemented folders and charts used to document people's daily care were either kept in people's rooms or in the office to allow staff to complete them when needed.

People were encouraged to maintain relationships with family and friends. Outings with family were encouraged and supported by staff and the provider. Visitors told us they were encouraged to visit at any time and felt welcomed and involved by staff.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us that a visiting activity person who came to Homelea each week was good, but at other times there was nothing much for people to do. One person told us they were bored, and another told us they were looking for something to do. There was a weekly activities schedule. Staff told us this was a guide and activities did not always correspond with the schedule. A visiting activity provider came to the service for two hours once or twice a week to provide tailored activities and games for people with dementia. People told us they enjoyed this and we saw that the activity was well attended.

The weekly activity schedule included reading magazines, crafts and massage. There was no specific activities person co-ordinating the activities to ensure that they were daily opportunities for people to pursue their hobbies and interests. The manager and provider told us all staff were responsible for providing such opportunities. We spoke to a senior carer who was responsible for providing foot massage that afternoon. This involved a small number of people as each massage took some time and those who received a foot massage told us they enjoyed it. In the afternoon magazines were handed around and staff sat and looked at these with people. Activities were at set times in the day and at other times there was no equipment provided for people to access at their own free will to encourage them to participate in activities of their choice. In the main lounge area there were a few books and magazines on a shelf but no other accessible games, pictures or reminiscence items to provide stimulation and engage people in an activity. Staff felt that more opportunities for people to pursue their hobbies and interests could take place; one staff member told us they had made cards with people at Christmas but it was difficult to engage everyone in one activity. No previous arts and craft activities were on display around the building. Staff had not had specific training to ensure they had the skills to support people with dementia and memory loss to participate in meaningful activities. The provider said they had purchased items for a rummage box but these had been broken and not replaced.

One person remained in their room due to their health condition and poor mobility. Staff told us they went and spoke to this person but there was no documentation to show that they engaged in any activity to prevent social isolation. The provider implemented a chart during the inspection for staff to record meaningful staff interactions to ensure this person received one to one contact regularly with staff throughout the day.

One person liked to walk around the home and collect items. Due to the lack of suitable items in communal areas for this person to pick up and collect, they had collected toilet rolls and hand towels from bathrooms and carried them around or back to their room, this meant that toilets did not always have toilet roll or hand towels available for people to use. Our SOFI observations showed people sat in the lounge for long periods of time with nothing to do; many sat with their eyes shut or fell asleep. Care plans included specific areas titled 'therapies' these were divided into reality orientation, reminiscence and activity therapies. We saw that people's therapy care plans stated 'not needed', or 'not appropriate'. Staff showed us an activity folder; this was completed with activities people had been involved with during the day. We saw that for one person this said 'sat in lounge and had a chat'. When we asked staff about this they said that they had spoken to this person throughout the day to check they were alright, and to ask if they wanted a drink. This meant that people were not being provided with opportunities to follow their interests or take part in social activities. Staff told us that they would like to have specific training on providing activities for people with dementia.

The provider had not taken proper steps to ensure that people were provided with a stimulating environment which maintained their welfare and took into account their social and emotional needs. This was a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in August 2014 we asked the provider to make improvements in relation to record keeping. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found that charts completed by staff relating to specific care provided were now stored in specific folders and easy to access. Pre admission assessments were clear, accident and incident forms were completed and the hand over book was reviewed daily by a senior member of staff. All information was now given to staff during a comprehensive handover at the beginning of each shift and

Is the service responsive?

the handover information signed by a senior member of staff to show that this had taken place. The new manager and provider had commenced a review of all care records and this was in progress at the time of the inspection. Some documentation formats had been removed, updated or amended to provide a clearer picture of people and their needs; however this had not yet become fully embedded into all care files. The manager told us this was an on-going review of documentation taking place with the input of care staff to ensure record keeping was of a suitable standard.

A clear process for the reviewing of care plans and risk assessments had been implemented, prior to this reviews had been completed but all paperwork seen did not provide corresponding information. The manager told us that they had started a new process to ensure all care plans and risk assessments were reviewed and updated and historic information no longer relevant was being archived to make care files simpler to navigate. This would continue in the coming weeks.

We found one risk assessment for falls stated the person was at high risk of developing a pressure sore. Appropriate pressure relieving equipment was in use and a daily re-positioning chart had been implemented, however, this was not completed through the day from when the person got out of bed and spent the day sat in a chair until they returned to bed in the evening. Staff told us this person moved around in the chair independently and sat on a pressure relieving cushion so did not require to be repositioned in the day. This person did not have any pressure wounds and their skin integrity was checked daily. However, this was an area of documentation which needed to be improved.

The falls risk assessment for this person stated they were at low risk of falls as they were no longer walking independently. Staff told us that this person did occasionally mobilise but needed a lot of assistance to do so; this was not documented in the care plan, however, staff were able to tell us about this person, and knew how to provide care appropriately. The provider told us that all care records were in the process of being reviewed, with new care documentation being implemented to make information clearer for staff. Staff received a handover at the beginning of each shift, this was overseen by the manager or provider to ensure information was accurate and staff were aware of people's needs and any changes, falls or accidents.

A day book was completed by staff at the end of each shift. A tick chart was in place to document people's general health needs, personal care, and to show who had had baths and showers. This also identified if any falls had occurred and which staff member had been responsible for medicine administration. Care staff also wrote daily records for each person. Some daily records included information about people's mood and behaviour during the day; others were task orientated, for example, 'ate and drank well'. This was an area which required to be improved.

Complaints received had not been appropriately documented to show that the provider had taken actions in line with the organisation's complaints policy. It was unclear when complaints investigations had been completed and closed. We looked at complaints records and these had been responded to, however not all actions taken had been documented; this included feeding back information to the complainant. The provider was able to tell us actions had been taken and that the complainant had been responded to, however this had not been documented within the complaints actions. As actions had not been documented, the provider was not able to show learning from complaints investigations or that organisational procedures had been followed. Complaints investigations had not been completed and documented to show that the provider had taken appropriate actions in line with the organisation's complaints policy. This is a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints policy and information regarding the complaints procedure was available to people, relatives and visitors. Relatives told us that if they had any concern they would raise this with the manager or speak to staff. Relatives also told us that the provider was often available and they would speak to them or telephone to discuss any concerns.

Requires Improvement

Is the service well-led?

Our findings

Homelea had a registered manager who had left the service three weeks before the inspection and was in the process of cancelling their registration with CQC. An appointee manager immediately took over the general running of the service supported by the provider and had commenced the application process to become registered manager. People told us they liked the provider and the new manager. Relatives and visitors said that the change had been positive and there was an improvement in atmosphere and overall feeling in the service. Staff told us, "The changes have been a positive move there is more direction now, it's much better." And, "The new management has just turned it around; it's a much better working environment now."

At the last inspection in August 2014 we asked the provider to make improvements in the way the quality of the service was assessed. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found that actions had been taken. The new manager and provider had been reviewing previous auditing and monitoring of the service. A visiting independent consultant had carried out an audit of the service since our last inspection. This had identified areas which needed to be improved. These actions had been identified and taken forward to ensure continued development and improvement of the service. A number of audits had been completed and further changes to the auditing process implemented. The provider recognised that the new audits required time to become fully embedded into practice.

The manager had implemented a number of immediate changes to improve the service. The medicine audit had been improved and an audit now completed regularly by a senior carer and a further meds audit by the manager. We saw a number of completed medicine audits and these had been checked and reviewed by the manager. The provider felt that once the new program of auditing became fully embedded they would have a clear overview of the service.

Feedback had been gained from people and their relatives. The manager told us further questionnaires were being sent to people and once returned the results would be analysed and improvements made as required. Residents and relatives meetings had not taken place in recent months. However, the manager told us they had an open door policy for staff, relatives, residents and visiting health professionals. Stakeholder surveys had also been sent out to gain further feedback. During the inspection people, visitors and health professionals spoke to the manager and provider and told us they were a visible presence most days.

Staff rotas identified who was on call and staff told us they could contact the manager when they were not working for clarification if they were unsure of anything. There was a comprehensive format for staff meetings within the service. Any issues identified were discussed at meetings to inform staff and to facilitate improvement within the service and individual staff meetings took place if needed, with a supervision and appraisal schedule on-going for staff.

Two senior staff now used allocated management hours to carry out checks around the service, speak to staff and carry out auditing. Staff told us this was a positive change and meant that they had the time and opportunity to ensure any issues were followed up. For example, diary entries were checked to ensure staff were aware of any appointments.

There was a maintenance employee, and out of hour's provision in place in the event of an emergency, with contractors telephone numbers available. A log book was used by staff to alert the provider or maintenance employee of any non-urgent issues. Maintenance issues had not been audited appropriately by the management to ensure that the environment had been maintained to an appropriate standard. When the maintenance employee had been unavailable, the maintenance plan for the service had not been overseen by anyone else. This had caused further delay. However, a new plan was in place with further out- sourcing to increase manpower and speed up the redecoration to improve the overall environment for people living at Homelea. This was an area which required improving.

Policies and procedures were available for all staff, relatives and visitors to access if required. Staff were shown policies as part of their induction; this included the organisation's whistle blowing and safeguarding adult's policy. Staff understood their role and responsibilities and were clear how their decisions, actions, behaviours and performance affected the running of the service and the care people

Requires Improvement

Is the service well-led?

received. Staff had received some training and told us they felt supported to provide good care. However, staff told us that they would like to have specific training on providing activities for people with dementia.

The new manager and provider had a vision in place to improve both the environment and develop the service by focussing on improved dementia care this was to include further training for care staff in providing activities for people with dementia. We saw training arrangements and a maintenance plans for the on-going improvement of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Premises and equipment was not secure or properly maintained. Regulation 15 (1)(b)(e)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care had not been provided to ensure peoples preferences and needs were met. Regulation 9 (3)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Complaints investigations had not been documented to show actions had been taken.** Regulation 16 (2)