Homesdale (Woodford Baptist Homes) Limited

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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

This unannounced inspection took place on 4 July 2017. At our previous inspection on 5 August 2015 the service was not meeting legal requirements relating to managing medicines safely. During this inspection significant improvements had been made.

The service provides accommodation and support with personal care to a maximum of 18 people in the London borough of Redbridge. The building has an accessible garden with a water feature and has access to facilities of a neighbouring sister sheltered accommodation scheme. On the day of our visit there were 16 people using the service.

On the day of our visit a registered manager was in place. 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.'

People told us they felt safe and trusted the staff that gave them support. Staff had attended safeguarding training and were aware of the procedures to follow in order to protect people from avoidable harm.

Medicines were managed safely with the exception of room temperature checks where action taken following temperatures above 25 degrees was not always recorded. We made a recommendation about this.

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

The premises were clean and well maintained although we noted some clutter such as wheelchairs and hoists stored in the main lounge which were a potential health and safety risk.

People told us they were treated with dignity and respect. They told us staff were supportive, pleasant and kind and enabled them to pursue their personal and religious preferences. They were confident that any complaints would be dealt with promptly.

Care plans were person centred with an effective key working system in place to ensure peoples physical, emotional and religious support needs were being met.

The service was well-led by a visible management team. People knew the registered manager by name and thought they were approachable. There were effective quality assurance systems in place to ensure people, their relatives and staff feedback back was sought and acted upon.

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 were safeguarded from avoidable harm because appropriate guidance was followed. Staff had attended safeguarding training and were able to recognise and report any abuse.

People told us there were enough staff to support them. There were robust recruitment systems in place to ensure only suitable staff were employed.

Medicines were managed safely with the exception of recording of actions taken where storage room temperatures rose above the recommended medicine storage temperature.

Is the service effective?

Good

People told us staff were knowledgeable and supported them well.

People were encouraged to choose their meals and were supported to access health care services when required.

Staff had attended training relating to the Mental Capacity Act (MCA) 2005 and were aware of how to apply these principles when supporting people.

Is the service caring?

Good

People told us staff were kind and compassionate and treated them with dignity and respect.

Staff responded to people's calls for assistance promptly and ensured their dignity was preserved.

People were supported to have a pain free and comfortable experience during the last days of their life.

Is the service responsive?

Good

The service was responsive to people's needs. People told us staff understood and responded to their needs.

People and their relatives told us they would not hesitate to complain if they had any issues. There was an effective complaints system which was known by staff and people.

Care plans were updated monthly and reflected people's, physical, emotional and spiritual preferences.

People were happy with the activities with some going out regularly to activities within the community.

Is the service well-led?

Good

The service was well-led. People and their relatives told us they could approach the registered manager at any time.

There were effective quality assurance systems in place to ensure people, their relatives and staff views were listened to.

There were effective systems in place to ensure care delivered was monitored and was meeting people's needs.

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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 4 July 2017 and was unannounced.

The inspection was completed by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service and looked at notifications. A notification is information about important events which the provider is required to tell us about by law. 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.

We spoke with ten people and three relatives. We spoke with three staff, the registered manager, the chef, a housekeeper and activities coordinator. We reviewed three care records, seven staff files, maintenance records and health and safety check records. We looked at eight medicine administration records.

Good

Is the service safe?

Our findings

People told us the service was safe and that they trusted the staff that looked after them. One person told us they felt, "Unbelievably safe- staff are fantastic to me." Another person said, "Oh yes perfectly safe. I know there is always somebody on hand." We saw that call bells were accessible to people and pendants were used where required in order to ensure that people had a means to call for help when required. Visitors signed in and out and were let in by staff after verifying who they had come to visit.

At our previous inspection in 2015, we had concerns about how medicines were managed. During this inspection we found improvements had been made. The only exception was failure for staff to document any action taken once the temperature rose above 25 degrees in the medicine cupboard. Staff told us a cooling system was going to be purchased. We recommend that best practice guidelines are followed to ensure medicines are stored appropriately.

Medicine was administered by staff who had been assessed as competent and had attended relevant training. We checked the controlled drugs (CD) cupboard and found no discrepancies. We observed the day and night shift handover and completed the CD check and were told and saw records confirming this occurred daily. We checked medicine administration records and found they had been completed correctly. Staff made sure the medicine trolley was kept locked when not in use. The registered manager completed monthly medicine audits.

People were protected from avoidable harm. Staff had attended safeguarding training and were able to explain the procedure they would take to recognise and report any abuse. They were aware of the processes in place such as incident and accident reporting, updating body maps. We looked at safeguarding records and found appreciate steps had been taken when any allegations of abuse had been made. The safeguarding policy was accessible to and known by staff.

The premises and equipment were clean and well maintained. All equipment such as the lift, hoists, weighing scales and assisted baths were serviced regularly to ensure they were safe for use. Staff had received training on how to use equipment such as hoists and were aware of the process to follow to report any repairs need. Regular health and safety checks were completed to ensure the environment was safe. However we noted that some wheelchairs and a hoist were stored in the main lounge in a corner posing a potential health and safety risk.

People told us there were enough staff to support them. One person said, "Yes they work hard – nothing is too much bother. At night when you ring the buzzer they come straight up." Another person said, "The staffing is adequate, it would be nice to have more if funds stretch but they can't afford it. There is always a senior and others to help." Staff were happy with the staffing levels in place and were supported to gain qualifications in care. We reviewed staffing rotas and found consistent staffing of two care staff at night and four staff during the day, plus the registered manager, activities coordinator, chef, laundry assistant and housekeeper. There was low staff turnover which enabled continuity of care and staff to build a rapport with people and their relatives.

Before staff started to work at Homesdale they underwent an interview process and could only start work after satisfactory references and disclosure and barring checks. We checked recruitment records and found appropriate procedures had been followed.

There were procedures in place to deal with emergencies. Staff had attended fire training and regular fire drills took place with weekly testing of fire alarms. People had personal evacuation plans which were accessible to staff and used to evacuate people appropriately in the event of a fire. Staff had first aid training and were able to explain the procedure they would take if there was a medical emergency.

People's risk assessments were completed and updated monthly or as and when their needs changed. Risk assessments were specific for the individual and included risk assessments for people who went out in the community. For example, there was a risk assessment for when a person was supported to go for a holiday. Risk assessed included falls, skin, nutrition and moving and handling. There was clear action taken when any risk was identified.

Good

Is the service effective?

Our findings

People were supported to access health care services when required. One person said, "Yes, there is a lady doctor, she comes on Tuesday." Another person said, "Yes doctor comes on Tuesday, I also see the optician and chiropodist, and [hairdresser] does our hair." On the day of our visit the district nurse came to see some people, the GP also came to review people. They both told us they had a good working relationship with the service which enabled people to maintain their health. We saw evidence of weekly GP, hairdresser visits six weekly chiropodist visits and annual optician visits. People were weighed monthly and any weight loss was monitored and referred to appropriate health care professionals.

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.

Staff sought for consent before care was delivered. People also signed consent to care, having photographs taken, access to medical records, and administration of medication forms when they started to use the service. Where people started to have difficulty in making a decision a best interest meeting was carried out with them and their advocate. In addition capacity assessments were completed for specific decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found staff were aware of people with a DoLS in place and kept within the conditions in place.

People told us they were supported by staff that were knowledgeable and understood their needs. One person said, "I think they are very good. One thing that is noticeable is how little the staff change. They are very happy and permanent staff which is good." Another person said, "Yes they are very efficient and they are very pleasant."

Staff were supported by an induction program which included completing the care certificate, and a three month probationary period. Staff received mandatory training and were enabled to obtain qualifications in social care. Training included manual handling, safeguarding, MCA and DoLS, food hygiene and first aid. Staff had completed a distance learning courses in dementia and diabetes, with two senior staff currently on the Gold Standard Framework which will ensure best practice care is delivered when people are nearing the end of their life. Staff told us they found training helpful.

Staff received an annual appraisal where they could outline their objectives and personal development plans for the year. They received supervision at least six times a year to check if they were on track to

achieving their yearly objectives and to discuss any issues.

People told us they were happy with the food provided. One person said, "The food is very enjoyable, it's all made fresh." Another person said, "I enjoy the cooked breakfast." A third person said, "Meal times are my favourite. We get fruit and hot drinks and cakes in between. There is always something to eat." People were offered alternatives when they did not like the meal. There was also a "night bites" menu for the night in case some people wanted something to eat. One person told us, "I get my cup of tea any time even in the middle of the night if I fancy it."

The chef regularly discussed people's likes and dislikes with them and asked people to complete quality assurance forms in relation to meals. If a person did not like what was on offer, an alternative was made for them. There was a cooked breakfast option twice a week. We saw a choice of drinks at mealtimes, regular hot drinks and biscuits and homemade cake offered to people and their families when they visit. People chose where they eat their meals. We saw a person having a meal with a family member at a quiet table on the day of the inspection.

Good

Is the service caring?

Our findings

People told us staff were polite and caring. One person said, "Oh yes whatever you want nothing is too much." Another person told us, "Yes, I think they are very caring- the staff would be upset if they weren't available when needed." A third person commented, "Oh yes they would do something for you if I asked. I just press the buzzer and they usually answer within a minute." Throughout the day we observed staff and the manager interacting with people making sure they had enough drinks and were engaged in some meaningful activity.

People and their relatives were treated with dignity and respect. One relative told us, "Yes they always knock on [person's] bedroom door. They ask [person] if they wanted it opened or closed." A person said, "Yes, when they wash me they close the door in the morning and evening." We found personal care was carried out with doors and curtains closed. We observed staff knocking and waiting for a response before entering people's rooms. The service provided complimentary meals and hot drinks for relatives. In addition a guest room was available when relatives had travelled a long distance or when relatives needed to be close by in the last days of a person's life.

Staff were aware of the need to maintain confidentiality and kept people's care records secure in the care office. We observed them direct professionals to the care office or to people's rooms so that they could have confidential support. They also enquired who was on the telephone and checked with people before divulging information.

There was a notice board people could refer to with details of useful information such as advocacy services. In addition a newsletter was distributed to people informing them of forthcoming activities. One person said, "The newsletter is quite useful as I forget. I also have a look at the noticeboard to see if anything appeals to me."

Care records outlined people's likes, dislikes, cultural/religious needs and interests and hobbies. Staff were aware of these and ensured they catered for people's needs according to their preferences. For example, they helped read a bible for someone who wished for this. They ensured people were supported or reminded to attend the daily service that was conducted in the main lounge.

People were supported to remain at Homesdale towards the end of their life when it was their wish to spend their last days in a familiar environment. End of life care plans were still in progress with staff gathering information about people's final wishes. They liaised with the GP, district nurse team to obtain pain relief, equipment and come up with a comprehensive support plan. A pastoral support worker also supported people if it was their preference by praying with them or sitting with people. Staff attended funerals and the service provided funeral teas for their family and friends. In addition a memorial tree was in the main lounge with all the names of people who had lived and passed away at Homesdale.

Good

Is the service responsive?

Our findings

Care plans reflected people's holistic needs including spiritual preferences. They were updated monthly and annual care plan reviews were completed with people and their families. For example, a request to move to another room was granted when a desired or requested room became available. Before people started to use the service they were encouraged to spend a day at the service. This enabled time to carry out an assessment to determine if the service could meet their needs. A key working system (a system where senior staff were allocated people and were responsible for keeping their well-being needs up-to-date) was in place. This enabled staff to build a rapport with people and their relatives and ensure individual needs were catered for.

People were encouraged to bring their own possessions into the service. We saw each room was decorated according to the individual's taste and had their personal furniture and ornaments. People told us they were able to choose what time to get up, go to bed, what they wore which activities they participated in within or outside the service and where they ate their meals. One person told us, "I can do what I want when I want. They really listen." We observed people woke up when they wanted and chose to eat in their room or in the communal area within and the service.

People told us they had a choice on activities and enjoyed the activities within and outside the service. One person said, "I join the cooking and I have never done it before. I walk round the garden for exercise. I sometimes play the piano." Another person said, "We exercise to music, do word games, quizzes, crosswords. Weather dependent – they take us out in a minibus. Been to Valentines Park in Ilford and Alexandra Palace." An activities co-ordinator provided a range of activities which included reminiscence therapy, daily newspaper group, manicures, puzzles, baking, board games, pet therapy, and hand massages.

People were supported to participate in activities they enjoyed, which also reflected their individual and religious preferences. People's different faiths were embraced and staff found ways to enable people to continue to practice their faith. Once a month people who wished to attend a service at a named place of worship were transported in the minibus. An external person delivered monthly art classes, yoga, armchair based exercises and exercise armchair classes. People had recently requested and were supported to go to a garden centre to pick flowers for the patio and had enjoyed afternoon tea in the tearoom. One person attended a day centre. Another two attended clubs related to their faith and medical condition.

People told us they were able to complain about any issues as they felt they were listened to. One person said, "I can say any concerns to [manager].We saw a comments/suggestion book placed in front entrance for people to make suggestions. There was a system in place to acknowledge, respond to and learn from complaint. The complaints procedure was displayed in the hallway and in people's rooms so it was accessible for all. The service had received five complaints and 24 compliments over the last year. All complaints had been investigated and responded to in accordance with the service's policies.

Good

Is the service well-led?

Our findings

There was an experienced registered manager who had been managing the service for over 10 years. They role modelled best practice to staff and ensured staff followed the service's policies and guidelines to ensure care was delivered safely. The registered manager notified us of incidents that affected how the service was run as required by law. This included any safeguarding incidents and any deaths that had occurred.

People and their relatives told us the registered manager was visible, hands on and approachable. One person said, "The [manager] is very nice and helpful." A relative told us, "Overall it is well run. I chose it because it is a Christian home. The acid test is whether my dad is happy here." A second person referred to the registered manager as, "very good and very involved." A third person said the manager was "very pleasant". People, relatives and staff confirmed there was an open door policy and that they could approach the registered manager to discuss any issues.

Staff were aware of their roles and responsibilities with senior staff having specific roles and responsibilities such as ordering and checking in medicines, assisting the GP with the weekly reviews of people requiring medical input and updating care plans. Management team supported each other on a daily basis and ensured staff training, health safety checks, people's records were up to date. They also subscribed to journals and newsletters to keep up to date with the latest issues in social care.

People, their relatives and staff views were listened to and acted upon by the registered manager. Staff told us they attended regular staff meetings and were able to express their views at meetings during handovers, supervision and appraisals. They told us the registered manager was supportive. People were able to tell the manager face to face of any issues and completed an annual satisfaction survey. We reviewed the latest "residents survey" dated May 2017 completed by 14 people and found people were happy with their keyworkers, the food and found management approachable. We saw food related questionnaires sent out by chef and saw feedback given on the meals was taken on board. For example cooked breakfast offered twice a week twice a week in response to people's requests.

There were effective systems in place to ensure the quality of care delivered was monitored and improved. Regular audits in different areas such as complaints, infection control, medicine, health & safety, fire safety, fridge and water temperature checks. The registered manager was available over the telephone when not on duty and worked some weekends occasionally enabling them to meet friends and families. The provider carried out monthly visits to ensure the service was meeting people's needs.