

Homeleigh Care Limited

Homeleigh

Inspection report

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31 March 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Homeleigh is a residential care home providing personal care to up to 18 people who have mental health needs in one adapted building. At the time of our inspection there were 17 people living at the service.

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

People told us they were happy and felt safe living at the service and staff supported them in the way they preferred.

People received their medicines as prescribed and improvements had been made in the management of people's medicines. Staff worked with other healthcare professionals to make sure people received the support they needed to live their lives to the fullest.

Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to reduce the risks. People were supported to take positive risks, people decided when they needed staff to support them when they went out.

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.

There was enough staff, who had been recruited safely, to support people with their needs. People had been involved in decisions about the service including infection control and how they could support each other to remain safe. Staff understood how to keep people safe from discrimination and abuse.

Checks and audits had been effective in monitoring the quality of the service. Action had been taken when shortfalls had been found to rectify them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 April 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homeleigh on our website at www.cqc.org.uk.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Homeleigh

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

Homeleigh is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Homeleigh is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

On the first day of our inspection the registered manager was working their notice period. A new manager was already in post and working at the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 March 2022 and ended on 31 March 2022. We visited the service on 22 March 2022 and 31 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experience of living at the service. We observed staff interactions with people in communal areas. We spoke with five members of staff including the registered manager, manager, deputy manager, senior support worker and support worker.

We reviewed a range of records. This included two people's care plans and all the medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection medicines had not been managed safely. At this inspection, improvements had been made. The use of 'homely remedies' medicines now followed guidance. All 'homely remedies' provided for people had been approved by the GP. When medicine instructions had not been printed on the medicine administration records, these were handwritten by staff. Handwritten entries were now signed by two staff to confirm the instruction was correct.
- Some people were prescribed 'as and when' medicines for pain relief or anxiety. New guidance was in place to inform staff when to give these medicines, how often, and the action to take if not effective. Some people were prescribed liquid medicines, once opened these can only be used for a limited time. Bottles had been dated on opening to make sure the medicines were not used for too long.
- Staff had completed records accurately to confirm medicines had been given and the number of tablets available were correct. The temperature of the medicine storage room had been recorded to make sure it was within the limits for the safe storage of medicines. People told us staff gave them their medicines in the way they preferred and when they needed them.

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

- Potential risks to people's health and welfare had been assessed. There was guidance in place for staff to mitigate the risks. Some people were living with health conditions such as diabetes. There was guidance for staff about the diet people should eat, how people would present if they were unwell and what action should be taken.
- Some people had a catheter to drain urine from their bladder. There was guidance for staff about how to support people with the management of the catheter. There was information for staff about when the district nurse should be contacted.
- Staff had guidance about how to support people safely if they became distressed. Care plans contained information about the triggers to people's behaviour and how to support people when they become distressed or anxious. We observed staff supporting people to stay calm and take part in activities.
- Checks and audits had been completed on the environment and equipment people used. Fire equipment

had been checked regularly.

- Incidents and accidents had been recorded. These had been analysed for patterns and trends, action had been taken to reduce the risk of them happening again.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibilities to safeguard people from discrimination and abuse. Staff knew how to recognise the signs of abuse and understood how to report any concerns. Staff were confident the manager would report any concerns and take appropriate action.
- Incidents between people had been reported as required to the local safeguarding authority. The service had worked with the safeguarding authority to put plans in place to reduce the risk of the incidents happening again. People told us they felt safe living at the service and staff supported them.

Staffing and recruitment

- Staff had been recruited safely. Checks had been completed on applicants suitability to work with people living at the service. This included the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to support people in the way they preferred. People told us staff supported them to go out when they asked. One person told us, "I like them to come to the shops with me, but I am happy to go to my clubs by myself." We observed staff going out with people to the shops or café. Staff told us there was enough staff and they were able to support people when they needed it.

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.

Visiting in care homes

People were supported to visit and stay with their families. There were systems in place to support visitors to the service. When relatives were unable to visit, staff assisted people to phone their families daily. People preferred to go out and meet their friends, they were supported to attend the groups they enjoyed.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection, medicines checks and audits had not identified the shortfalls found. At this inspection, checks and audits had been effective at identifying shortfalls and action had been taken to rectify them.
- Staff understood their roles and responsibilities, there was a clear management structure within the service. The manager worked with staff to support people, this enabled them to identify any issues immediately.

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

- There was a positive culture within the service, people were supported to live their lives to the full. People told us how staff supported them to go out with friends to events, they were able to decide how much support they wanted and when. One person told us, "They know when I get anxious and they are there to help."
- We observed people going out supported by staff, people were supported to make the decision about where they went and what they did. People were involved in what was happening within the service and any changes were discussed.

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

- There was an open and transparent culture within the service. People knew who the manager was and had been kept informed about the change of management. People told us, if they had any issues or concerns, they were confident to speak to the management and action would be taken.
- People told us, any concerns within the service were discussed with everyone. They felt they were involved and kept informed especially if anything had gone wrong. When there had been incidents when people were admitted to the service that had caused people distress they were discussed openly with people.

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

- People were involved in all decisions affecting them. When lockdown restrictions were lifted, people were involved in deciding how they could go out but also keep them as safe as possible. People told us, they had agreed to complete twice weekly lateral flow tests, when they were going out to clubs and social events.

When people had tested positive for Covid-19 they isolated and when they were clear the service held a disco to celebrate.

- Staff attended regular meetings, where the service and their practice was discussed. They told us they felt supported and involved in the service. One staff told us, "We are asked our opinion and involved in developing the service."

Continuous learning and improving care; Working in partnership with others

- The new manager was excited about their role and had a vision for the service. This included more in-service activities including sensory activities. The manager told us, they wanted to continue to improve the staffing structure within the service and introduce the keyworker system.
- The manager has plans to improve their skills including completing their level 5 management qualification. The provider plans to introduce electronic care planning system and the service is working with the commissioner's quality assurance team.
- The service works with health care professionals to make sure people receive the support and medicines they need.