

Home from Home Residential Care for the Elderly Limited

Home From Home

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

About the service

Home from Home provides accommodation and personal care for up to 10 older people. It is situated in the village of Newbold Verdon. At the time of our inspection there were eight people using the service.

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

Home from Home was homely and comfortable with a friendly atmosphere. A relative said, "It's a gem, a real gem and so homely. I can't believe how happy [person] is here." The premises were well-decorated, clean and fresh throughout.

Staff provided person-centred care and had an excellent knowledge of the people they supported. They knew their likes, dislikes and preferences and what they liked doing. People enjoyed daily activities and going out into the local community.

Staff were well-trained and provided people with safe care and support. They were caring and kind and enjoyed working at the home. A staff member said, "This is a lovely place to work because we really get to know our residents and they are such a lovely group of people."

People's healthcare needs were met. Staff worked closely with local GPs, district nurses and other healthcare professionals to ensure they had the care and support they needed. The food provided was wholesome and people said they enjoyed their meals.

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.

People had a say how the home was run. They attended regular meetings where they could share their views and completed quality surveys. If they made suggestions the registered manager and staff acted on these.

People said the registered manager and staff were open and friendly. Staff were well-supported and relatives welcomed at the home at any time. The registered manager oversaw the home and completed audits to check it continued to run well.

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

Rating at last inspection

The last rating for this service was Good (based on an inspection on 18 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Home From 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.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Home from Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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

The inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service, which included the provider's statement or purpose any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people using the service and two relatives. We also spoke with two senior care workers and one care worker.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the home. A person said, "I am safe here because there is always staff around to look after us all."
- Staff were trained in safeguarding and understood their safeguarding responsibilities and what to look out for if a person had been abused.
- The provider's 'safeguarding checklist' told staff what to do if abuse was suspected or a safeguarding incident had occurred.

Assessing risk, safety monitoring and management

- People mostly had risk assessments in place so staff knew how to protect them from harm. For example, one person needed staff support when walking. Their risk assessment stated, 'I need staff to walk with me at all times. To place a hand on my back for reassurance.' We saw staff following the risk assessment when assisting the person into the dining room.
- One person did not have a risk assessment for a sensory impairment. Although there were instructions for staff in their care plans and case notes on how to support the person with this issue, there was no specific risk assessment for it. We discussed this with staff who agreed to put an appropriate written risk assessment in place.
- Another person frequently left the home on their own to walk around the village. However, it was unclear from their care file what the staff should do if they did not return on time. Staff had a plan for this eventuality, but it was not written down. They said they would put a written risk assessment in place for this.
- We discussed the use of the Herbert Protocol with staff. This is a form that carers, family or friends of a person can fill in to provide information to the police and other agencies should a person go missing. Staff said they would discuss the use of this form with the registered manager.
- The premises were safe and secure. Water was thermostatically controlled to prevent the risk of scalding, radiators were covered, and window locks fitted. Staff carried out regular fire drills and checks on the premises to ensure they remained safe.

Staffing and recruitment

- The home was well-staffed for the number of people accommodated with staff on duty and on call day and night. A staff member said, "There are always enough staff on duty." They said if extra staff were needed, for example, if a person was ill or their needs changed, they would be provided.
- People and relatives said there were always enough staff to meet people's needs. A relative said that if a person required assistance the staff response was 'almost instantaneous'. During our inspection visit call bells were answered immediately.

- Staff were safely recruited to ensure they were suitable to work in care. The registered manager carried out criminal records and background checks and took up references to check the staff employed were of good character and had the right skills and knowledge for their roles.

Using medicines safely

- All staff were trained in the safe administration of medicines although only senior staff gave out medicines. The registered manager kept an up-to-date list of the staff approved to do this.
- People had personalised medicines care plans setting out how they wanted their medicines administered to them. For example, one person's stated, 'I want staff to place medication in front of me on the table. I will place medication in my mouth. Staff to observe I have taken all my medication.'
- Medicines were kept securely, and staff completed accurate records to show people had their medicines as prescribed.

Preventing and controlling infection

- All areas of the home were clean, tidy, and fresh. Staff wore disposable gloves and aprons when necessary and used correct handwashing techniques. Anti-bacterial hand gel was available in the home for staff, people and visitors to use.
- Staff were trained in infection control and understood the importance of a high standard of cleanliness to protect people from infection. A staff member said they were proud of the fact that the home hadn't had an infection outbreak for the last three years.

Learning lessons when things go wrong

- Staff were keen to address any shortfalls at the home and welcomed constructive criticism and discussion. When we pointed out the need for clear written risk assessments they acknowledged this and set about putting them in place.
- Since we last inspected there had been no serious incidents or accidents at the home. Staff were knowledgeable about accident and incident prevention and wanted to keep their skills up-to-date. They said they were looking forward to sharing information about the Herbert Protocol with their colleagues.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health and social care needs were assessed before they moved into the home. People's cultural and religious needs were included in the assessment process.
- The admission form covered people's oral health care needs. For example, one person's stated, 'I like staff to brush and rinse my teeth.' Staff used the information gathered to inform people's care plans.
- There was no separate section for 'risk' on the admission form. Having information about risk prior to a person moving into a home helps to ensure staff provide safe and effective care to people on admission. Staff said this would be included in future.

Staff support: induction, training, skills and experience

- Staff completed an introductory and ongoing training programme to ensure they had the skills and knowledge they needed to provide effective care and support.
- If staff needed specialist training to meet people's needs this was provided. For example, some staff had been trained by district nurses to administer insulin.

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

- People had lunch during our inspection. The food served was wholesome and well-presented. People said they liked the food provided at the home.
- Staff sat with people when they ate and provided assistance when necessary to ensure their nutritional needs were met.
- A relative said people were offered drinks and snacks between meals. We saw staff take round hot and cold drinks and biscuits to people when they were in the lounge.
- People's nutritional needs were assessed, and care plans put in place, so these were met. For example, one person liked their food cut up so it was easier for them to eat and staff ensured this was done.

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

- Staff were knowledgeable about people's healthcare needs. A relative said their family member had a healthcare condition and staff monitored this closely to ensure the person stayed well.
- Care plans documented people's healthcare needs and identified any involvement they had with healthcare services.
- When required people were referred to external health professionals such as GPs, district nurses, and other healthcare staff.

- Staff or relatives supported people to attend doctors, dentists, hospital and other healthcare appointments.

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

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).

- At the time of our inspection no-one living at the home was subject to a DoLS authorisation. Staff understood the MCA and what they needed to do if it appeared a person was unable to consent to their care and support.
- People signed consent forms to show they agreed to receive care and support at the home. Staff supported them to make decisions about all aspects of their daily lives.

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

- The premises were homely and comfortable. All the people who lived there were mobile either independently or with the assistance of staff.
- Staff said it was made clear to people when they enquired about the home that, due to its layout, it was not suitable for people with significant mobility issues, for example people who were non-weightbearing. People who were cared for and supported in bed could be accommodated.
- A downstairs toilet/shower room was being used to store equipment and only the toilet area could be accessed. Staff said this shower wasn't in use, however the effect was not homely. We discussed this with staff who agreed to look at alternative places to store equipment.

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 good. At this inspection this key question has remained the same. 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 exceptionally kind and caring. We saw many caring interactions between staff and people. For example, staff and other people complemented a person on their appearance.
- A person said staff supported them with their outfits and make-up. They said, "I like to look smart and the staff help me choose what to wear each day."
- The home had a regular staff team who got to know people well. They were knowledgeable about people's life histories, family, and likes and dislikes.
- Staff said the best thing about working at the home was getting to know the people who lived there. A staff member said, "This is a small home, so we get to know everyone, we know the residents really well, they are like family."
- Sherry was served before lunch and there was some confusion about this. Some people, who didn't get sherry, felt left out. We discussed this with staff who agreed to address this situation to ensure that everyone who wanted sherry, and was safe to drink it, was given some.
- The majority of staff were 'dementia champions'. This meant they had had excellent knowledge and skills in the care of people with dementia. They advocated for people with dementia and were a source of information and support for their colleagues.

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

- People and relatives were involved when care plans were written and reviewed. A relative told us staff always discussed their family member's care plans with them and told them if there were any changes to their care and support needs.
- If family members were away, for example on holiday, staff took the time to contact them through social media and let them know how their family member was getting on.

Respecting and promoting people's privacy, dignity and independence

- In the latest residents' survey (carried out in August 2019) all respondents said staff respected their privacy and upheld their dignity.
- Staff told us how they provided people with dignified care. They said they always maintained people's privacy when attending to their personal care, closing doors and windows and ensuring people were covered up with towels.

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 good. At this inspection this key question has remained the same. 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

- People's care plans were personalised and identified how people wanted their needs met. They focused on what people could do, for example if people could do some of their own personal care this was highlighted to help ensure they maintained their independence.
- People's care files had a section where care plans were kept. This would benefit from having an index as it was not always easy to find specific care plans.
- Staff understood what personalised care meant in practice. For example, a staff member said, "It's supporting people in the way they want you to support them and not making people do things they don't want to do."
- Staff knew what was important to people, for example, one person loved listening to music so staff made sure they could do this in their bedroom and in the lounge with the use of headphones. Another person's life history stated they were 'well known and popular in the village' so staff ensured they were out in the community every day.

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.

- People's communication needs were assessed when they came to the home. Staff knew how to communicate with people in the way most suited to them following guidance in people's care plans.
- Information was provided to people in a way they found accessible. For example, staff described what was on television to a person with a sensory impairment, so they could enjoy watching it with others. They also assisted the person with written documentation by reading it out loud to them.

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 offered activities every afternoon. On the day of our inspection visit they took part in an armchair exercise to music class. People said they enjoyed the home's activities programme.
- Some people liked to go out into the local community either alone, providing they were safe, or accompanied by staff. The registered manager also took people out to community events including line dancing classes and coffee mornings.

Improving care quality in response to complaints or concerns

- People and relatives said they would tell the staff if they had any complaints about the home. A person said, "If there was anything wrong I'd just tell the nearest member of staff and they'd sort it out."
- The provider's complaints procedure was on display in the home and made accessible to people and their relatives. People also had their own copy of the complaints procedure in their service user guide.

End of life care and support

- People were welcome to stay at the home at the end of their lives if they wanted to. Staff worked closely with health care professionals to ensure they had everything they needed including palliative medications, used to manage people's symptoms and pain.
- Staff followed people's wishes and provided, for example, their favourite music, food and drinks. Staffing was increased where necessary and people were turned regularly and had appropriate mouth care.
- Relatives were welcome to spend as much time as they wanted with their family members at the end of their lives and stay at the home if they wished.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home was welcoming and comfortable and the staff kind and approachable. A relative said, "It's the best place ever. The atmosphere is lovely and the care brilliant."
- The staff provided good quality, person-centred care that achieved positive outcomes for people. We saw several examples of positive outcomes and goal achievements for people including people becoming more independent and accessing the local community.
- The home was run in a person-centred way and people were encouraged to choose their own routines and lifestyles. Staff were knowledgeable about the people they supported and knew what they liked to do.

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

- People said the registered manager and staff were open and friendly. They had developed good relationships with people and relatives who found them approachable. A relative said, "You can talk to anyone here."
- Staff said they were well-supported and confident in raising concerns if they needed to. A care worker said, "The [registered] manager always listens to us and if there are any problems sorts them out straight away."
- Staff understood the importance of being open and honest with people if anything went wrong. Incidents were recorded, reported and actioned appropriately.

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

- There were systems in place to monitor the quality and safety of the service. The provider carried out regular safety and premises checks to ensure people were safe at the home. At the time of our inspection there were no formal audits of care plans and risk assessments. Staff said these would be put in place to ensure care plans and risk assessments were fit for purpose.
- The registered manager provided care in the home so had a good overview of the quality of the care and support people received. Staff were clear about their roles and understood what the registered manager expected from them.
- The registered manager notified CQC of significant events appropriately. Policies and procedures were in place and updated regularly to ensure information was current and supported best practice.

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

characteristics

- People and relatives were involved in the day to day life home and had regular opportunities to talk to the registered manager and staff about their experiences of the care and support provided.
- People attended two-monthly residents' meetings. Minutes showed important issues, for example safeguarding, fire safety and the home's complaints' procedure, were discussed. Minutes showed that if people made suggestions, for example people had asked for curry on the menu and hot snacks at teatime, these were actioned.
- The provider sent out annual questionnaires. Seven people completed the latest one, in August 2019. The results showed a high level of satisfaction with all aspects of the home. People commented on how much they liked living at the home and how well the staff treated them. They also said they would talk to staff if they had any concerns about the home.

Continuous learning and improving care

- The registered manager promoted continuous learning and development through regular staff meetings and supervision sessions. These were used as an opportunity to reflect on incidents and update staff with organisational change.
- On the advice of paramedics, the provider purchased a battery-operated mobile lifting chair which could be used to assist a fallen person to get up safely. Staff understood this could only be used if first aid checks showed the person was unhurt.
- Ongoing improvements had been made to the premises including a new fitted kitchen. This was designed in a homely style and some people used it to make their own hot drinks, with staff support where necessary.

Working in partnership with others

- The local authority, who contracts with the home, inspected it in October 2019. The results were positive with the commissioner noting good relationships between people and staff, and good record keeping, audits, and staffing levels. No requirements or recommendations were made.
- Staff worked closely with local health and social care professionals, including GPs, social workers, and district nurses, to ensure people had the care and support they needed and were entitled to.