

## Methodist Homes

## The Homestead

**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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook an unannounced inspection of The Homestead on 12 and 14 December 2018.

The Homestead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care for up to 68 older people and is prepared to accommodate individuals living with dementia. On the day of our inspection 64 people were living at the home.

At our last inspection we had rated the service Good. At this inspection we found the evidence continued to support the rating of Good. According to the findings of our inspection and ongoing monitoring there were no serious risks or concerns relating to the functioning of the service. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

Why the service is rated Good.

The service was outstanding in their responsiveness. The service went the extra mile in providing people with a broad variety of activities to prevent social isolation. The service was extremely responsive to people's needs and wishes. People and their relatives told us that staff went over and above their call of duty which made a profound difference to people's lives. People emphasized the fact that they were delighted by the events organised by the service. People using the service and their relatives knew how to raise a concern or make a complaint.

The service continued to ensure people were safe. Staff understood potential signs of abuse, were aware of their responsibilities to report any concerns and knew how to do this. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Medicines were stored and administered safely. There were enough appropriately trained staff to meet people's needs. The provider followed appropriate recruitment procedures to ensure they employed staff who were suitable to provide care.

People continued to receive effective care. People were supported by staff who were suitably trained and supported in their roles. People were given choice and provided with support in accordance with the principles of the Mental Capacity Act. People had their nutritional needs met. We observed a lunch time meal and noted people were consuming appetizing food in a relaxed atmosphere.

The Homestead continued to provide a caring service to people. Staff consistently demonstrated kindness

and compassion towards people. People and, where appropriate, their relatives were involved in making decisions about the care and support people received. People's choices and preferences were respected.

The service continued to be well-led. People, their relatives and staff spoke highly of the management. There were systems in place that monitored the quality of the service, resolved issues and strived for continuous improvement. Staff felt engaged and empowered working at the service.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive and had improved to Outstanding.

The service went the extra mile in providing people with a great diversity of activities to prevent social isolation. People told us they were delighted by the events organised by the service.

The service was extremely flexible and responsive to people's needs.

People using the service and their relatives knew how to raise a concern or make a complaint.

### Is the service well-led?

Good ●

The service remains Good.

# The Homestead

## 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 12 and 14 December 2018 and was unannounced. The inspection was carried out by two inspectors and two experts 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. The experts spoke with people using the service and visitors to gather their feedback. They also observed interactions between people and staff, including providing care and support in the communal areas and with activities.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

During the inspection we spoke with 14 people using the service, three relatives of people, an activities co-ordinator, a team leader, a care worker, a maintenance person and the registered manager.

We reviewed six people's care plans, four staff files, training records and records relating to the management of the service such as audits, health and safety files, and policies and procedures.

# Is the service safe?

## Our findings

At our inspection in May 2016 we rated Safe as Good. At this inspection Safe remains Good. People assured us they felt safe at all times.

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. A member of staff told us, "There are different types of abuse. For example, psychological, physical, financial and institutional. If I expected abuse to take place, I would report this to [the registered manager]. If she did not act on it, I would go further to the safeguarding team".

Risks posed to people, as a result of their physical and mental health were identified and staff had access to information on how to minimise the risk of harm to people. Potential risks identified included the risk of falling, the risk of pressure damage and mobilising-related risks. Where people required risk assessments tailored to their specific health conditions, these were in place.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up-to-date infection control policy was in place which provided staff with information relating to infection control. This included: PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We observed there was a sufficient number of staff on duty to meet people's needs and call bells were answered swiftly. This was confirmed by staff, people and their relatives.

Medicines were stored, disposed of and administered safely. Medicines were administered by team leaders whose competencies were regularly assessed. Where people were prescribed 'as required' (PRN) medicine, staff had relevant information available to them to ensure this was administered safely.

Accidents and incidents were recorded and thoroughly investigated to enable the service to learn from incidents and mistakes. For example, where people suffered falls, the incidents were investigated individually and collectively to look for patterns and trends. Where patterns were identified, people's care was reviewed and referrals were made to healthcare professionals.

# Is the service effective?

## Our findings

At our inspection in May 2016 we rated Effective as Good. At this inspection Effective remains Good.

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person told us, "Staff know me and know what I like. We always have a bit of a laugh and a joke".

There was on-going training organised for staff in areas such as safeguarding, health and safety, first aid or dementia.

All the members of staff were supported through regular three monthly supervision meetings with senior staff members or the registered manager. This gave the member of care staff and the line manager the opportunity to discuss any problematic issues that may have arisen, as well as areas where the member of staff excelled. A senior member of staff told us, "I find supervision meetings really useful, especially with new members of staff in order to establish their further training and development".

People had their needs assessed before they started to use the service. The service involved other health and social care professionals in assessing people's needs. This was to ensure the suitability of the home as well as to determine the staffing levels and the skills staff needed to provide effective care. Staff were provided with sufficient information to meet people's needs effectively. Care plans included guidance from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "The MCA tells us to assume that everyone has got capacity, can make their own decision even if we do not agree with them". The registered manager had a clear understanding of Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs continued to be met. The care plans gave detailed guidance on people's needs, including their preferences and any allergies. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and looked wholesome and appetising. One person told us, "We have good choice of food. If you don't like something, they will make you something different".

People who used the service had access to healthcare professionals which included GP services, chiropodists, opticians and dentists. Professional visits were consistently recorded within people's records and staff followed the advice given.

The premises were suitably adapted. People were encouraged to personalise their own rooms with

photographs and other souvenirs and things they cherished. Staff told us and people confirmed that all the residents were encouraged to bring in familiar items to help them feel at home.



# Is the service caring?

## Our findings

At our inspection in May 2016 we rated Caring as Good. At this inspection Caring remains Good.

People continued to benefit from caring relationships with staff. Everyone we spoke with told us staff were kind, caring and willing to spend time with people. One person said to us, "I am very happy – it is so pleasant here. There is staff you can talk to. They are here to help you". Another person told us, "Staff are very caring. If you want something they will get it".

Staff listened to people's requests with patience and responded to their needs in a sensitive way. Staff displayed a good understanding of people's behavioural needs and provided them with emotional support. The service had a calm, cosy and welcoming atmosphere.

People were treated with dignity and respect. Staff explained to us how they promoted people's privacy and dignity in everyday practice, for example by taking all precautions so that people were not exposed whilst receiving personal care. A member of staff told us, "I always introduce myself, offer people choices, and tell them who is around".

During our inspection we noted that staff encouraged and assisted people to help them remain as independent as possible. A member of staff told us, "I offer people choices to ensure this is their choice. If they are not able to see, I describe things to them. We promote people's independence also by the use of adaptive plates and cutlery so they are able to eat themselves".

People were involved in planning their care and the day-to-day support they received. Care plans contained detailed personal information evidencing people and their relatives had contributed to the creation of their care plans. Records showed people were involved in reviews of their care and staff told us they involved people in their support.

The service ensured people's care plans and other personal information were kept confidential. People's information was stored securely at the office.

## Is the service responsive?

### Our findings

At our last inspection in May 2016 we rated Responsive as Good. At this inspection we found even more improvements had been made and the service has improved to Outstanding in Responsive.

The service employed unique and innovative techniques to provide people with activities. The service used a variety of Information Technology (IT) applications to meet the different needs of people. For example, the service was using the 'InteractiveMe' application. An interactiveMe profile is a secure web-based tool packed full of 'interaction triggers' such as personal photos, music, videos and stories all about the person's life. This gives care staff meaningful prompts to engage with the person. InteractiveMe also allows organisations to connect with families by sending them photo-updates and allows families to send their own photos direct to the person in care via InteractiveMe. One of the sub tabs was 'This is your life' which contained people's favourite photographs and music. It also included information about the foods, films, sports people liked, and their life histories. The application also had a complex reporting and auditing tool for one-to-one activities which helped the service to establish which activities people enjoyed the most. We spoke with staff members who told us they were using information about the life history of one person who was unable to communicate verbally. It enabled staff to use certain strategies to engage with the person and reduce their anxiety. As a result, the person was provided with a meaningful one-to-one interaction that reduced social isolation and behaviour that may challenge. The service gathered the opinions of staff, people and their relatives via 'InteractiveMe'. A member of staff wrote, "Using 'InteractiveMe' in a group really worked. Everyone started chatting and engaging. I think the residents were surprised how much they had in common". Another member of staff provided the service with the following feedback, "I used 'InteractiveMe' as a distraction to help with a resident who was agitated. It really worked to settle them down and stopped it escalating". A person using the service wrote, "This was so personal. When I first saw it, I was quite overwhelmed". A person's family member said, "Dad still really loves music. This has enabled him to listen to it more frequently which cheers him up". Another person's relative wrote, "This has given me some purpose during a time when I felt unsure of how I could help mum now that her dementia has gotten worse".

The service went the extra mile to meet people's needs.

One person was admitted to the service directly from a hospital where they had spent a significant amount of time with very limited access to the outside world. Once the person moved to the service, they expressed interest in visiting places of historical interest. This resulted in the person being assisted by staff to visit places such as Kelmscott Manor or St. Laurence's Church in Lechlade. We saw photographs showing the person smiling whilst visiting historical places and being accompanied by two members of staff.

The service organised a trip to British Motor Museum. This proved to be a success and people kept talking about the trip after their return. The service liaised with the museum and arranged for the museum representatives to visit the service so people who were unable to travel could enjoy being at a museum in their own home.

People told us that the service went extra mile to meet their food preferences. One person told us, "I have a

good relationship with the manager. She knows I love Scotland so she gets me Haggis, takes it to the kitchen and they cook it for me".

We saw evidence of the service working in partnership with the local community. For example, the service liaised with The Ice T Café which is a community group of young disabled people. The Ice T Café visited the service and engaged with the residents in social activities such as playing bingo, having a chat and spending time together.

People benefited from visits by National Citizens Service. The National Citizen Service is a voluntary personal and social development programme for 15 –17 year olds in England and Northern Ireland. The entertainment provided by young visitors included singing, playing the guitar and the flute, and playing bingo. Staff told us that this was well received by the residents who were provided with opportunity to interact with teenagers.

Local Beavers (part of the Scout Association) visited the service in order to get their community badge. This was well received by the residents, some of whom had been Beavers themselves in the past. Whilst visiting the service, the Beavers were singing Christmas carols and campfire songs in the environment decorated to resemble a campfire.

People benefited from being visited by various volunteers who provided them with social interaction. For example, the service organized visits by a Pets as Therapy trainee puppy. Pets As Therapy is a national charity that aims to enhance health and well-being in the community through the visits of trusted volunteers with their behaviourally assessed animals. Staff told us that people benefited from the presence of the puppy as it helped to reduce people's agitation and improve their eating. It also provided people with physical activity and the pleasure of spending time with an animal companion.

The service promoted relationships between people and their relatives by organising regular events. People and their relatives were invited to take part in the summer fete, Bonfire Night and a Christmas Fayre. The service organised a family fun day and a dog show with family games. The activity co-ordinator provided their feedback writing, "Everyone had a whale of time, laughing and cheering, and we had a fantastic BBQ provided by our kitchen colleagues with Pimms and lemonade plus soft drinks".

People who were bed-bound could enjoy one-to-one activities with the use of a sensory trolley and projectors. A sensory trolley is designed to store and transport sensory equipment making it easy to transform a bedroom into a multi sensory environment. Other people enjoyed knitting, painting and colouring. Some people took pleasure in regular walks to a local park. Daily coffee mornings were organised on the ground floor and all people living at the service could participate in them if they wished. Outings offered by the service included pub visits, visits to a museum and activities organised on the one-to-one basis which depended on people's needs. One person told us, "When there are trips that interest me, I go on them. Like singing, so I go to that. There is always plenty going on".

One person's relative gave a written feedback about the service, "He enjoys going on outings and going to activities arranged by staff. He goes to church meetings twice a week and enjoys a chat with the minister during the week. During November he was asked to do the "We Will Remember Them" speech at the church service and he was Father Christmas at the Christmas Fayre which he enjoyed".

In an interview for one of the leading newspapers, people and their relatives praised the variety of activities offered by the service. One person said, "Smashing! Such fun! You have to keep on"!

The service used doll therapy with people who could benefit from this. Doll therapy is known to be a very effective way for a person with any kind of dementia to help decrease stress and agitation. During our observation we saw a person interacting with a doll and talking to it. Staff respected this and also interacted with the doll while talking to the person which caused the person to smile with the staff.

The equality and diversity policy was available at the service. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized at the initial assessment stage and respected within the service. The service provider produced guidance with advice for lesbian, gay and bisexual people on moving into a care home. The guidance included information on their legal rights whilst staying at the service. A member of staff told us, "There are different ways of life and different cultures. Everyone has to be respected and treated as an individual".

The service did not provide nursing care. However, at times they provided end of life care to people. We found staff had received training in key areas, were supported by district nurses where needed, and people had their wishes documented in their support plans. People were supported to die with dignity and without pain.

Complaints and even minor concerns raised had been fully investigated. People and relatives told us that they knew how to raise concerns but had not needed to. There was one complaint recorded in 2018. This had been immediately dealt with according to the provider's policy. People and their relatives told us, they were aware of the complaints procedure. One person's relative told us, "I have complained. I had an issue with a carer and I didn't like the way he spoke to a resident. I spoke to the manager and the carer left the service. I was informed what action the manager had taken".

## Is the service well-led?

### Our findings

At our inspection in May 2016 we rated Well-led as Good. At this inspection Well-led remains Good.

People and their relatives we spoke with knew the registered manager and felt the service was well run. Throughout the inspection we saw the registered manager speaking with and supporting people in a friendly, familiar manner. We saw that people clearly knew the registered manager and they responded positively. One person's relative told us, "I think that it is very well managed. It shows that the manager is an absolute star, filters down from the top, there is a sense of fun".

Staff told us they felt supported and valued by the registered manager and that the registered manager recognised their achievements. A member of staff said, "The manager is really supportive. She has got an open door policy and everyone is welcome to talk".

Staff were aware of the provider's vision and values. A member of staff told us, "Our values are respect, dignity, being best as you can be, being open and fair and acknowledging spiritual side of things".

The service had a positive culture that was open and honest. Throughout our visit the management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

We saw evidence of regular staff meetings. Regular meetings kept staff up-to-date and reinforced the values of the organisation and their application in practice. Staff told us the meetings were useful and enabled staff to contribute to the service development and improvement by sharing their ideas.

The provider had a schedule of audits which checked on the quality and safety of practice in relation to a variety of areas, such as management of medicines, infection control and care plans. Relevant action plans were attached to the records of audits when areas for development had been identified by the audit. Actions arising were completed for example we saw that the care plans were updated following the audits.

The registered manager was fully aware and able to explain the circumstances in which a notification should be submitted to the Care Quality Commission. Notifications are certain events that providers are required by law to tell us about.