Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Homestead

6, Elwyn Road, Exmouth, EX8 2EL

Tel: 01395263778

Date of Inspection: 11 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Homestead Homes Limited
Registered Manager	Miss Kim Sylvia Underwood
Overview of the service	The Homestead is a care home which is registered to provide personal care for up to 24 people. The house is a large detached property situated in a residential area of Exmouth, Devon.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

21 people lived at The Homestead at the time of our inspection. We spoke with seven people who lived there the owner and four members of staff. People told us that staff were kind and helpful. Comments included, "They are so kind to me, they can't do enough for me" and "its first class here, I am very lucky."

People took part in a range of activities and were encouraged to maintain independence. People and their relatives were involved in planning their care, as much as they wished to be. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were reviewed regularly and as necessary. Records showed that prompt referrals were made to health professionals and their advice was followed. Procedures were in place to deal with emergencies.

The Homestead was clean, homely and well maintained.

People told us they felt safe and well cared for. People received their medicines as they were prescribed, and were supported to manage their own medicines if they wished to.

There was an effective quality assurance system in place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we spoke with seven people who lived there.

One person said "This place is marvellous, if it wasn't for their care I wouldn't be here." Another person said "The care is wonderful" and described the home as "first class."

People's needs were assessed on an individual basis. Care plan records were used to assess a person's needs and plan the delivery of care. We looked at three care plans to check how people were looked after at each stage of their care. The care plan included sections on personal characteristics, activities of daily living, risk assessments, end of life wishes and details of health appointments.

People's care was planned and delivered to meet individual needs. Care plans were centred on the person as an individual and included detail of the person's preferences and routines. For example there was information on people's morning and night time routines.

Care was planned and delivered to ensure people's welfare and safety. We saw risk assessments were completed for a number of areas including falls. A scoring system was used to assess the risk and a care plan completed which gave staff guidance on how to manage the risk.

We asked staff to describe the care they had provided on the day of our inspection so we could determine if people's needs had been met as planned. All demonstrated a good understanding of people as individuals and confirmed needs were met according to the care plan. We saw one care worker who was about to go through a care plan with one person to ensure their needs were the same and that they were being met.

We saw pressure relieving equipment was in use to reduce the risk of pressure sores. We saw records showed people received a bath as frequently as they preferred. From our observations, care and attention had been given to people's personal hygiene and dress

needs.

We observed lunch and saw that it was a relaxed and sociable occasion. Drinks and snacks were offered throughout the day.

We saw records which showed people were weighed regularly as a means of monitoring that their nutritional needs were met. A daily record was used to document care given. It included information on personal care given, family involvement and activities. Staff were able to refer to this record to monitor and evaluate care

Records showed care plans were reviewed monthly. Areas covered included: general health and well being; mobility, communication, nourishment and family and friends visits. In the three care plans we looked at these reviews had been completed.

We saw records which showed people had been promptly referred to other health care services. For example GPs, district nurses, chiropodists, dentists and mental health teams.

The home employed an activities organiser. On the day of our inspection group of people enjoyed a game of bingo. A varied range of activities were provided and a choice was given depending on what people chose to do on the day. The home arranged weekly trips for people to go and have coffee or a trip into town. Staff told us there was a rota to make sure everyone was able to go on the trips organised by the home. People also told us they provided their own entertainment. For example reading and watching TV in their room.

There was a regular 'day care' facility at the home three times a week where a member of staff facilitated quizzes, discussions and other activities. We saw a poster advertising the above activities. Other sessions included manicures, hairdresser visits and discussions of the news in the local paper.

People's care was planned and delivered in a way that protected them from unlawful discrimination. Reasonable adjustments had been made to meet individual needs. For example the home was adapted to meet disability access needs and specialist equipment was available.

There were arrangements in place to deal with foreseeable emergencies. First aid boxes were available in the home and staff had received relevant training. Care plans included personal emergency evacuation plans in the event of a fire.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The home had systems in place to ensure that people living at the home, staff and visitors were protected from the risk of infection.

We visited all bedrooms toilets bathrooms and communal areas. The home was very clean and had processes in place to maintain a clean environment. For example we saw the laundry which was well ordered and clean, and cleaning rotas detailed which areas were to be cleaned and when.

We asked how the home provided information to people who lived at the home and their visitors about good infection control procedures. They told us visitors were made aware of the importance of infection control by informing them if there was any outbreak and offering them liquid hand gel. This was available for people to use, in the hallway and around other communal areas of the home to minimise the spread of infection.

We were told that all staff employed to provide care had been trained in the process of preventing and controlling infection. We saw evidence of this in the induction programme for all new staff. Staff we spoke with told us about the training they had received, on-going training and described good infection prevention and control procedures.

We looked at the home's policies which would help prevent infections. Information included good hand washing guidance and information regarding different types of infection and control measures. Staff were aware of these policies and confirmed that they had read and understood them.

The owner was the infection prevention control lead person for the home as currently there is no registered manager in place. They were aware of their responsibilities with regard to the Department of Health code of practice for health and adult social care on the prevention and control of infections and related guidance.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how the medicines were managed in the home and found that safe systems were in place. People told us they received the correct medicines on time. Those people who were managing all or part of their medicines themselves, were provided with the facilities and support to do this.

Staff told us they had received training in the management of medicines. They showed us they had introduced audit systems to support the safe management of medicines.For example we saw that fridge temperatures had been recorded and controlled rugs were frequently checked.Records relating to medicines were up to date and accurate. We looked at records and systems which showed the ordering, receiving, storing, managing and disposing of
medicines were robust. We observed some medicines being disposed of and this was carried out safely, and according to guidance. We checked the stock of some medicines against records and found that these reconciled.
Medicines which needed frigerating or which needed to be stored as controlled drugs were stored appropriately.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The Homestead had been under new ownership since February 2013. There is currently no registered manager in post. We were told the home owner was present at the home at least four days per week and was always available by telephone. The provider was actively seeking a new manager and had a deputy in place at the time of our inspection.

All the people we spoke with were complimentary about their experience of living at the home. One person said "This is just the best place". We asked one person if they felt able to make a complaint if needed. They said "I could but I don't have the need, I get everything I need."

There were systems in place to monitor the quality of the service and manage risk. People who lived at the home had been asked for their views on the service. A formal survey was planned to be undertaken in the near future. This would include seeking the views form the people who lived at the home and their relatives and also visiting professionals such as district nurses or the GP's.

We were told a residents' meeting had been held in August 2013. Residents meetings were held monthly. In addition, every month management had one-to-one meetings with each person who lived at the home to discuss any suggestions or concerns they may of had. We saw the minutes of the meeting which included details of upcoming events, staffing updates and some feedback from people about what activities they had enjoyed previously. We saw some concerns had been raised about dinner plates not being hot enough. This was noted and an action made to speak with the cook.

The provider took account of complaints and comments to improve the service. A copy of the complaints policy was on display in a communal area. We were told no complaints had been received since the home had been under new ownership. We saw compliments had been given in the form of greetings cards. We were told that the cards on display had been received since the home had been under new ownership.

There was evidence that learning from incidents and investigations took place and

appropriate changes were implemented. Records showed accidents and incidents were analysed on a monthly basis. Other audits had been completed, such as medication audits, an infection control audit and environmental audits.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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