

HC-One Oval Limited

The Hornchurch Care Home

Inspection report

2A Suttons Lane
Hornchurch
Essex
RM12 6RJ

Tel: 01708454422

Date of inspection visit:
10 March 2020

Date of publication:
20 April 2020

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

The Hornchurch Care Home is a residential care home providing personal care and nursing to older people. The service can support up to 55 people and at the time of the inspection, 54 people were living in the home. The home is a three floor building. Each floor or unit has separate adapted facilities.

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

The home was safe. Procedures were in place to protect people from abuse. Medicines were managed safely and people received their medicines as prescribed. There were enough staff available in the home to provide support to people. Staff had their backgrounds checked before they started working in the home to ensure they were suitable.

Risks associated with people's needs were assessed and staff understood how to reduce these risks. Staff followed infection control procedures to maintain the hygiene and cleanliness of the home. Accidents and incidents that had taken place in the home were reviewed to learn lessons to prevent them re-occurring. Premises and equipment safety was maintained to ensure the home environment was safe.

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

People were supported with maintaining their health and nutrition. The service worked in collaboration with health care professionals to ensure people's health needs were met. People were encouraged to maintain their independence as much as they could.

Staff were kind and caring towards people. Staff understood the importance of promoting equality and diversity. People's privacy was respected. Staff knew how to communicate with people who had difficulty speaking.

Activities took place in the home and people were encouraged to participate in them if they wished. Staff interacted and engaged with people throughout the day and people were not made to feel isolated.

Staff were provided with suitable training to ensure their skills and knowledge were up to date. Staff felt supported by the management team. They received supervision to monitor their performance.

People and their relatives were supported to make complaints about the home. There were quality assurance systems to monitor the safety of the home through audits and obtaining feedback from people and relatives.

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 (published 26 September 2017). After our last inspection, the home was transferred to a new provider but they retained their rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Hornchurch Care 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Hornchurch Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was unannounced and took place on 10 March 2020.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report, the provider's action plan and requested feedback from social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, deputy manager, area manager, two nursing staff and three care staff. We also spoke with the chef, domestic and laundry staff. We spoke with five people living in the home and with four relatives.

We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans and four staff recruitment files. We also looked at staff training records, quality audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report.

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.

Assessing risk, safety monitoring and management

- People were protected from harm because there were systems in place to minimise risks to people. Risks were assessed and these included risks around people's mobility, continence, choking or swallowing, skin integrity and physical health, including any medical conditions. Guidance was in place for staff to reduce these risks, for example assisting people to move in and out of bed safely with the required number of staff. Sensor mats and pressure mattresses were provided for people if needed to minimise risks such as falls and pressure ulcers.
- Yearly checks on systems such as fire extinguishers, water, gas and equipment used to assist people were carried out. People had personal evacuation plans in the event of a fire or other emergency. A fire risk assessment of the home was undertaken by an independent fire safety professional. The provider had followed up on recommendations made by them, to ensure the risk of a fire was minimised.

Preventing and controlling infection

- The home had procedures to prevent and control infections. There were hand washing facilities available throughout the home. Sluice rooms which were used to clean and disinfect used items were kept locked to maintain hygiene.
- The provider had written to people and relatives and displayed notices in response to the recent outbreak of coronavirus to inform people of the home's procedures to reduce the risk of people and staff being infected.
- Staff used personal protective equipment such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people. Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from abuse. People and relatives told us the home was safe. One relative said, "[Family member] feels safe in their room. Staff help [family member] go to the lounge on their floor." Another relative told us, "It is a safe environment."
- Staff understood how to report abuse, such as physical and verbal abuse because they had received training in safeguarding adults. Staff told us they would report concerns to local safeguarding teams or other agencies such as the police. Records showed the provider took action and reported incidents to local safeguarding teams to be investigated.

Staffing and recruitment

- The provider assessed the required number of staff needed in each unit of the home. Three to four staff and a nurse, who managed the unit, were required during the day. Staff told us they were satisfied with

staffing levels but said one extra member staff would always be beneficial.

- People and relatives told us there were enough staff. A relative told us, "Generally staffing is enough but when there is a shortage, agency staff are used."
- We spoke with the area manager who told us they would review staffing levels if necessary but there were enough at the present time. They said, "We don't want our staff to be sitting at a desk all the time doing paperwork. The main thing is they are supporting and caring for people."
- We noted that people's care records were up to date and this meant staff managed to find the time to provide support and complete paperwork. Some people required one to one support which meant they were with a staff member at all times. We saw one to one staff in place in a person's room to ensure they were safe.
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided references and proof of their identity. This ensured the provider could determine if staff were suitable to provide care and support to people.

Using medicines safely

- Medicines were managed safely. People were supported to take their medicines. Senior staff who were responsible for administering and recording medicines, completed medicine administration records (MARs) after people's prescribed medicines had been given to them.
- Where people were prescribed 'as and when required' medicines, also known as PRN medicines, there were protocols for staff to understand when to administer such medicines. If people were required to take their medicine covertly (without their knowledge), the appropriate authorisations were in place to confirm it was in their best interest.
- People and relatives told us staff provided medicines safely. One relative said, "Yes [family member] gets all their medicines on time." We saw that stock and balance checks of medicines were accurate. The dates when medicines were opened were recorded on the packaging.
- Medicine storage systems were safe, including those for controlled drugs, which are medicines that are at risk of being misused. Staff had received training in medicine administration. Their competency was checked by the registered manager and deputy manager, through thorough assessments of their knowledge and ability.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents that took place. Action was taken to ensure people remained safe.
- Incidents were reviewed and analysed to learn lessons so that any re-occurrence could be prevented. For example, if people had a number of falls and required more support and reassurance.

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

- Before people moved into the home, an assessment of their needs and abilities was carried out. This helped to determine if the home was a suitable place for them to be supported. Assessments of their needs, such as their mobility, medical conditions, mental health and skin integrity were undertaken. The assessment also took into account specific preferences of the person, such as their religious or cultural needs.
- If people had specific health care needs, the provider ensured these were assessed in order for risks to be managed. These were set out in people's care plans to ensure care was delivered in line with care standards and guidance.

Staff support: induction, training, skills and experience

- There was an induction process for new staff to receive essential training before they started working. This included shadowing existing staff and we saw this was in progress on each unit. A new member of staff told us, "It's been good so far. I was not sure what to do at first but I have got help from the staff here."
- Staff received training to ensure their skills and knowledge were up to date. Topics included moving and handling, medicine management, safeguarding adults, Mental Capacity Act (2005), infection control, care planning and skin care. Staff told us the training helped prepare them for their roles and one staff member said, "The training is really good here."
- People told us staff were understanding of their needs and were professional in their approach. One person said, "Staff are trained well and they don't grumble."
- Staff received regular supervision with their line managers to discuss their performance and any concerns they may have. Staff also received a yearly appraisal to review their work and outline future objectives.

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

- The service worked well with other health professionals to provide timely care to people to ensure they were in the best of health. People's care plans included contact details of health professionals such as doctors, physiotherapists and speech therapists. People's oral health needs were also checked to ensure they maintained healthy teeth and gums. Staff told us they contacted health professionals if they had concerns about a person's health.
- Records showed people were referred to services and attended appointments. The local GP visited the home weekly to check on the health of people in the home.

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

- People were supported to maintain a balanced diet. People could choose from a variety of options. These included cultural cuisines such as Chinese, Vietnamese and Indian meals to suit people's different tastes and requests. If people had other specific requests that were not on the menu, the chef was able to prepare them.
- We observed lunch being provided to people during our inspection. All meals were served hot with suitable amounts of food, according to each person's needs or wishes. We saw most people were able to eat independently. People told us the quality of the food was of a high standard and we noted the lunch time experience was relaxed and pleasant. One person said, "I've never had such good stuff in all my life." Another person told us, "The food is very tasty and if you want a cuppa and biscuit, you can just ask the carer."
- People's food and drink preferences were recorded in care plans. This included specific dietary or nutritional requirements, including allergies they had.
- People's weights were monitored and recorded and if there were concerns about a person's weight, they were referred to nutritional specialists or dieticians.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people in the home lacked capacity, they were supported to make decisions in their best interests by family members or representatives who were legally authorised to do so. We saw the appropriate authorisations were in place for people requiring DoLS. The registered manager ensured these were updated when they were due for renewal.
- Staff understood the principles of the MCA and told us they sought consent before providing personal care to people.

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

- The service was suitable for people. The home was a large building with adapted facilities and a number of communal areas and lounges for people to spend time in. The home was suitably decorated and furnished. One unit was decorated more colourfully to assist people with dementia find their way around the home.
- There were aids and adaptations to suit people's needs such as hoists and assisted baths.
- There was adequate wheelchair access to and from the home. People's rooms were personalised with items of their choice. This included a photograph of themselves on their front door or personal items stored in a memory box to help people feel at home. There was an outdoor garden area for people to use in suitable weather.

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; equality and diversity

- We observed how staff treated people during our inspection and found them to be kind, compassionate and friendly. People and relatives we spoke with confirmed this and told us staff were caring. One person told us, "I always have someone with me and they help me with the TV. They have been so kind to me." A relative told us, "Staff treated [family member] with dignity and kindness and very supportive with personal care."
- During our inspection we observed a group activity. We saw activity staff reassure and comfort one person who became distressed during the activity. The activity staff were also able to maintain their focus on other people to help them continue to enjoy the activity. This showed how they demonstrated their care and attention towards people.
- Equal opportunities and diversity policies were in place. Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation. One member of staff told us, "I would not discriminate against someone's sexuality or religion or colour. I have had training and we have to respect people's beliefs and choices."

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

- People and relatives were involved in the decisions made about people's care. Care plans were developed in partnership with them to ensure their wishes were followed. We observed staff asking people politely about their choices and respecting their wishes.
- People retained choice and control over how their care and support was delivered. One person said, "I am involved in my care yes and so is my [relative]." A relative told us, "The staff involve me with [family member's] and their care plan."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful of their privacy and treated people with dignity. One person said, "I always have someone with me in my room and I'm allowed to keep my door shut for privacy." A relative told us, "[Family member] is a private person and staff respected that." Staff understood the importance of respecting the privacy and dignity of people. They told us they knocked on people's door first and asked for their permission to carry out personal care.
- Staff supported people to maintain their independence. People's level of independence was included in their care plans, such as their ability to walk unaided or tend to their own personal care needs. A staff member said, "Residents are encouraged to do what they can for themselves, such as wash their face and put on their clothes."

- People's personal information was protected and staff told us they understood the importance of confidentiality. They knew of their responsibility not to share confidential information with unauthorised persons.

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 received person-centred care, which meant the care that was provided to them was according to their individual needs and wishes. A care plan was produced which contained details of important things about the person's life, what they liked to do during the day and their preferences and views about each aspect of their care. One person's care plan stated, "I like to watch cricket on TV and join in group activities." This type of information enabled people to have choice and control of their preferences and helped staff get to know people.
- People and relatives told us staff were responsive, listened to them and understood them, which helped meet their needs. People that requested assistance used a call bell to alert staff. We saw that staff responded and attended to them within a few minutes. One relative told us, "The staff are generally quick to respond when [family member] needs a change."
- Staff completed daily care records to share important information about people's health. There was a handover of information between shifts to ensure that actions were taken when needed and to communicate with staff and managers.

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

- There was a programme of activities for people to participate in. These included face painting, arts and crafts, pet therapy, day trips and fancy-dress parties. The activities were arranged and run by two coordinators. If people were unable to engage in activities or did not wish to participate, they were offered one to one activity sessions, such as sitting and chatting, hair cutting or nail painting. However, we noted the activity programme on display in the home was out of date. We discussed this with the management and activity team who took action to correct the mistake and replace the poster.
- On the day of our inspection, we saw a large group activity that people enjoyed, which included an arm chair exercise and a quiz done in two languages to help mentally stimulate people.
- Photographs of events and activities within the home showed people and staff enjoying themselves and each other's company. This showed how people were supported to avoid social isolation and engage in activities that meant something to them.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some

circumstances to their carers.

- People's communication needs were described in their care plans. Staff had sufficient guidance on how to communicate with people. For example, one person's communication plan stated, "[Person] is able to communicate verbally. Staff need to speak clearly and give [person] time to respond."
- Staff told us they were able to make themselves understood to people who had difficulty communicating, such as people who were hard of hearing. For example, one staff member said, "For one person, we use sign language or gestures. [Person] has a picture card that they use to point out things so we can understand what [person] wants." This ensured there was effective communication and understanding between staff and people in the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy about something.
- Complaints were logged, investigated and responded to by the registered manager within the provider's timescales for responses. The management team ensured they drew learning from complaints to help make improvements.
- People and relatives told us they knew how to make a complaint if they had concerns. A relative told us, "When we've had issues its been dealt with by management or I have spoken to head office."

End of life care and support

- The home provided end of life care support to people who had reached that stage. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Staff had received training in this area and knew how to provide support with respect and sensitivity.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans and was signed by relevant health professionals.

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.

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

- The registered manager was supported by a deputy manager and unit managers. They ensured the home was safe through quality assurance audits of medicines, care plans, the premises and staff training. The registered manager and deputy manager were appointed after the provider had taken over the running of the home from a previous provider. The managers told us they were well supported by the new provider.
- An area manager also visited the home and supported the registered manager. They carried out internal audits and checks to ensure the home was running safely and effectively.
- Staff were aware of their responsibilities and felt comfortable in their roles. They told us they were well supported by the managers and other senior staff. One staff member said, "The management team are very approachable and easy to talk to and so are the nurses."

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

- People received person centred care. There was a positive culture in the home. People and relatives told us the home was well managed and had confidence that the management team could provide a good service. A relative said, "This is a fantastic home for my [family member]. I can't fault them. The staff and managers do a great job. It's the best home we could find."
- People were supported by staff to achieve good outcomes, such as improving their health.
- Compliments were received by the service from relatives, professionals and people. People in the home and other visitors were able to input feedback, comments or complaints into a digital display unit in the reception area. Compliments included, "All the staff at The Hornchurch (nurses, managers, catering, laundry, activities) are lovely and very kind. Nothing is too much trouble and everyone is made welcome."
- Representatives of the provider praised the management and staff for receiving this type of feedback to encourage them to continue providing a good service. This helped maintain a positive culture.

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; Continuous learning and improving care

- The management team acknowledged when things had gone wrong and they were open and honest with people and relatives.
- Lessons were learned to help drive improvements to the care provided in the home. For example, after a serious complaint and safeguarding investigation, the provider ensured improvements were made to the home. These included providing staff with further training in areas such as medicines management and

diabetes, reviewing staffing levels and ensuring there was a right mix of skills amongst the staff. This ensured there was a culture of continuous improvement in the home.

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

- People and relatives told us they felt engaged with how the home was run. They participated in meetings with managers and completed surveys to provide their feedback about the service. We saw that feedback was analysed to make changes and improvements.
- Staff attended meetings with the management team to discuss policies, procedures and concerns relating to people in the home. The management team ensured important information was shared and distributed.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs. We did not receive concerns from other professionals we contacted.
- The home had links in the local community such as local schools and places of worship. The home was visited by school children to help people engage in meaningful activities.