

Homebeech Limited

# Homebeech

## Inspection report

19-21 Stocker Road  
Bognor Regis  
West Sussex  
PO21 2QH

Tel: 01243823389  
Website: [www.saffronlandhomes.com](http://www.saffronlandhomes.com)

Date of inspection visit:  
05 August 2020  
06 August 2020

Date of publication:  
28 August 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Homebeech is a residential care home providing nursing care and support for up to 66 people. At the time of the inspection the service was supporting 50 people. People were living with a range of needs associated with the frailties of old age, some people were living with dementia or other mental health needs.

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

At the last inspection in February 2019, we identified four breaches of regulations. These were in relation to Regulation 9 (Person Centred Care), Regulation 14 (Meeting nutritional and hydration needs), Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider sent us an action plan. This included information about the steps they had taken to make improvements at the service. However, due to the Covid-19 (coronavirus) pandemic and the subsequent lockdown on visitors, their priorities had to change. The provider and staff worked hard to ensure the appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to Covid-19 (coronavirus). We were assured the provider managed infection prevention and control through the coronavirus pandemic.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Despite the need to keep people safe during the Covid-19 (coronavirus) pandemic taking priority, the provider and staff team had worked hard to address the areas for improvement following the last inspection. For example, quality assurance systems had been introduced and embedded. This included audits of medicines, care plans, training and supervision, infection control and health and safety.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 26 April 2019). There were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 February 2019. Breaches of

legal requirements were found. We imposed a condition on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection in light of concerns we had received in respect to the care people were receiving. Concerns included quality monitoring, assessments of risk, and the management of nutrition, pressure care and medicines. A decision was made for us to inspect and examine those risks. Therefore, this report covers our findings in relation to the Key Questions: Is it Safe? and Is it Well-led?. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

For those key questions not looked at on this occasion, the ratings from the previous comprehensive inspection were used in calculating the overall rating at this inspection. Despite the rating of the key questions Safe and Well led improving to Good, the overall rating for the service has not changed from Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homebeech on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Homebeech

## 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. This was a focussed inspection due to information of concern we had received, and also to check whether the provider had met the requirements identified at the last inspection, and the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 recorded in the key questions Safe and Well Led.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Homebeech is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave a short notice period of the inspection. This was because of the Covid-19 (coronavirus) pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the Covid-19 (coronavirus) pandemic, we needed to limit the time we spent at the service.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

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.

We asked the provider about the improvements that had been made since the last inspection. We also asked the provider to send records for us to review. This included a variety of records relating to the management of the service, such as action plans.

#### During the inspection

We spoke with four people living at the service and seven members of staff, including the registered manager, the deputy, a registered nurse, care workers and administration staff. We spent a short time in the home whilst people were eating their lunch. This allowed us to safely look at areas of the home that had previously been identified as a concern. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included four people's care records, medicine records, and further records relating to the quality assurance of the service, including accident and incident records.

#### After the inspection

We spoke with two relatives by telephone to gain further feedback around the care delivered.

# 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 Requires Improvement. At this inspection, this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection in February 2019, we identified an area of practice that required improvement in relation to the management of medicines. At this inspection, we found the provider had made the required improvements.

### Using medicines safely

- At the last inspection, we saw that some Medication Administration Records (MAR) contained gaps in recording. Furthermore, audits of medicines had not accounted for these omissions. We saw that improvements had been made and the MAR's we looked were completed accurately and correctly. We saw evidence of audit activity that showed where shortfalls were found, the action taken had been recorded.
- Registered nurses and care staff were trained in the administration of medicines. We observed a registered nurse giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Nobody we spoke with expressed any concerns around their medicines.

### Assessing risk, safety monitoring and management;

- Staff knew people well and understood risks associated with their care. For example, around pressure care. Pressure mattresses were set to people's individual weight and staff knew how to check the information on care records and then to check the mattress setting. Pressure damage risk assessments were completed to support this. There was information for staff about people who needed position changes and how often, and body maps had been completed where pressure areas were identified.
- Care plans contained information regarding people's mobility and falls risk. People were supported to stay safe and move around freely.
- Where people had health conditions such as diabetes and specific eating requirements, there was guidance and risk assessments in care plans. Staff had received appropriate training, had competency assessments in place and were following assessed guidance issued by health professionals to manage people's specific health needs. People's behaviours that may challenge were managed well.
- One person told us they felt safe and well looked after at the service. A relative added, "The staff are all very good, they keep [relative] safe".

### Staffing and recruitment

- People and their relatives told us there were enough staff to meet their needs safely. One relative told us, "I've never needed to worry about there not being enough staff. They sometimes have agency staff at the weekends, but there's always staff around". A member of staff said, "We are busy, but there is enough staff,

the manager helps out too". Our own observations supported this, and we saw people being attended to in a timely manner and staff responding to people's requests and needs. We were told agency staff were used as required and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave.

- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates. There was also information on how to raise any issues or concerns displayed around the service.
- There had been some recent safeguarding investigations carried out by the local authority safeguarding team. We saw evidence staff had assisted and complied appropriately with all investigations.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. The deputy manager showed us a system had been developed where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- Appropriate Covid-19 (coronavirus) procedures were in place and being followed and infection control measures were robust. The service was clean and tidy and handwashing facilities and PPE was available.

# 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 in February 2019, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in February 2019, systems of quality monitoring and governance were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also no registered manager at the service.

At this inspection, we found the provider had made improvements to how they monitored and delivered good care. This meant the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At the last inspection in February 2019, we identified the providers systems of audit and governance had not ensured that shortfalls in monitoring staff training, medicines and recording of care delivered was accurate or drove improvement. At this inspection, we saw improvements had been made to the provider's oversight of the care provided and records. We saw a number of audits, checks and monitoring systems including, the environment, medicines, training and supervision, care plans and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- The provider had also developed an ongoing action plan, detailing what action would be taken to drive improvement and ensure quality and safety at the service. Progress of this action plan was monitored by the management of the service. The action plan was practical and appropriate.
- The provider and staff were aware of the areas for development and improvement that were needed. They told us about the positive impact of the improvements made to date at the service. One member of staff told us, "We have worked hard to review everything, we pretty much have audits for everything now". The registered manager added, "We now have a deputy manager who is supernumerary, we needed this to pull the home back up. [Deputy manager] and I manage the home really well. We've got top class staff and the new systems we have put in place are now embedded and helped us to move forward".
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the Covid-19 (coronavirus) pandemic. People and relatives spoke highly of the service. Their comments reflected the kindness of staff and involvement of the registered manager. One person told us, "The staff look after me very well". A relative added, "I think the home is well managed. [Registered manager] has got in touch with me on several occasions. If there are any changes with [my relative] they always contact me".

- At the last inspection, the service did not have a registered manager. There was now 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.

#### Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. Due to the lockdown and visitor restrictions due to the Covid-19 (coronavirus) pandemic, these professionals were not routinely visiting the service to keep people safe by reducing infection risk, but were providing remote support and guidance.

#### 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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Relative's told us that staff contacted them about any changes in their relative's health or wellbeing.