

Shaw Healthcare (Group) Limited

Homefield House Nursing Home

Inspection report

Homefield Way
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Homefield House is a residential care home providing nursing and personal care to 23 people at the time of the inspection. The service can support up to 24 people. The care home accommodates people in one large single storey building with four distinct areas, two of which were for people living with more significant nursing needs.

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

People and relatives told us the service was safe. Staff understood signs of possible abuse and the safeguarding procedures to follow. Risks to people were assessed and known by staff.

People were supported by staff who had undergone appropriate recruitment checks. Medicines were administered appropriately. Incidents and accidents were thoroughly investigated.

People and relatives told us that staff were effective. People experienced good outcomes because staff were skilled and involved the appropriate healthcare professionals. Staff experienced effective support by senior staff and the registered manager, this enabled them to provide good quality, effective care. People's hydration and nutritional needs were met.

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

Staff provided caring and compassionate support in a warm and welcoming environment. One relative told us, "[The home is] very homely, relaxed, friendly." People were encouraged to remain as independent in their daily activities as possible. People and relatives confirmed to us that they were always treated with dignity and respect.

People's needs were holistically assessed and met by the care provided. The provider was in the process of improving the care records to be more concise and contain more information about people's histories and interests. The service was not providing any end of life care at the time of the inspection but had appropriate support plans in place with people's wishes. Complaints were well managed and responded to appropriately.

We received positive feedback about the management of the service. The registered manager promoted an open and honest culture within the service and understood their regulatory responsibilities. There were appropriate systems in place to monitor and improve the service. People, relatives and staff were involved in the development of the service appropriately.

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 July 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection following the change in the provider's registration.

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.

Homefield House Nursing 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

This inspection was carried out by two inspectors 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

Homefield House 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 and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager, deputy manager, chef, activities coordinator and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed further information sent to us by the provider and received feedback from an external professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood the signs and types of abuse. They were confident in how to raise concerns to senior staff and which safeguarding authorities they could contact.
- The registered manager understood their responsibilities in relation to safeguarding and had taken appropriate action where any concerns were received.

Assessing risk, safety monitoring and management

- People and relatives told us the service was safe and they had not needed to raise any concerns about safety. One relative told us, "I know mum's safe here because most of the staff have been here for a long time and know her well."
- Staff understood any risks to the health and welfare of people within the service. The risks were documented in care plans and discussed in handover meetings between staff, as appropriate. Some risks were also displayed by people's beds for staff to refer to, for example advice on how to position people while eating to prevent choking.
- The registered manager told us any behaviours that may challenge others were recorded and monitored closely. They told us the support of people's anxieties and agitation in the service had improved because of this. We found behaviour was appropriately supported within the service.
- The registered manager told us they considered the needs of all people living at Homefield House before another person moved in to ensure the risk to anyone would not increase.
- There were appropriate health and safety checks in place to manage the home environment, such as fire risks.

Staffing and recruitment

- People and staff told us that staffing levels were appropriate and during the inspection we observed that there were sufficient numbers of staff deployed to support people safely.
- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and references were obtained, and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.
- We received positive feedback from relatives about the consistency of staff supporting their family members. Use of agency staff was rare, therefore people received support from a consistent staff team.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. Medicine administration records were completed appropriately.
- We found there were frequent discrepancies in the number of medicines in stock when stock checks took place on a weekly basis. We fed this back to the registered manager and operations manager who agreed to start daily stock checks immediately so any changes in stock could be monitored closely and identified more effectively. Following the inspection, a senior staff member confirmed to us that daily stock checks were in place and had been very helpful in ensuring any discrepancies were picked up straight away. We found the issues with stock checks had not impacted on people who had received their medicines as prescribed.
- People and relatives told us they had no concerns with the management of medication, one person told us, "They bring me my medicine every morning, nurse does it, never misses."
- Staff competency in medicines administration was assessed annually.

Preventing and controlling infection

- Staff took necessary precautions to prevent the spread of infection. We observed staff washing their hands and wearing personal protective equipment such as gloves and aprons. People and relatives confirmed to us staff took the necessary precautions.
- The home was clean and tidy. There were cleaning schedules in place that demonstrated cleaning took place regularly.
- The provider had employed an external organisation to carry out an audit and checks in relation to water hygiene and there was a legionella risk assessment in place. Appropriate water outlet flushing and checks took place on a weekly basis.

Learning lessons when things go wrong

- Incidents and accidents were thoroughly investigated and acted upon. Falls within the service were analysed monthly for any patterns or trends in what had caused the falls. Incidents were also analysed as part of the audits completed by the registered manager and operations manager.
- Any incidents were discussed with staff during handover meetings to prevent re-occurrence. Safety briefings were given to staff when there was a specific change to safety standards, for example following new standards or guidance.

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 requires improvement. At this inspection this key question has now improved to good. 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

- The service provided care in line with national standards and guidance and worked to stay up to date with changes. For example, at the time of inspection the service was updating the speech and language therapy diet descriptors for people on modified textured diets such as thickened fluids and pureed food.
- The deputy manager had been recognised by the provider with a regional 'shining star' award for clinical excellence. This was recognition of their leadership of the nursing care and treatment provided at Homefield House.

Staff support: induction, training, skills and experience

- There was formal and informal support provided to staff throughout their employment, including an induction at the beginning of their employment. Staff confirmed to us that they received formal supervision approximately every three months and that they found it to be beneficial. We observed supervision records and the supervision matrix which demonstrated supervision sessions were up to date.
- Staff had access to a confidential counselling telephone service to discuss concerns such as stress if they needed to.
- Staff told us that their training met their needs and that there was opportunity to undertake further training if they wanted to, one staff member told us, "I'm always asked when I have training if there is any other training I would like." The training matrix confirmed that the provider's mandatory training was up to date. People and relatives told us they thought staff were well trained.

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

- We received positive feedback from people and relatives about the food. One person told us, "I think the food is very good here. If you don't like it, they change it." A relative told us, "The food is fantastic, the puddings are to die for." Some relatives told us they often paid a small amount to have a meal with their family member because they enjoyed the food so much. We observed the food to look appetising.
- People received modified diets where needed, for example low sugar diets for people living with diabetes or pureed diets for people at risk of choking.
- People had a choice in what they ate. Where people lacked capacity to make a choice about what to eat, staff were aware of their preferences through conversation with their families.

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

- We saw evidence the service worked with other professionals and agencies to ensure people accessed the

right healthcare services as soon as possible. People were encouraged to live healthy lives with a balanced diet, good hydration and effective healthcare.

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

- The service was well designed with the needs of people living with dementia considered. There was clear signage on toilet and bathroom doors to help orientate people. Bedrooms were personalised with possessions and their names on their doors.
- The environment was pleasant and colourful, with lots of artwork displayed. The service had a welcoming and comfortable feel to it. There was some outside space that people could also access and enjoy freely.

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.

- At the last inspection it was found that the service had not always clearly documented where people lacked the capacity to make specific decisions for themselves and that actions taken on their behalf were always in their best interests. At this inspection we found that this had improved, and decisions made in people's best interest were appropriately documented.
- We reviewed records related to people who had authorisations in place to deprive them of their liberty. We found the service was working within the framework of the MCA correctly.
- Staff understood the principles of the MCA and ensured people were supported to make their own decisions as much as possible. Tips for staff on understanding the MCA were displayed in the home. Staff were confident to raise any concerns about a person's mental capacity to senior staff or the registered manager.
- People and relatives confirmed to us that staff always asked for people's consent before supporting them.
- Where people held Power of Attorney for people the service supported, records of this were kept.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring, supporting culture within the service which was promoted by the senior staff and registered manager. Staff told us the culture was caring and they enjoyed working there, one staff member told us, "It's lovely because it's like a family."
- We observed caring interactions between staff, people and from the registered manager. We saw staff comforting people compassionately when they became distressed or confused. Staff spoke to people respectfully and spoke to us about people fondly. Staff knew people well and were aware of their preferences.
- A person told us, "The carers are very nice. They'll do anything for you. If you're not well, they look after you." A relative told us, "Staff are very friendly, they all get on well together. I get on with all of them and I know [person] won't be just left alone." Another relative told us their family member liked to take a person into the garden and staff immediately hoisted the person into a wheelchair so they could go outside. They told us, "We only have to ask once and it's done."
- The service was very welcoming and caring towards new people. An agency staff member told us, "The home is beautiful, and the residents are very happy and the staff are really helpful."
- There was a tree in the centre of the main walkway of the home. This had become a memory tree with names and messages written by staff and people living at Homefield House to people who had passed away. This demonstrated a caring and thoughtful culture.
- People told us that everybody had a birthday cake made by the cook to celebrate their special day with a sing-song and birthday tea.

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

- People and their relatives were appropriately involved in all stages of care planning and provision. One relative confirmed to us, "I'm very involved in the care planning".
- On a day to day basis people were supported to make decisions about what clothes they wore and what daily activities they did.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised the importance of maintaining and improving people's independence. One person was able to leave the service safely and was supported to do so by staff, for example, visiting the garden centre or local coffee shop. Another person was supported by staff to visit local charity shops to purchase items as this was something they enjoyed. People felt the service had enabled them to remain as independent as possible.

- All of the people and relatives we spoke to confirmed they were always treated with dignity and respect. We observed staff to knock on doors and wait for a response before entering people's rooms. One person told us, "Carer gives me a bath, she always treats you with respect, she's so good, she makes sure I'm covered up the whole time."

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

- Staff knew people very well and understood their needs and preferences. Relatives confirmed to us the service met the needs of their family members, one relative told us, "I couldn't fault them".
- The service had a resident of the day system where every day a person's care plan and needs were assessed to check the care provided was still appropriate for the person. People also had keyworkers who were staff members that knew them very well and were involved in the reviews of their care. This also helped the service to ensure people's needs were met.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. The registered manager told us any different needs people had in relation to their protected characteristics would be met respectfully and without discrimination. For example, for one person who was no longer able to participate in group activities, the service provided a sensory light. Their care records noted, 'We have purchased a sensory cloud to go above [person]'s bed which stimulates and provides a calm soothing environment'. We observed people to be treated with respect at all times.
- People had comprehensive care records however, they could have included more information about people's personal histories and interests. Some of the records were out of date and required archiving. We discussed both observations with the registered manager who advised us the provider was in the process of improving the care documents to make them easier to understand, more concise and more person-centred. They informed us this process of improvement of the care records would continue and old paperwork would be archived.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was providing care in accordance with the AIS. Staff worked to meet any communication needs people had including communicating through pictures or reading information to people if they were unable to read it. A relative informed us that staff had purchased audiobooks for their family member to listen to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in a range of activities as much as they wanted to. This included

creating artwork, gardening, karaoke evenings and celebrations of events such as Easter, Halloween and Christmas. The activities coordinator told us they would try to facilitate any activities people wanted to do. Activities provided each week were displayed so that people and relatives knew what had been planned.

- Relatives and visitors were able to visit the service freely and have meals with their family member if they wanted to.
- One person told us the service had supported and encouraged them to join clubs at the local church and The Salvation Army.

Improving care quality in response to complaints or concerns

- Complaints had been appropriately managed in line with the provider's procedure. They were managed in a timely manner and an apology given where appropriate.

End of life care and support

- The service was not supporting anyone receiving end of life care at the time of the inspection. People had end of life support plans in place in advance which were appropriate and detailed people's choices and wishes.
- The service would involve the palliative care team for advice if appropriate. The service also used the nationally recognised 'Six Steps' programme which encouraged the provision of high-quality end of life care.

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 now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received consistently positive feedback about the management of the service including the registered manager, operations manager and deputy manager. There had been several managers of the service over recent years and the registered manager was keen to create stability and a positive culture, they told us they wanted to ensure staff had "a manager they could feel confident with".
- A person told us, "[Registered manager] is a nice person. If I had any problems I'm sure she would sort it out." A relative told us the registered manager was, "very good" and another relative told us, "I would recommend this home. I don't think the residents would get any better treatment anywhere else." Comments from staff about the registered manager were positive and included, "They make sure things are done the right way and they're supportive as well."
- The registered manager and deputy manager told us they were pleased with the performance of staff, the deputy manager told us, "I'm really proud of this team."

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

- The registered manager understood their responsibilities under the duty of candour and was open and honest with people, relatives and staff.

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

- The registered manager carried out audits of the service where any areas for improvement were noted and actions identified. We also reviewed a recent audit completed by the operations manager who also maintained oversight of the service and any improvements required.
- The registered manager understood their regulatory responsibilities and the previous inspection rating was displayed at the entrance to the home.
- The registered person must notify the Commission without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.

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

- People and relatives told us they were appropriately involved in the service and the communication among the staff team and with them was good. One relative told us that the service was very inclusive and

all people and relatives were valued.

- Relatives and people told us they had received questionnaires asking for their feedback about the quality of the care at Homefield House. The provider used this information to identify actions to improve the service. For example, one action from the last survey in June 2019 was for the activities coordinator to speak to people one to one about their personal hobbies and interests and see if those hobbies could be continued in the home.

Continuous learning and improving care

- Audits of various parts of the service were used to identify any areas for improvement and these were acted upon for example, of the care records and health and safety of the service. There was a culture of continuous learning within the service.

Working in partnership with others

- Homefield House took part in care home open days where the public could attend to find out about the home and participate in activities such as creating art with the people living in the home. Staff informed us these events had been a great success as they had involved the public in the service and increased awareness of the care provided at the home.
- The service also worked with external agencies and healthcare professionals to support people living at Homefield House, such as the local authority, GPs, speech and language therapists and community psychiatric nurses.