

Norens Limited

Homecrest Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Homecrest Care Centre provides accommodation with nursing or personal care for up to 29 people. There were 10 people living in the home when we visited.

People's experience of using this service:

Since 2016, the provider has failed to comply in full with the Health and Social Care Act. At this inspection however, we found that the provider had improved the service and were no longer in breach of the regulations.

Some areas of the service still required improvement. Staff needed clearer guidance and systems in place to ensure that 'as and when' required medication were administered in a timely manner. Some people's mobility and moving and handling information was still confusing which placed them at risk of inappropriate or unsafe support. We spoke with the manager about this and they told us they would address these outstanding issues without delay.

The management of medication within the home was now safe. Improvements had been made to how people's medicines were ordered, stored, administered and audited. Records showed people received the medicines they needed and documentation in relation to this was properly maintained. This meant that medicines were now managed in accordance with best practice guidelines published by the National Institute of Social Care (NICE)

People's care plans contained information about the person's needs and risks and were easy for staff to understand and follow. Record keeping in relation to people's day to day care had significantly improved and showed that people received the support they needed to maintain their health and well-being.

People's care was person centred and staff were kind, caring and compassionate. People looked smartly dressed and content. There were activities for them to join in with, including regular trips out and visits from school children from a local school, which we were told everybody really enjoyed.

The home's environment was bright and airy and ongoing improvements had been made to the garden with new paving stones and a herb garden for people to enjoy. The home's equipment and utilities were regularly checked and safe to use.

Relatives we spoke with told us that over the last 12 to 18 months, the home had really improved. They told us the manager was open and approachable and that they were always made to feel welcome when they visited. At this inspection, relatives told us they were more than happy with their loved ones' care.

Staff members were recruited safely and completed sufficient training to do their job roles effectively. Staff told us they felt supported by the manager and that staff morale was good. Staff spoken with were

knowledgeable about people's needs and we saw that there were enough staff on duty to support people appropriately.

The systems in place to monitor the quality and safety of the service were now used to identify and drive up improvements to the service. This had resulted in significant improvements to the delivery and people's experience of their care.

These improvements now need to be sustained to show that the leadership of the service is effective in ensuring people receive good high quality care at all times.

Rating at last inspection and update

At the last inspection the rating of the service was inadequate (Report published 19 July 2019). At this inspection, the service has been rated requires improvement.

Why we inspected

We inspected this service within six months of the last inspection as enforcement action had been on-going and we needed to be sure improvements were being made.

Enforcement and follow up

At the last inspection, enforcement action was taken to restrict admissions to the service until significant improvements were made. At this inspection, these improvements had been made. The provider now needs to evidence these improvements can be sustained.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Homecrest Care Centre

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 inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Homecrest Care Centre 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.

The service had a manager registered with the Care Quality Commission. This means 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. We contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection. The provider was not required by CQC to submit a Provider Information Return prior to this inspection.

During the inspection

We spoke with one person who lived in the home and four relatives. We also spoke with the manager, three care staff, the maintenance officer and the activities co-ordinator.

We reviewed a range of records. This included two people's care records and a sample of medication

records. Four staff files and records relating to staff training and support, medication administration records and records relating to the management of the service.

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.

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 inadequate. At this inspection, this key question has improved to requires improvement. This meant some aspects of people's care that still required improvement to ensure it was safe and appropriate.

Using medicines safely

At the last inspection, the management of medication remained unsafe. This meant there was a continued and persistent breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements had been made to the management of medication within the home. This meant the provider was no longer in breach of regulation 12.

- Staff had guidance on how to administer people's 'as and when' required medications such as painkillers or anxiety medication. There needed to be a more robust system in place however to ensure staff administered these medicines in the timeframes specified in the guidance.
- People's medication records showed that they received their everyday medications as prescribed and the amount of medication in the home matched what had been administered
- Medicines were stored securely and at appropriate temperatures to ensure they were effective.
- The systems in place to audit the management of medicines within the home had improved and ensured that any issues with people's medicines were picked up quickly.
- Staff administering medicines including the manager were trained and had their competency to administer medication checked.

Assessing risk, safety monitoring and management

At the last inspection and since 2016, the provider has failed to ensure people's risks were properly assessed and responded to. This meant they were in continued and persistent breach regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements had been made to the assessment and management of risk. This meant the provider was no longer in breach of regulation 12.

- At the last inspection some people's mobility and moving and handling information was contradictory. This placed them at risk of not receiving the right support. At this inspection, we found the same. We spoke with the manager about this. They told us they would review this without delay.
- Information relating to people's other needs for example, nutrition; continence; skin care and mental health was clear and easy to understand. This helped staff understand what support people required to keep them safe and well.
- People's daily records showed that they received the care and support they needed in accordance with

their care plan. Relatives told us they were confident their loved ones were being cared for safely.

- The home was safe and well maintained. Records showed that the home's electrics, gas, fire alarm systems and moving and handling equipment were checked and safe to use.

Preventing and controlling infection

- The home was clean and free from offensive odours.
- At the last inspection, staff were not always using the provider's new sluice facility to wash and disinfect people's continence aids in accordance with best practice guidelines. We drew this to the manager's attention and at this inspection this poor practice had been addressed.
- Staff had access to personal and protective equipment such as disposable gloves, aprons and antibacterial gel in the home. We observed staff using this equipment appropriately during the inspection.

Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member's employment to ensure they were suitable to work with vulnerable people.
- The number of staff on duty was sufficient to meet people's needs. We found that people's needs were responded to promptly and staff were a visible presence in communal areas to assist people quickly when needed.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about potential signs of abuse and the action to take to protect people from possible harm.
- Records showed that safeguarding incidents were responded to appropriately by the manager.

Learning lessons when things go wrong

- Accident and incidents were documented and showed that appropriate action was taken when an accident and incident occurred.
- The manager monitored how and why accidents and incidents occurred to prevent similar accidents or incidents occurring in the future.

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 improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the last inspection, people's care was not always provided in a safe way in accordance with nationally recognised guidelines. This was a breach of Regulation 12 (safe care and treatment)

At this inspection, sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- People's needs and choices had been assessed and people's daily records showed they received the support they needed.
- People's end of life wishes were discussed with them and documented for staff to be aware of so that their needs and preferences were met.
- The management of medication had significantly improved and adhered to NICE best practice guidelines and guidelines issued by the Royal Pharmaceutical Society of Great Britain.

Staff support: induction, training, skills and experience

- Staff were trained and supported appropriately in their job roles. Staff told us they felt supported by the manager and that staff morale was good because of this.
- Staff had completed additional training in specialist subjects. For example, training in diabetes, epilepsy, dysphagia (swallowing difficulties) and positive behaviour support. This was good practice and ensured staff had the skills and knowledge to meet the needs of the people they cared for.
- Staff told us they felt sufficiently trained and supported by the manager.

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.

- People's capacity was assessed in accordance with the MCA when decisions with regards to their care needed to be made in their best interests.
- Appropriate DoLS applications had been submitted to the Local Authority to keep people safe.
- During our visit, we heard staff chatting to people and asking their consent before any support was provided. This was good practice.

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

- People's nutritional needs were properly managed. Referrals to the dietician or speech and language therapy teams were made as and when appropriate to support people's nutritional health.
- At our last inspection people's food and drink records were not always properly completed. At this inspection, this has significantly improved. Records looked at, were completed in full and showed that staff monitored people's dietary intake to ensure they received enough to eat and drink.
- People's special dietary requirements were catered for and people had a choice at mealtimes.
- Regular snacks and refreshments were on offer and people were encouraged to enjoy these.
- People we spoke to told us that the food was okay. A relative told us that the "Food (on offer) looks and smells good" when they visit.
- Another relative said "[Name of person] can have anything they want" to eat. They went on to tell us that the person had successfully gained weight after being referred to the dietician for specialist support.

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

- The relatives we spoke with feedback that the home was now "bright and airy, an enlightened environment"; "Communal areas had improved" and the garden area had been improved with "New flags and pots for people to plant herbs".
- Communal areas were pleasant and recently decorated in bright airy colours. Improvements to the garden area had been further progressed since our last inspection and this work was ongoing.
- The manager told us that since the last inspection coloured toilet seats and handrails had been put into place to make it easier for people living with dementia to see.

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

- A range of health and social care professionals worked in partnership with staff in the home to meet people's needs. For example, district nurse teams, GP's, tissue viability services, community dieticians and chiropody.
- Relatives told us that the home ensured people received medical care promptly if they became unwell and always kept them informed.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; equality and diversity

- During our visit, people's needs were supported sensitively and with due regard for their privacy and dignity. Staff were kind, patient and compassionate when supporting people.
- A relative we spoke with told us staff were "Wonderful" and that it was the "personal touch" of each staff member that had helped their loved one settle into the home last year. Another relative said "They (Staff) look after them great".
- Staff had guidance on how to promote people ability to be independent in the day to day delivery of their care. We observed that people looked smartly dressed and well looked after.
- Relatives told us that when they visited, they were given the option of meeting with their loved one in a quieter area of the home to maintain their privacy. This was good practice.
- People's care plans contained information about what was important to them, what their wishes or beliefs were and what their life was like, prior to coming to live at the home. This included information about people's equality and diversity and how it could be supported.

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

- At the last inspection, there were no organised resident meetings for people living in the home to express their views on the service. At this inspection, this had been addressed. Records showed that regular meeting now took place to share information and to gain people's opinions and suggestions.
- A suggestion box and suggestion slips were also now available in the entrance area of the home. A 'You said, We did' poster was also displayed and showed what suggestions had been acted upon.
- A relative told us they had suggested that staff have larger name badges in place for people and visitors to read. This had been acted upon with dementia friendly name badges.

Is the service responsive?

Our findings

At this inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Records showed that since our last inspection, end of life care planning had improved. Staff now had information on what people's wishes were in respect of their end of life care.
- No-one living in the home at the time of our inspection was in receipt of end of life care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans were person centred and regularly reviewed. Where people's needs had changed, the majority for their care plans had been updated appropriately. Clarification with regards to people's moving handling and mobility information was still needed and outstanding from the last inspection.
- People's bedrooms were homely and personalised. They contained personal memorabilia such as photographs, ornaments and furniture that was important to them. This helped people feel at home and in control of their personal space.
- There were a range of social and recreational activities for people to participate in. This included bingo, quizzes, gardening, arts and crafts and pampering sessions.
- Trips out were also organised children from a local primary school had come to visit people living in the home and joined in with arts and crafts. Staff and people living in the home told us these visits were very much enjoyed by all involved.

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.

- At the last inspection people living in the home did not have access to a service user guide. At this inspection, a service user guide had been developed and was available in the entrance area of the home for people to refer to.
- Other information such as the provider's complaints procedure was also available in easy to read format for people who may struggle to read and understand a written procedure. This was good practice.
- People's care plans contained information on people's communication needs. This included information about their whether they need any aids to help with their communication. For example, whether they wore glasses or needed hearing aids.

Improving care quality in response to complaints or concerns

- Information on who to contact in the event of a complaint was displayed in the communal corridor and

there was a complaints procedure in place if people wanted further information.

- No complaints about the service had been received since our last inspection.
- People and relatives told us they were more than happy with the support provided and had no complaints.

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 inadequate. At this inspection, this key question has improved to requires improvement. The management of the service had improved. These improvements now need to be sustained to evidence consistent leadership that ensures high quality care at all times.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

At previous inspections, the provider has consistently failed to demonstrate that they have robust systems in place to manage the service. This meant they were in breach Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improvements to the systems in place to ensure 'as and when' required medications were administered appropriately were still required.
- Improvements to the assessment of, and the information in people's care files about their moving and handling needs and mobility were identified at the last inspection but had not been acted on.
- Since the last inspection the management of people's risks and medication, end of life care planning, the involvement of people in their own care and the provider's compliance with the Accessible Information Standard had all improved. These improvements had a positive impact on the service and people's experience of their care.
- Records showed that people now received the care and support they needed. Staff knew people well and it was clear they felt happy and comfortable with the staff supporting them.

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

- The manager was clear about their role and responsibilities as a registered manager.
- At the last inspection, the management of medication was unsafe, at this inspection, the manager was able to evidence the action taken to improve their knowledge and understanding of how to manage people's medicines safely.
- At the last inspection, record keeping was poor. At this inspection, people's records were properly maintained. This indicated that since the last inspection, the manager and staff had taken on board the concerns we raised with regards to this in order to adhere with regulatory requirements.
- Staff spoken with were clear about their job roles. They said the management of the service had improved and that the manager was open and approachable. As a result staff morale was good.
- The people we spoke with and their relatives spoke highly of the staff team including the manager. They

were pleased with the care provided and told us that over the last 12 to 18 months, the service had really improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with a range of health and social care professionals to ensure people's needs were met.
- Records in relation to people's medical appointments were maintained and showed that staff responded promptly when people needed specialist help.
- Regular staff meetings took place to discuss issues associated with the service. The culture of the service was open and inclusive and staff told us the manager listened to any suggestions or concerns they may have.

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;

- We saw the manager made appropriate referrals to the safeguarding team and CQC when serious injuries or incidents of potential abuse were identified.
- Relatives told us that the manager was approachable and open to any issues or concerns they wished to discuss. They told us were always notified when their loved one was involved in an accident or incident.
- One relative said, "They tell me if something happens". Another said, "They ring us (the family) if there is something to talk about or if there is an update. They communicate all the time".