

Bluecroft Estates Limited

Homefield House

Inspection report

11 Welholme Road
Grimsby
Lincolnshire
DN32 0DT

Tel: 01472341909
Website: www.bluecroftestates.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Homefield House is a residential care home that is registered to provide support to 24 older people, including people living with dementia. The service was supporting 22 people at the time of our inspection.

People's experience of using this service: There were systems in place to monitor and improve the quality and safety of the service provided. However, these were not always effective. A safety issue in the environment had not been identified and addressed, which led to a minor injury for one person. Steps were taken to prevent similar incidents reoccurring following the incident. We have made a recommendation about keeping up to date with health and safety information.

There was a positive culture within the service and people felt the registered manager was approachable. Staff were knowledgeable about safeguarding and able to raise concerns. Steps were taken to minimise risk where possible. Staff supported people to manage their medicines safely. Systems were in place to recruit staff safely.

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. Staff were supported through on-going supervision and accessed training relevant to people's needs, to ensure these could be met. Staff supported people to access healthcare and maintain a nutritious diet.

All the relatives we spoke with consistently told us they were happy with the care provided for their relatives. They spoke positively about the staff and the home being welcoming and homely. We saw people were relaxed in their surroundings and felt comfortable around staff. Staff were kind and promoted people's independence and treated them with dignity and respect.

People's care plans were kept up to date and reflected their individual needs and circumstances. People were supported in line with their preferences and supported to engage in social and leisure activities. The provider had a system in place for responding to people's concerns and complaints.

Rating at last inspection: At the last inspection the service was rated Good (report published 26 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

Homefield House

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 carried out by one inspector.

Service and service type: Homefield House 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 we looked at both 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 we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed two peoples care records and three medication administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and six relatives. We also spoke with four members of staff, the registered manager, cook and activities coordinator.

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.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to recognise abuse and protect people from harm. Staff had received training in this area and knew how to raise concerns.
- People told us they felt safe and relatives said they were happy with how their relatives were cared for.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were personalised and reflected people's individual needs.
- The environment and equipment had been assessed for safety, although a potential hazard was identified following a minor injury to one person. We have commented on this in the Well-led section.
- The management team demonstrated they learnt lessons from accidents and incidents. This included monitoring accidents and incidents, so patterns and trends could be analysed and action taken to prevent similar accidents reoccurring.

Staffing and recruitment.

- Staffing levels were appropriate and ensured people received support to meet their needs.
- The provider operated a safe recruitment process.

Using medicines safely.

- Medicines systems were organised and people received their medicines when they should.
- People were supported to take their medicines in a personalised manner and their medication needs were reflected in their care records.
- Guidance was in place for staff to administer medicines as prescribed. However, we found guidance was missing to show staff how to apply one person's cream. This meant there was a risk it may not have been applied as prescribed. The registered manager addressed this during the inspection.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.
- The environment was observed to be clean and relatives we spoke with said the service smelt pleasant. A relative said, "It's always lovely and clean."

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.

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.

- Assessments of people's needs were thorough and expected outcomes were identified.
- Care and support was reviewed regularly to reflect people's current needs and make changes where needed.

Staff support: induction, training, skills and experience.

- People were supported by staff who had ongoing training.
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff told us they felt supported; records confirmed they received regular supervision and an annual appraisal.

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

- People were supported to maintain a healthy diet and make choices about what they ate and drank. People were supported with eating and drinking where required and people's independence was promoted at meal times. People enjoyed their meal time experience.
- Information about people's dietary needs, likes, dislikes and choices were communicated to the kitchen staff and catered for.
- People and relatives were complimentary about the food. A relative told us, "The meals are fantastic. They are three courses and I enjoy having one with my relative here. The dining room is set lovely with table cloths and glasses."

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

- People were involved in decisions about the premises and environment. Their individual preferences and support needs were reflected in adaptations of the environment.
- The service supported people's independence using equipment. For example, one relative told us the service had supported a person to get a self-propelling wheelchair, which enabled them to get about the home independently.

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

- People's health and wellbeing was monitored, and they were supported to access healthcare. The service maintained close links with healthcare professionals, such as occupational therapists, GP's and the district nursing service. People's care records contained evidence of consultation with medical professionals when required.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining people's consent. They had awareness of the MCA and decisions had been made in people's best interests, where they lacked capacity.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

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.

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.

- People who used the service were positive about the staff. One person told us, "The girls [staff] are very good." Relatives were very positive about the staff team and their approach. A relative said, "Staff are friendly and welcoming."
- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings. Staff had built up good relationships with people and were friendly and caring towards them.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were.

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

- People were supported to make their own decisions and lifestyle choices. Staff supported people to make choices about what they ate and drank, activities they wished to take part in, where they would like to be within the care home and all other aspects of their care.
- Staff supported people to maintain relationships and friendships that were important to them.
- The registered manager confirmed they would support people to access advocacy services if needed.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their privacy. For example, staff discreetly supported them when they needed to go to the bathroom. A member of staff took the role of 'dignity champion'. This meant they were responsible for sharing learning and best practice amongst other staff to drive improvement.
- Staff valued the importance of maintaining people's independence and promoted this where possible. A member of staff said, "I try and encourage people to do as much as they can themselves."
- Confidentiality was maintained throughout the home.
- People who used the service looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed according to their wishes and preferences. A relative told us, "[Staff] always maintained [persons name's] appearance by putting their jewellery and lipstick on."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

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

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care, and support people in line with their preferences. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This matched what had been recorded in people's care plans.
- People's care was regularly reviewed to ensure people received appropriate support.
- Staff had developed relationships with people so they could have meaningful conversations. A relative said, "Staff know all the residents really well, such as what they like, and encourage conversation." A member of staff told us, "I try and offer support I would be happy for my own parents to receive."
- People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and would provide adapted information if this was needed.
- People were supported to follow their interests and engage in their preferred leisure activities and hobbies. An activities coordinator was available to ensure people could access meaningful activities. A daily activities plan was displayed in the main entrance of the home. A relative told us, "They will try and engage [person's name] in different activities."

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints.
- Relatives consistently told us they had not had any reason to complain, but they would feel comfortable doing so if needed because staff were approachable.

End of life care and support.

- End of life care was considered at the home and people's wishes were documented in their care plans. This included their personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life.
- Staff were aware of how to support people to receive comfortable and dignified care at the end of their life.
- A visiting relative spoke very positively about the care their relative received at the end of their life.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems were in place to ensure shortfalls were identified and to drive continuous improvement within the service. This included audits of care plans, recruitment, medication, dignity and infection control. However, these had not always been effective when assessing and monitoring the safety of the environment. Systems were in place to regularly check the safety of the premises, but these had failed to identify a safety hazard. This had led to one person sustaining a minor injury which could have been prevented.
- The registered manager demonstrated learning from this incident and had put systems in place to prevent this risk reoccurring.

We recommend that the provider seek regular guidance from a reputable source about health and safety to ensure they keep up to date with best practice.

- The provider had policies and procedures in place to guide staff. These were accessible.
- The registered manager was aware of their regulatory requirements. For example, the registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- Staff confirmed communication and morale was good. They also said the management team were supportive.

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

- People and their relatives knew who the registered manager was, as well as other staff, and said they were all approachable. Everyone knew one another on a first name basis. A relative said, "I would feel confident going to [Name of registered manager] if I had any concerns."
- The service had an open and positive ethos and welcomed the involvement of staff and people who used the service and their relatives. Regular meetings were held, to enable them to participate and provide feedback on things happening within the service.
- People told us they felt listened to and their views were acted on. Feedback was regularly gained from people, staff and relatives and used to drive improvement. For example, through questionnaires.
- The service worked in partnership with other professionals and services to ensure people received a good service and improved outcomes for them.

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

- There was an open culture, with an accessible management team. The focus was on delivering quality care tailored to people's needs and putting people first. Staff understood these values and put them into practice on a day to day basis.