Homefield Grange Limited

Homefield Grange

Inspection report

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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 Grange is a residential care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 64 people. Homefield Grange is a purpose-built building providing accommodation and communal facilities over two floors. One floor specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People and their families told us they felt safe. Staff understood their role in recognising and reporting safeguarding or poor practice concerns. People had their risks understood by the staff team and actions to keep people safe from harm were followed, monitored and reviewed. Staff had been trained in infection, prevention and control and practices were in line with government guidance. People had their medicines administered safely. Recruitment practices included a variety of checks to ensure candidates were suitable to work with older people. Staffing levels ensured people had their care needs met.

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

Staff had an induction and on-going training and support which enabled them to carry out their roles effectively. People had their eating and drinking needs understood and met, including allergies and diets linked to health conditions. Effective working with other organisations meant that people received consistent care and had positive health outcomes. Building design, layout, adaptations and decoration maximised people's level of independence.

People described the staff as friendly, kind and caring. Staff understood people's individual communication needs which enabled them to involve people in decisions about their care. We observed staff respecting people's dignity and privacy.

People were respected as individuals and received care that recognised their care needs, choices and lifestyles. Health and wellbeing staff provided a range of tailored activities that reflected people's skills, interests and hobbies. People had an opportunity to be involved in end of life planning that included any cultural or spiritual needs. A complaints process was in place that people felt confident to use if needed.

People, families and staff spoke positively about the open and transparent culture of the service, visible leadership and teamwork. The management team understood their responsibility for sharing information with CQC and met the duty of candour requirements. This meant that they were open and honest and things that went wrong in the service. A range of meetings meant that people, relatives and staff had opportunities to be involved in service development. Quality assurance systems were robust and effective in identifying areas where outcomes can be improved for people.

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

Rating at last inspection
This service was registered with us on 12 June 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 24 January 2018.

Why we inspected
This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homefield Grange on our website at 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 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 Grange

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector, pharmacist specialist from our medicines team 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 Grange 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 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. We sought feedback from the local authority and clinical care commissioning team who work with the service. This information helps support our inspections. 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 this information to plan our inspection.

During the inspection
We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the senior operations director, registered manager, home manager, nurses, care workers, chef, administrator and receptionist. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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 continued to seek clarification from the provider to validate evidence found which included quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People and their families told us they felt safe. A relative told us, "We often have conversations about whether (they) feel safe. (They) are happy and have freedom of movement, very settled and feels safe."
- People received care from staff that had been trained in safeguarding people. They demonstrated a good knowledge of how to recognise and report concerns about people's safety.
- Safeguarding posters, displayed in communal areas, provided contact details of an independent helpline should people or their visitors want to seek advice or discuss safeguarding concerns.
- Records showed Homefield Grange were proactive and transparent in reporting, investigating and taking appropriate actions when people were placed at risk of abuse.

Assessing risk, safety monitoring and management
- People had their risks assessed, monitored and regularly reviewed. This included skin integrity, falls, swallowing and events that may place a person or others at risk of harm.
- Staff knew people well and understood the actions needed to minimise avoidable harm. This included helping people change position regularly to protect skin and ensuring food and drink was the correct texture and consistency for people with swallowing problems.
- External health professionals worked alongside the staff team when specialist knowledge was needed. This included community mental health teams supporting with behavioural plans and tissue viability nurses advising on wound care plans.
- Staff were trained in fire safety, participated in regular fire drill practice and fire equipment was regularly checked and in good working order. People had personal emergency evacuation plans providing essential information to emergency services in the case of evacuation.
- Records showed equipment had been serviced, including hoists, gas and electrical appliances.

Staffing and recruitment
- People were cared for by staff that had been recruited safely. Checks included employment history, references, criminal record checks, eligibility to work in the UK and checking nursing staff registrations were valid.
- There were enough staff with the right level of skills and experience to meet the needs of people. A staff member told us, "I can say with pride that if short of staff on the floor we work that little bit more to make sure everybody gets all that they need".
- Staff had been involved in decisions about staffing levels and deployment which had led to additional housekeeping and health and wellbeing hours in the evenings.

Using medicines safely
● People had their medicines administered safely.
● Staff had been assessed to ensure they were competent in the safe administration of medicines. We saw that staff gave medicines to people in a caring and supportive manner.
● Staff had access to information to support people with medicines they took as and when required. ● Controlled drugs, (medicines that have additional controls due their potential for misuse), were stored in accordance with current regulations.
● Pain relief patches were applied in accordance with the prescriber's directions. The recording of the location of application of the patch and removal was carried out consistently. We advised monitoring and recording that the patch remained in place between applications. This was addressed during the inspection and a daily check was added to the recording charts.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Records showed when things go wrong there were processes in place to enable learning and improved outcomes for people.
● A person's risk of falls had been reduced by referrals to a specialist falls clinic. Other general actions to reduce falls in the home had included learning from a quality audit which highlighted that wheelchairs needed to be stored away and not left in corridors.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices. The information had been used to create an initial person-centred care plan.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology, including specialist pressure relieving mattresses and specialist moving and transferring equipment.

Staff support: induction, training, skills and experience

- Staff had an induction and on-going training that provided them with skills to carry out their roles effectively. This included mandatory training such as safeguarding, food hygiene and moving and handling practices.
- All staff had completed training specific to people living at Homefield Grange and included a dementia training course. A staff member told us, "Trainer was amazing, made you realise how people (living with dementia) feel. I work differently now. Instead of asking questions plus, plus, plus, it's overwhelming; I now use visual prompts and less words".
- Nurses had opportunities for management courses which had included mentorship and coaching. Clinical training opportunities had included catheter procedures and wound care.
- Staff were supported through regular supervision. A staff member told us, "At supervision I feel able to share my views and it would be confidential."
- Staff had opportunities for professional development including diplomas in health and social care.

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

- People had their eating and drinking needs understood and met. This included known allergies, likes and dislikes and diets linked to health conditions such as diabetes or weight loss.
- We observed people being offered a choice of meals that provided a well-balanced diet. For some people meal choices had been plated providing a visual and sensory aid to making a choice.
- When people needed help it was provided at the persons pace with an emphasis on maintaining the person's dignity. A relative told us, "(Staff) sit with (relative) because (they) need assistance with eating and drinking. They give (relative) soft food and give (them) what (they) want. They try to give (relative) balanced diet and encourage (them) to eat.
- We observed staff offering drinks and snacks throughout the day. One person told us, "We have call

buttons, if I use the amber (button) it's for a cup of tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records showed that staff worked alongside other professionals to ensure good care outcomes for people. This included health professionals such as GP's, occupational therapists, dieticians, dentists, audiologists and opticians.
● People were supported to attend clinics including for diabetes and pacemaker checks. A relative told us, "(Staff) always make sure (relative) has someone who knows what they are doing when (relative) is going to hospital. (Relative) has medical issue which requires regular check-ups. (They) always know what is happening and they keep me in the loop."

Adapting service, design, decoration to meet people's needs
● People's rooms were reflective of their history, interests and hobbies, making their rooms their own individual personal space.
● The layout of the home provided a range of communal space for both joining in social events with others or private, quiet space such as the library.
● En-suite bathrooms and toilets were purpose built and provided handrails, level floors and adapted equipment which aided people's independence.
● Some people were living with cognitive impairments such as dementia. Reminiscence stations around the home provided opportunities for discussion and reflection. This included a board with old locks and bolts, a vintage tearoom and paintings and photographs of a time people may remember.
● People had access to secure, accessible outside space that people were able to access independently.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

● Staff understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.
● Records showed where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health professionals. Examples included use of bed rails and providing personal care.
● DoLS had been requested appropriately and records demonstrated that any conditions were being met, monitored and reviewed with people and their social worker. A relative explained, "I have Power of Attorney and my (relative) has given consent for me to be kept informed. (They) have a DoLs which is reviewed every six months."
● We observed staff providing choices to people, listening and respecting their decisions.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their families spoke positively about the care provided. One person told us, "The staff know me by name. If they go past my room, they always wave at me and say hello." A relative said, "I do think the staff are caring. They always try to help on whatever level they can."
- We observed friendly, positive interactions between staff and people. Staff knew people well which meant they were able to have meaningful interactions. A relative told us, "(Relative) knows the staff by their first names and talks very highly of them."
- People were supported at a pace that ensured their inclusion and enabled them to maximise their involvement and independence. We observed a staff member walking slowly alongside a person, engaged in conversation, sharing friendly banter, whilst encouraging them to join others for lunch.
- Staff spoke positively about the people they cared for and told us they enjoyed helping them. One staff member explained, "It's about helping people have a purpose; communicating at their level, letting people try things for themselves, it doesn't matter if it takes longer or makes a mess."

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

- People had their communication needs understood which meant staff were able to involve people in decisions about their care. One staff member told us, "For one person I write things like the word 'bath', for another I use the thumbs up sign."
- People had their decisions respected by staff. A staff member told us, "People like picking their own clothes; I spend a lot of time holding clothes up for them to choose. It's ok, even when it doesn't match."
- We observed staff offering choices and giving people time to make decisions about their day to day lives. Examples included joining a planned activity or deciding where to have a meal.
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us staff were respectful and considerate of their privacy and dignity. Examples included when personal care was provided placing a towel over a person's lap, closing doors and curtains and encouraging independence.
- People had their privacy respected. A relative told us, "(Name) door is always open. (Staff) will announce themselves and (explain why they are there)." We observed staff knocking on doors and waiting to be invited into people's private space.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans that detailed their care needs and choices, were reflective of lifestyle choices and understood by the staff team.
- Care plans were responsive to people's changing needs and reviewed regularly. A relative told us, "(Staff) are assessing everything, (relatives care needs). I originally met with the senior nurse and they shared with me what they will do as a starting point and they are working on what they will do in the long term."

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.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses, hearing aids any other support such as information provided in large print, picture format or a language other than English.

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

- Visiting had been restricted at times, due to COVID-19, people had limited face to face meetings with families and friends and access into the local community.
- People had been supported to utilise technology to keep in touch with family and friends. We observed one person having a video call with a relative whilst a staff member stayed close to help with any communication blips.
- People were involved in activities related to interests and hobbies. One person told us, "To be honest, I'm too busy to go to the (organised) activities. I knit, crochet, and have got tomatoes and ginger that are growing outside my room, in the garden, in pots."
- A varied activity programme was available for people to join in with every day including sensory experiences such as guess the flavour or a mystery box of touch. We observed a group of people making cheese dough balls, flour everywhere, laughing and chatting; having a great fun time.
- When people were restricted, or chose to be in their rooms, one to one time was organised with staff. One person's daily diary entry read, '(Name) told me they enjoy crosswords and reading, discussed hospital appointment and talked about their family – emotional and social benefit – happy'.

Improving care quality in response to complaints or concerns

● A complaints process was in place and had been shared with people and their families. One person told us, "I have no issues with speaking out if something is wrong. The staff know that I will say what I want to say."
● Records showed us that complaints had been investigated in a timely manner and outcomes shared with the complainant and where appropriate with staff. Complainants were provided with information about an appeals process which included the local government and social care ombudsman.

End of life care and support
● People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural preferences and decisions on whether they would or would not want resuscitation to be attempted.
● Staff had completed end of life training courses and felt supported in their role. One member of staff told us, "I used to dread death, it frightened me. Working with other staff has enabled me to become more confident. We have had to provide extra support at times as families were not able to be here due to COVID."
● End of life care included support from community health teams in the management of symptoms such as pain management.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

● People, their families and staff l spoke positively about the management of the home and felt able to share their views, opinions and ideas with the management team. A staff member told us, "The words I would use to describe the culture would be family, friendship and constructive".

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

● A registered manager was in post but had started the process of deregistering. A new home manager had been in post for five weeks and had begun their registered manager application with CQC.

● The management team had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

● Quality assurance systems and processes were multi-layered, aligned with regulatory requirements and effective at improving quality of care. An example was shortfalls found in people's accessibility to their call bells. Learning had been shared with staff and the manager checked compliance daily on their walkabout. We found people had their call bells left in easy reach.

● Quality assurance surveys were used to gather feedback from people, relatives and staff team. Records showed us that issues raised, and outcomes were shared. Actions identified were carried out in a timely manner and revisited to ensure improvements had been sustained.

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

● People, families and staff had opportunities to be involved in the service through a range of pre-scheduled meetings. Minutes showed us subjects discussed included clinical care, maintenance, hospitality and social events.

● Links with the community had been difficult to maintain during the COVID-19 pandemic but contact had been made with a local children's nursery for the children to join people for an arts and crafts get together. Plans had also been made for police to come and talk to people and neighbours about scamming awareness.

● The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included National Institute for Clinical Excellence, (NICE), Skills for Care and Partners in Care, a local health and social care partnership group.