

Shaw Healthcare (Group) Limited

Homefield House Nursing Home

Inspection report

Homefield Way
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Hampshire
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30 October 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Homefield House Nursing Home is a nursing home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 24 people. Most people living in the home were living with dementia.

The home provides care for people in one purpose-built building which is split into four areas. Each area has its own kitchenette, dining and lounge area connected to six bedrooms. Each area is connected to a main 'street' which has natural light, mock shop fronts and a bus stop.

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

We were assured that infection control measures in place reduced the risks to people from COVID-19. There were robust measures in place to ensure staff had appropriate training and access to personal protective equipment (PPE). Staff and people were being tested regularly for COVID-19 and the service had procedures in place for managing isolation or an outbreak of the infection.

There was no registered manager in post at the time of the inspection, however the deputy manager was acting-up in the interim with additional support from the provider. The provider was actively recruiting to the vacancy.

The provider had an audit schedule and oversight of quality and safety in the home. Actions from audits were automatically pulled to a service improvement plan. The senior managers in the provider had oversight of the audits being completed and of actions required. The service improvement plan required updating, which the nominated individual advised would be done and sent to CQC when completed.

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 (27 September 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific risks we had identified related to the service. We decided to inspect and examine those risks. The risks included: the registered manager leaving the service and concerns raised relating to manual handling.

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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains good.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Homefield House Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection on specific risks we had identified due to the registered manager leaving and concerns received related to manual handling.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors visiting the service and two assistant inspectors who supported the inspection remotely.

Service and service type

Homefield House Nursing Home 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. The service was being managed in the interim by the deputy manager with support from the provider.

Notice of inspection

The inspection took place on 30 October 2020 and was unannounced. We contacted the service prior to entering to establish whether there were active COVID-19 cases in the home and establish required infection control protocols for inspectors.

What we did before the 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 reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service on the inspection and six relatives about their experience of the care provided by telephone. One person's relative sent written feedback to CQC. We spoke with 10 members of staff including three directors, the nominated individual, deputy manager, a nursing team lead, and day and night care workers.

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 also made observations in communal spaces within the home. We observed during lunch to see how staff interacted with people, supported them to move around safely and to eat and drink.

We reviewed a range of records. This included three people's risk assessment records related to moving and handling and falls. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

We looked at the infection control and prevention measures in place. We looked at the infection control and prevention measures to understand the preparedness of the service and to identify good practice we can share with other services.

Preventing and controlling infection

- We were assured that the provider had an appropriate visitors policy and procedure in place which protected people from risk of infection. We identified that the thermometer was not reading correctly and advised the provider to ensure the thermometer was appropriately calibrated and checked in line with manufacturers guidance. The operations manager gave assurance that an email had been sent to services to ensure weekly calibration of thermometers and wider communications was planned across the provider's services.
- Staff fed back positively about the training in place and understood measures which would be implemented in the event of an outbreak. Staff told us the supply of personal protective equipment (PPE) was sufficient and they were encouraged to wear it in line with policy.
- 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.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the provider had robust support and oversight of the service after the registered manager left and ensure there was appropriate guidance for staff on manual handling.

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

- There was a clear schedule of audits which covered a wide range of quality and safety in the service. There was clear oversight both internally and externally. Actions required were automatically pulled from audits to the service improvement plan. There were some overdue actions on the service improvement plan which required follow-up. The nominated individual advised that this part of the provider's assurance system had not been shown to the deputy manager yet but would be reviewed and updated in the next week. The provider agreed to send this to CQC when completed.
- We reviewed people's risk assessments related to manual handling and falls. These were appropriate and reflected best practice. We identified that the template used for bed rails assessments and the final decision could be clearer for staff. We were assured bed rails were used appropriately and the provider agreed to review the template to ensure this was clear.
- The provider was recruiting to the registered manager post. The deputy had support in place to manage the service in the interim and the provider was working to ensure the right manager was recruited.
- Staff told us they felt supported and fed back positively about the deputy manager. Staff told us they had regular supervision and were told of changes in people's needs. One member of staff said, "[Deputy manager] is good at what she does, it's been a smooth transition."
- Relatives told us they had confidence in the management of the service. One relative said, "[Deputy manager] is absolutely brilliant, she's exceeded everyone's expectations she's so passionate about what she does. I'd probably say she's the best manager they've ever had, she knows everything going on in that home I have every confidence in her."

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

- Staff felt they could speak up and feedback about anything should they need to. Information was shared with staff through staff meetings, including areas of focus for improvement. One member of staff told us, "[Deputy manager] has good communication. She is very helpful and encourages us to take part [in running the service]."
- All relatives said they felt involved in their loved ones' care, and were confident in the current management of the home. One relative said, "I have at all times been involved in [relative's] care and support plan and this has been encouraged by the home, with myself being consulted on any relevant

issues as and when they arise."

- All relatives spoken with had no concerns about safety in the home. All relatives said they were kept up to date with policies and current status of the home in relation to COVID-19. One relative told us, "The home are really looking after [relative] really well, there's a fantastic team there all of them are excellent, brilliant, very professional and excellent communication in any changes to [relative's] wellbeing"
- We observed staff taking a very patient and caring approach with people, offering them choices and asking how they were - such as how their food was and offering alternatives. In one 'household' people were watching a classic film, which was one person's choice. Staff told us people took turns to choose a movie to watch.