

Healthcare Homes (Spring) Limited

Romford Grange Care Home

Inspection report

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Essex
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Date of inspection visit:
16 May 2022

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31 May 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Romford Grange Care Home is a care home registered to accommodate and support up to 41 elderly people with personal and nursing care. At the time of our inspection, 28 people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

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

Care plans contained suitable and sufficient risk assessments to effectively manage risks and help keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. Staff were aware on how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Medicines were being managed safely. Systems were in place to minimise the spread of infections.

Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

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

Rating at last inspection

The last rating for this service was good (published 21 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Romford Grange Care Home

Detailed findings

Background to this inspection

The inspection

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

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 carried out by one inspector.

Service and service type

Romford Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Romford Grange Care Home is a care home that supports people with personal and nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. We were supported by the operations manager and the deputy manager.

Notice of inspection

The inspection was unannounced and took place on 16 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about the service. This included their previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the regional manager, operations manager, deputy manager, two people who used the service and two nursing staff. We also observed interaction between staff and people. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments. We also looked at other documents such as medicine management and quality assurance records

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and premises safety records. We also spoke with four relatives for their feedback about the support their relative received, as well as to two care staff on the phone to ask them questions about their role.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- There were risk assessments to ensure people were safe when being supported such as with skin integrity and falls management. Risk assessments had also been completed on nutrition.
- Risk assessments had been completed in relation to people's health conditions such as with diabetes. Assessments included information on the action to take if people's health deteriorated with control measures to guide staff.
- Premises and fire safety checks had been carried out to ensure the premises were safe to live in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety. A safeguarding and whistleblowing policy was in place.
- People told us they were safe. One person told us, "Yeah it is safe here, I like it." A relative commented, "[Person] is definitely safe. I have never seen anything untoward." We observed that people had a positive relationship with staff and people were at ease at the home.

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Accidents and incidents had been recorded, which showed the actions that had been taken. This was analysed to learn from lessons to minimise the risk of reoccurrence.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records showed that medicines were administered as prescribed. Staff also recorded the number of medicine outstanding following administration, which we found was accurate. One person told us, "Yeah, I am given my medicines on time always."
- PRN medicine, which were medicines to be administered when needed were administered safely. Protocols were in place and included information on when to administer the medicine.
- Staff had also been trained in medicines management. We observed the medicines were securely stored. Temperatures were being recorded of medicines to ensure medicines were kept within acceptable temperatures.

Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A person told us, "Staff are always nice and friendly, they are always about." A staff member commented, "There is plenty of staff, in the morning we have eight carers, which is good."
- Dependency assessments had been completed to determine staffing levels in accordance to people's needs.
- We saw staff were available when people wanted them and they responded to people's requests quickly.
- Call bell audits were carried out to ensure staff responded to call bells in a timely manner. We tested the call bell and staff responded to the call promptly.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

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 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits had been carried out on the running of the home to ensure people were safe. Audits had been carried out on infection control, health and safety and ensuring the premises was safe.
- Audits had also been carried out on medicines management to ensure medicines were being managed safely.
- Care plans were regularly reviewed for accuracy to ensure people received person centred care.
- People told us the home was well-led and liked living at the home. One person told us, "It is a good home to live in." A relative commented, "I am very happy with the home."
- Staff were clear about their roles and told us the service was well led. One staff member told us, "[Operations manager] is a good manager, friendly and a good leader. If we raise anything, she will look into it."

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 management team was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

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

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about quality of the service.
- Staff meetings were held to share information and updates. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's thoughts about the home. The results were analysed to identify best practises and if improvements were required.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services and the home worked in partnership with social and health professionals to ensure people received safe care.