Homecroft (Four Oaks) Limited

Homecroft Residential Home

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 and 17 October 2017. At the last inspection in February 2015, the provider was rated as Good in each of the five key questions and the overall rating was 'Good'. At this inspection we found some areas of concern where improvements were required.

Homecroft Residential Home is registered to provide accommodation with nursing and personal care for up to 23 people including older people, people living with dementia and people with mental health needs. On the day of the inspection there were 21 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Management of risks, particularly in relation to people's mobility was not consistently safe. Staff were aware of their responsibility to report any concerns about people's safety and knew how to escalate any concerns to the relevant authorities. The provider carried out safe recruitment practice to ensure staff who supported people were safe to work with vulnerable adults. People received their medicines as prescribed and there were systems in place to ensure medicines were managed and stored safely.

People were supported by staff who received training and support to ensure they had the skills and knowledge required to support people. People were happy with the food and drink provided, although some people would have preferred a wider variety of meals. People were asked for their consent before care and support was provided. The provider carried out assessments of people's capacity to make specific decisions. People were supported to access healthcare professionals when required and learning had taken place about staff responsiveness to concerns following a recent complaint.

People were supported by staff who they described as helpful and caring. People were encouraged to make their own decisions about their day to day care and support. Staff supported people with dignity and promoted their independence. Visitors felt welcomed at the home.

People were not always offered activities and pastimes that interested them. Consideration had not always been given to people's individual needs and preferences. People were involved in the planning and review of their care. People and relatives knew how to complain if they were unhappy with the care they receive. The provider had a system in place to monitor and respond to complaints.

The provider did not have established systems to monitor the quality of care provided. Where required improvements were identified, actions had not always been taken to ensure people's safety. Audits and oversight of care records had not identified the concerns identified at the inspection. People and relatives had been asked to give feedback on the service they received and staff felt the management team were

approachable. The registered manager and provider had notified us of incidents and events as required by law.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's mobility had not always been sufficiently assessed or reviewed to ensure people received care that protected them from potential harm.

People felt safe and were supported by sufficient numbers of staff who had been safely recruited.

People were supported by staff who knew how to identify signs of potential abuse and were aware of how to report any concerns.

People received their medicines as prescribed and systems to manage medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received training relevant to their role, which benefited their understanding of people's support needs.

People were asked for their consent before receiving care. People's capacity to make specific decisions about their care and support had been assessed.

People were supported to access health care professionals when required and staff followed guidance from professionals to ensure people maintained their health.

Is the service caring?

Requires Improvement

The service was not always caring.

Systems and processes within the home did not always ensure people were cared for safely.

People were supported by staff who they described as caring and helpful.
Staff were aware of people's preferences and people were supported to make decisions about their daily living.

Staff encouraged people to maintain their independence.

People were treated with dignity and staff ensure their privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive support to take part in hobbies and pastimes that interested them.

People and their relatives knew how to complain if they were unhappy with the service they received and the provider had a system in place to manage and investigate complaints. However improvements were required to ensure people's feedback was recorded and responded to promptly.

People and their relatives were involved in the planning and review of their care and support.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems used to monitor the quality of care provided had not always been effective at identifying the issues found at our inspection.

Systems had not been established to effectively monitor the quality of care people received.

People had been asked to give their feedback about the care they received and actions had been taken in response.

The registered manager was present in the home on a daily basis and people and relatives knew who they were.

The provider had notified us of incidents and events as required by law.

Homecroft Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2017 and was unannounced. We then returned for a second day on 17 October 2017 and this visit was announced.

The inspection team included one inspector 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 service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events, like serious injuries or incidents. We also contacted the local authority, healthwatch and the clinical commissioning group (CCG) for information they held about the service. We received some information of concern from one of our partner agencies, so we considered these concerns as part of the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with four people who lived at the home, three relatives, three staff, the office manager, the deputy manager, the registered manager and the provider. We looked at five records about people's care and support, medicine administration records, three staff files and the systems used to monitor the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

We looked at how risks were managed in order to protect people from the risk of avoidable harm. We found that risks to people's safety and well-being had not always been consistently assessed or reviewed. We found that while there were risk assessments in place, these did not always contain up to date information and some had not been reviewed following incidents. For example, records showed that two people had been assessed as being at medium risk of falls. However, other documentation within their care records stated they were either at low or high risk of falls. Clear guidance was not always available to staff about how to manage the risks associated with each person's mobility. Although we saw evidence to indicate one person had been referred to a healthcare professional in response to a number of falls, this was not consistent for other people, where we found no clear evidence to reflect what action had been taken. This potentially placed people at risk of further falls. We discussed our concerns with the registered manager and provider who told us they would review people's care records to ensure information accurately reflected their current needs; and where necessary would refer people to appropriate healthcare professionals for additional support.

People told us they felt safe living at Homecroft. One person said, "I feel safe because of the staff." Another person told us, "The way staff speak and treat us makes me feel safe." Relatives we spoke with shared similar views. One commented, "I feel confident [person's name] is safe, they are always happy to return here too, which reassures me." Staff we spoke with understood their responsibilities in recognising and reporting suspected abuse and knew to raise concerns with the registered manager, provider and other external agencies if necessary. One staff member told us, "If I saw or heard anything that concerned me I would speak to [name of registered manager]. If they did not act I would contact the owner and beyond that, CQC."

People told us there were staff available to meet their care and support needs. One person said, "When I press the buzzer for help I don't have to wait long." Other people told us there had been times in the past where staffing levels were low, but that the number of staff had increased. Staff we spoke with told us they felt there were sufficient numbers of staff available to respond to people and meet their needs, but identified there had been a recent improvement. The provider told us they had recently recruited new staff to assist with staff absences and we saw one staff member was completing their induction on the first day of the inspection visit. We observed staffing levels throughout the home and found there were sufficient numbers of staff to keep people safe and meet their care and support needs.

We reviewed two staff files and looked at pre-employment checks carried out by the provider. We found that necessary checks had been carried out prior to staff starting work. These included background and identity checks as well as checks carried out by the Disclosure and Barring Service (DBS). DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision. These checks help providers to reduce the risk of employing staff who are not suitable to work with vulnerable people.

People we spoke with were not able to share their views about medicines, due to their communication

needs. However, we observed staff supporting people to take their medicines and explaining to people what they were for. Staff also offered people their 'as required' medicines, including pain relief, if they observed that people may need them. Staff with responsibility for administering medicines had received training and the registered manager took responsibility for the overall management of medicines. We reviewed Medication Administration Records (MAR) for people living at the home and found records had been completed accurately and reflected that people had received their medicines as prescribed. Medicines audits were regularly carried out to identify any errors and systems used to manage medicines, including storage, were safe.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills required to support them well. One person said, "I find the staff to be conscientious, understanding and understand their responsibilities, it seems to come naturally." Relatives also felt staff were trained to meet people's care and support needs. One relative told us, "Staff understand communication needs and they deal with them in a caring way, taking time with people. Never dismissing them." Observation carried out throughout the inspection visit confirmed staff were patient with people and allowed people the time they needed to make decisions or move around the home. Staff told us they felt they received training which equipped them in their roles and enabled them to meet people's needs. One staff member said, "Since coming to Homecroft I have completed what we consider to be mandatory training and I've also asked to take part in other courses. I asked to take part in a healthcare course and was supported to do so." Staff told us they were given an induction when they began working at the home, which helped them get to know people and understand their needs. At the time of the inspection some staff were in the process of completing the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings. The registered manager supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. In their Provider Information Return (PIR) the provider told us, 'We have supported the development of staff training with Qualifications and Credit Framework (QCF), if staff don't have level 2 it will be made available to them." Staff we spoke with confirmed this was the case.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Throughout the inspection we saw people were asked for their consent before care and support was provided. For example, people were asked if they wanted to take part in specific activities, or if they were happy to share communal space with visitors. One relative told us they were happy with the way staff supported their family member, commenting, "[Person's name] makes their own decisions on their care." Staff we spoke with understood the importance of gaining people's consent before providing care and support. One staff member told us, "I always ask people, even if they always seem to give the same reply. It's important to check they are happy with how we are doing things." We found that where people had capacity to decide if they were happy to live at Homecroft, their decision to do so had been recorded in their care records. Where people's care plans indicated they lacked capacity to make certain decisions, this had been assessed in accordance with the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. 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 were being met. At the time of the inspection four people living at the home were subject to an authorisation to deprive them of their liberty. None of the authorisations contained any required conditions. The registered manager explained how the decisions had been reached to ensure that people's rights and freedoms were lawfully protected.

Most people we spoke with told us they were happy with the food and drink they received. Some people expressed they would prefer a wider choice of meals. One person said, "The food is good, but not much of a choice." We observed lunchtime was a sociable occasion with people chatting while staff provided discreet support to those who needed it. Meals served were consistent with the items on the menu that was displayed in the dining room which offered a choice of two main meals. We also observed people being offered further alternatives if they expressed they didn't like that meal that they had chosen. Desserts were served promptly after people had finished their main meal and people were offered tea and coffee afterwards. Drinks were offered throughout the day and staff ensured that wherever people were located throughout the building they were offered regular fluids. Staff we spoke with were aware of people's dietary needs and told us they tried to encourage people to eat well, in order to promote their health and well-being. One staff member said, "Where people need encouragement with their diet we try and sit them close to people who are eating well, to encourage them to eat. We find this has a positive effect." The provider told us that following a recent complaint the menu had been reviewed and people had been encouraged, during resident's meetings, to give feedback on the food and meals provided. Records we reviewed confirmed this and we saw the menu had been revised to ensure there were more 'homemade' choices available as well as more variety of hot and cold drinks.

People told us they received support from staff to access healthcare professionals when required. One person said, "I have routine check-ups from the chiropodist and the optician." A relative also told us, "I feel staff are on top of things with regards to [person's name]'s health. We are kept updated." We saw from records that there was regular intervention with healthcare professionals such as GPs and opticians. Staff we spoke with were knowledgeable about people's healthcare needs. One person's care records contained a direction to staff that the person should be encouraged to sit with their legs elevated to promote their health. We saw the person was sitting with their legs raised and was supported by staff when they moved to a different area of the home, to ensure they had the appropriate seating arrangements. The provider told us they had recently improved systems for monitoring people's health and learning had taken place following a recent complaint. New systems had been introduced to ensure any changes to people's health were clearly documented and appropriate action taken without delay.

Requires Improvement

Is the service caring?

Our findings

Although we found that individual staff were kind and caring towards people, the provider's systems and processes did not always ensure that people were cared for safely. For example, risks to people's health and safety were not always assessed. The oversight and governance of the care people received was not always effective in ensuring people were protected from the risk of harm from the home's environment.

People and relatives told us staff were kind and caring. One person told us, "The staff have a very caring attitude, I am quite happy here." A relative commented, "Staff are very good and caring, when people may be awkward or upset they do their very best to console them put them at ease."
Relatives spoke positively about the caring nature of staff and shared with us examples of how staff supported people with compassion and kindness. One relative told us, "[Person's name] is a bit confused; staff are patient and very understanding." Another relative said, "The staff have an exceptionally caring attitude. I have observed them when they are unaware and I think that they are amazing. They are very patient."

We saw that staff had good relationships with people and knew their personal histories. Staff were able to tell us about people's likes and dislikes and their preferences. We saw staff responded to people in a caring way and reassured people when they were showing signs of anxiety. For example they anticipated when people might become upset or distressed and acted quickly to reassure people. One person told us, "Anything you want the staff will get it for you, or if you want anything doing, they are very caring."

People were supported to make decisions about their day to day care and support. One person told us, "I can spend my time as I choose." We saw people were involved in decisions about how and where they spent their time and although staff were aware of people's usual choices, they still offered different options to ensure people were making their own choices and decisions. One staff member shared examples with us about how they supported one person to make their own decisions. They told us, "[Person's name] usually dresses themselves, but today they asked for help, so I took two items of clothing an encouraged the person to make their own choice."

People told us staff promoted their independence where possible. One person said, "Staff know what I can and can't do so they help me when I need it." We saw examples of staff maintaining people's dignity in the way they supported them. For example ensuring bathroom doors were closed when in use. We also saw staff knocked on people's doors before entering their rooms and gave people the time they needed to mobilise around the home. One person told us, "Staff respect my privacy, if I want to stay in my room, it is respected."
We asked staff how they would support people with diverse needs, for example, specific cultural needs. Staff demonstrated a good awareness and understanding of how they would ensure people's individual needs were met. We saw that following resident's feedback, plans were underway to ensure a range of religious and cultural festivals were celebrated within the home, with people being given the option of taking part according to their preference.

We observed visitors were present throughout the day and were welcomed by staff. People were offered a

choice of where to spend time with friends or family members and staff knew visitors by name. One relative told us, "The staff are always welcoming. We are always offered a drink."

Requires Improvement

Is the service responsive?

Our findings

People expressed mixed views about how they were supported to spend their time or taken part in activities or pastimes that interested them. One person told us, "I get quite bored; I don't want to play bingo or many of the other things on offer." Another person told us, "I take part in activities sometimes but I like my word search." We saw staff encouraged people to take part in activities and gave clear descriptions about what was about to take place so people could make an informed choice about whether they joined in or not. One the first day of the inspection visit the morning activity was a word game, which a number of people took part in. Other people spent time in their rooms, or read in different areas of the home. We found that while there were activities on offer these were not always tailored to people's individual needs. A relative said, "I think there has been an improvement in that more activities now take place, but they aren't always things [person's name] would enjoy."

We reviewed people's care records and found staff had previously recorded how people spent their time and detailed the activities they took part in. However, we noted that these records had not been kept up to date and some just contained minimal information for each day. For example, 'TV' or 'Social'. We discussed our concerns about the lack of individualised or dementia friendly activities with the registered manager and provider. They told us they would ensure people's preferences in terms of hobbies or pastimes were checked and updated to ensure people were given the opportunities to take part in activities that they enjoyed and which met their needs, particularly for those people living with dementia.

People told us they knew who to contact if they were unhappy with any aspect of their care. One person said, "I would feel comfortable raising concerns or complaints but I have none." A relative told us, "I would approach [name of registered manager] if I needed to. No concerns there."

We discussed recent complaints with the provider and reviewed related records. We found the provider had responded to concerns raised. Investigations had been carried out in to allegations and an outcome had been provided to complainants. Where investigations had identified that improvements could be made, the provider and registered manager had implemented some changes. However, at the time of the inspection improvements and actions were still underway and had not yet been embedded into staff practice. The provider told us they were aware that improvements needed to be made to their recording system for complaints, as minor concerns, or comments made by resident's, were not always recorded and therefore action had not always been taken to resolve concerns at an early stage. We reviewed the provider's complaints policy and found that while it offered appropriate guidance on how to complain, the format of the policy was not accessible to those people who may have communication difficulties.

People told us they were involved in planning their care and support. One person said, "I remember being involved in my care plan, my family and myself have been involved in reviews of care." Another person told us, "I was involved with my family regarding my care plan." A third person told us they were aware their family members had met with staff to discuss their care plan. Relatives also shared how they had been involved in the assessment, planning and review of their family member's care. One relative told us, "I met with the manager and if there are any changes I discuss with them."

Staff we spoke with understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs. One staff member told us, "I feel I know people well and understand what they need. There is one person who became anxious at night and we took action to ensure they felt reassured and safe." We saw staff were aware of people's personal preferences and life histories. This included their interests and hobbies as well as their preferences in terms of room decoration. Where people's needs had changed relatives told us they were kept informed. One relative said, "The manager always gets in touch if anything changes. We are kept updated."

Staff told us, and we saw, that they reported any changes in people's needs to the deputy or registered manager. One staff member told us, "If I notice any changes I tell the deputy manager, they will check on the person and make any changes". Staff told us they felt communication within the home was good and they received updates on people's needs during shift handover meetings which were held daily. This meant staff were able to provide people with care and support that met their changing needs.

Requires Improvement

Is the service well-led?

Our findings

We found arrangements made by the provider to monitor the standards of care were not effective in ensuring the quality of care provided. We requested to see copies of checks or audits that were carried out by the registered manager or staff to ensure the health and safety of people living at Homecroft, but were told these were not available. The registered manager and provider told us they did not carry out audits relating to the safety of the building including infection control, health and safety checks or maintenance. They told us that some cleaning tasks were recorded and external healthcare professionals carried out some checks on mattresses, but there were no established systems to monitor key aspects of health and safety.

We reviewed a fire risk assessment that had been conducted in February 2017. The assessment identified a number of areas where improvements were required to ensure people's safety. We reviewed the action plan relating to these improvements and found a number of the actions were still outstanding. The provider told us that neither they or the registered manager had taken responsibility for the oversight of this. After we brought this to the provider's attention they advised they would take action to ensure the actions were completed without delay.

Information we received from other agencies prior to the inspection visit indicated the registered manager had not always taken appropriate action in response to allegations about staff members behaviour and that where people raised concerns informally, these were not always recorded to ensure appropriate action could be taken. The provider confirmed with us that informal complaints had not always been recorded. We found the systems used to record accidents and incidents were not always effective in identifying patterns and trends. For example, where people had multiple falls. While the Provider Information Return (PIR) contained some details of improvements that the provider planned to make, these did not fully reflect the concerns identified during the inspection.

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives expressed positive views about life at Homecroft. One person told us, "The atmosphere is very good here." A relative commented, "The manager is approachable and would come and speak to you and spend time with the residents." Staff we spoke with told us they felt supported by the management team and were given opportunities for training and development. One staff member said, "I think we work as a team, there's a family atmosphere." Another staff member told us, "We do have time to chat with people and spend time with them."

People were offered opportunities to give feedback about the home and make suggestions about where improvements could be made. We reviewed responses to a recent quality assurance questionnaire sent to people and their relatives. We found that actions were recorded where people had asked questions or stated they were unhappy with something. The office manager explained to us that they were currently in the process of reviewing the questions asked within the questionnaires to ensure they were specific to

people's experiences of living at Homecroft. They felt this would improve the quality of information received and give more value to the actions taken by the provider in response.

Staff told us they felt supported by the registered manager and the provider. One staff member said, "[Name of registered manager] is approachable. There's also the office manager who you can go to." Staff we spoke with told us they felt comfortable approaching the registered manager or provider to raise concerns or offer feedback. One staff member told us, "I've recently done some training in customer service was good. It was about how to communicate with residents and staff. I learned about which words to use and those that were not appropriate. It will make us better as a team." The provider told us they had identified a number of training courses which they felt would help raise standards at the home.

At the time of our inspection there was a registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC report and ratings were displayed in the main entrance area and the provider had notified us about events that they were required to by law.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish systems or processes to assess monitor and improve the quality and safety of the services provided.