

Norens Limited

Homecrest Care Centre

Inspection report

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Date of inspection visit:
13 June 2019
14 June 2019

Date of publication:
16 July 2019

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Homecrest Care Centre provides accommodation with nursing or personal care for up to 29 people. There were 13 people living in the home when we visited.

People's experience of using this service:

Since 2016, the provider has failed to comply in full with the Health and Social Care Act. Continued breaches of regulations 12 and 17 with regards to safe care and treatment and good governance have been identified since 2016 and were found again at this inspection.

After the last inspection in February 2019, CQC took enforcement action to encourage the provider to drive up improvements at the service. This included restricting the provider's ability to admit new people into the home without CQC's approval until such improvements were made.

At this inspection, we found that although improvements were on-going, the provider has still failed to address the concerns we had about the service in any effective way. The issues identified at the February 2019 inspection and prior to that with regards to regulations 12 and 17 remained the same.

Some of the systems and processes in place to monitor the quality and safety of the service remained ineffective in identifying and driving up improvements. This meant that the service was not well led. The governance of this service has been a persistent and on-going concern.

At the last inspection, we raised significant and serious concerns about the management of medication. At this inspection, we found little action had been taken by the provider or manager to address them. Medication management failed to adhere to best practice guidelines published by the National Institute of Social Care (NICE) with regards to the storage, administration or management of medicines. This meant it continued to be unsafe and place people at risk of avoidable harm.

Despite the provider introducing a system to check people's care planning information, people's care plan still did not always contain sufficient or accurate information about their needs and risks or the care they required.

Information about the home was not always available in a format people could easily understand. For example, the complaints procedure was written in small typed print and there was no service user guide for people living at the home to refer to. This meant the service did not comply in full with the Accessible Information Standard introduced by the Government in 2016.

During our visit, we found that people's privacy and right to dignity was not always maintained. This was because staff sometimes openly discussed people's needs and care in communal areas where other people could hear these conversations. This was not good practice. We drew this to the manager's attention.

There were however some good aspects of service delivery. For example, where people's capacity to consent to their care was in question, the Mental Capacity Act 2005 (MCA) had been followed appropriately.

Records showed that when people became unwell or needed additional support they had access to a range of health and social care professionals in respect of their well-being.

Staff recruitment was safe. Appropriate checks were undertaken to ensure staff employed were suitable to work with vulnerable people. Staff had access to a mandatory training to do their job role and received regular supervision from their line manager.

The number of staff on duty was sufficient to meet people's needs. People told us staff were always around to help them when needed. They said staff were friendly, kind and caring. They said they liked living at the home.

The atmosphere at the home was relaxed and homely. It was clear that staff and the people they supported had built up positive relationships with each other. The manager was a visible in and around the home and the people we spoke with told us they were approachable and friendly.

Rating at last inspection and update: At the last inspection the rating of the service was requires improvement (Report published 19 March 2019). At this inspection, the service has been rated inadequate. This is because the provider has consistently failed to ensure that regulations 12 and 17 were met.

Why we inspected: We inspected this service within six months of the last inspection as enforcement action had been on-going and we needed to be sure improvements were being made.

Enforcement and follow up: Due to the service having an overall rating of inadequate, the service will remain in special measures. Services in special measures are kept under review by CQC and are re-inspected within six months to ensure they continue to improve. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. As the provider has made some but not all the required improvements at this inspection CQC has considered its regulatory response and is taking action in line with our enforcement procedures and legal advice.

Enforcement action can involve the cancelling of the provider's registration or to varying the terms of their registration. The action taken will be added to this inspection report after any representations or appeals from the provider have been concluded.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-Led findings below.

Homecrest Care Centre

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 undertaken by two inspectors 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.

Service and service type: Homecrest Care Centre is 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 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 this inspection, the registered manager had been absent from work since August 2016. An interim manager was in post to manage the service in their absence.

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 assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

During the inspection: We spoke with eight people who lived in the home and four relatives. We spoke with the interim manager, three care staff, the maintenance officer and the activities co-ordinator.

We reviewed a range of records. This included six people's care records and a sample of medication records.

Three staff recruitment files, records relating to staff training and support and records relating to the management of the service.

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 inadequate. At this inspection, this key question has remained the same.

This meant that people were not safe and were at risk of avoidable harm.

After the last inspection we took enforcement action against the provider to drive up improvements at the service.

Using medicines safely

Since 2016, the provider has failed to ensure the management of medication is safe. This means they have continued to breach regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the same.

- One medicine was administered more frequently than prescribed.
- Records of medicines within the home were not accurate; therefore, we could not be assured that people received their medicines as intended.
- For example, some medications were not recorded as having been received into the home from the pharmacy yet were in use. Some medicines were being administered without a medication administration chart in place to record when these medicines had been given.
- Records to show topical preparations such as creams were being applied were not always completed and accurate; therefore, we were not assured people's skin was cared for properly.
- Medicines were not always kept safe and secure. This placed them at risk of unauthorised use. For example, controlled drugs were left on top of the medication trolley in a communal area and prescribed creams were found in people's rooms.
- The system used to audit the medicines at the home did not capture or identify issues found during the inspection. This meant the system used to check that medicines were managed safely was ineffective.

Unsafe management of medicines places people at risk from serious harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

Since 2016, the provider has failed to ensure people's risks were properly assessed and responded to. This means they have continued to breach regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the same.

- The majority of people's needs and risks were assessed but this information was not always accurate or clear. This placed people at risk of inappropriate or unsafe care.
- For example, one person's moving and handling risk assessment and care plan did not accurately reflect

their needs and care. Another person's risk assessment and care plans to prevent the development of pressure sores was missing from their file. This person had skin issues that required staff to have knowledge of their needs and care.

- One person's records stated that two staff should assist them with personal care due to poor mobility. Accident and incident records showed that they had been assisted by one member of staff instead of two on one occasion. This resulted in the person experiencing a fall.
- On the first day of our inspection, two of the home's fire exit doors were not alarmed. One alarm had been switched off and the other was faulty. This meant that when these doors were opened the alarm failed to go off. There was a risk therefore that people could exit the building without staff knowing. We spoke with the manager about this and it was addressed the next day.

This lack of adequate risk management placed people at risk of harm. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were certificates in place for the electrics, gas, fire alarm and moving and handling equipment to verify their safety. The home was adequately clean and maintained.
- People had personal emergency evacuation plans in place. These plans provided staff and emergency personnel with important information about the support each person required in an evacuation.

Preventing and controlling infection

- Staff had training in infection control to ensure that they knew what precautions to take to prevent the spread of infection. We found that during our inspection staff did not always follow these practices.
- For example, staff were not using the provider's new sluice facility to wash and disinfect people's continence aids and continued to wash these aids in the person's clean toilet water. We have previously spoken to the provider about this, as it is not good practice.
- Access to personal and protective equipment such as disposable gloves and aprons and hand sanitizer were readily available in the home. However, we found one pair of disposable gloves left on top of a person's bedroom drawers and another left in a communal bathroom. This was not good practice.

Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member's employment to ensure they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.
- The number of staff on duty was sufficient to meet people's needs. People we spoke with confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at the home. One person said "I've no worries about living here. I'm treated well". Another person said "I am treated well, very good".
- Staff received safeguarding training and records showed that appropriate action was taken to protect people from the risk of abuse.

Learning lessons when things go wrong

- Accident and incidents were documented with the action taken by staff to support the person's wellbeing and safety at the time the accident or incident occurred.
- Accident and incidents were monitored by the manager regularly and people's care adjusted to prevent a similar accident or incident happening again where this was possible.

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question remained the same.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- End of life care planning did not adhere to best practice with regards to guidelines outlined by the National Institute for Health and Care Excellence (NICE) or local best practice systems such as the NHS Six Steps End of Life Programme.
- People's medicines were not managed in accordance with NICE best practice guidelines or guidelines issued by the Royal Pharmaceutical Society of Great Britain.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care was not always provided in a safe way in accordance with nationally recognised guidance.

- People's care records contained some information about their choices for example with regards to their dietary needs, daily routines and sleeping preferences.

Staff support: induction, training, skills and experience

- Staff received training to do their job role and had regular supervision with their line manager, including an annual appraisal of their skills and abilities. Staff training in mandatory areas such as safeguarding, infection control, moving and handling etc., was up to date.
- Optional training was also provided in subjects such as epilepsy and challenging behaviour. Not all of the staff had completed this training yet some people at the home lived with these conditions.

We recommend the provider reviews the mandatory staff training programme to ensure it equips all staff with the necessary knowledge and skills to meet the needs of the people they care for.

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.

- We found that where people were unable to make certain decisions for themselves, records showed that the MCA had been followed.
- We observed staff seeking people's consent during our visit with regards to their day to day support.
- People told us they had a choice in how they lived their life at the home and were able to make their own decisions as far as they were able.
- One person said "I make my own decisions. What I want to do and not do. When to come out of my room and when not to. Anything really is ok".

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

- People's nutritional needs were assessed. Where there were concerns about their nutritional health, referrals were made to the community dietician and the speech and language therapy team.
- When people required their dietary intake to be monitored, food and drink records were not always properly completed. This meant that it was difficult for the manager and staff to tell if the person had received sufficient amounts to eat and drink.
- For example, one person's food and drink chart showed that they had not had anything to eat for several days. We asked the manager about this, they told us that the person had been struggling to eat but had been offered softer options such as soup to help with this. The cook and staff confirmed this. The person's food and drink records however did not reflect this.
- During our visit, we observed lunch. We found that improvements had been made to people's dining room experience since our last inspection. The serving of lunch was prompt and properly organised.
 - People received sufficient amounts to eat and drink and had a choice at mealtimes.
 - People's comments included "The food is good. You can choose between what it is. If I don't like it I can have something else. There is tea and biscuits in the afternoon and supper" and "I get enough to eat and drink. I like the food".

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

- The interior of the home was adequately maintained and generally suitable for the people living there.
- The home would benefit from some dementia friendly provisions such as different colour schemes to help people identify their own bedroom door or coloured living aids such as toilet seats to help people maintain their independence.
- Improvements to the garden area were still being made. The garden had been tidied up and there was now a raised plant bed area for people to pot their own plants. A part of the garden contained rubbish and old equipment that needed to be moved and the maintenance officer's shed of equipment was open and unlocked for part of the inspection. This aspect of garden safety required improvement.

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

- People received support from a range of health and social care professionals in respect of their needs. For example, district nurse teams, GP's, tissue viability services, community dieticians and chiropody.
- One person told us "If I need a doctor or anything, I only have to say".

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We heard some staff members discussing a person's needs openly in the communal lounge in front of the person and their peers as if they were 'not there'. They also discussed the care of another person whose care at the time of our inspection was of a sensitive nature. This did not show that staff were always respectful of people's right to privacy and dignity.
- People's care plans contained information about what they could do independently and what they needed help with. One person told us "If I am able to do some things for myself then its ok. I like it though that if I can't there is always someone around" (to help). Another person said, "I can do a lot for myself. Staff know this".
- People received appropriate support with their personal care to maintain their dignity. One person told us "Yes I choose. Not the staff. I have a shower every two days. Staff do that for me, they are good".

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

- At the last inspection, there were no organised resident meetings for people living in the home to express their views on the service. At this inspection, this remained the same.
- People however told us they felt listened to. One person said, "Yes I like it, they listen to me". Another person said "The staff are good, I can talk to them and a third person told us "They do listen to anything I say".
- The activities co-ordinator talked to people about the activities they would like to participate in and we saw that this had been acted upon where possible.
- A relatives meeting had taken place since our last inspection but the manager told us it was poorly attended.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff were kind and treated them well. During our visit we saw that staff were patient, caring and people looked relaxed and comfortable in their company.
- People's comments included, "Very approachable staff"; "Staff are really nice and friendly"; "It's (the home) very okay and lovely" and "Really nice girls. I'm looked after well".

Is the service responsive?

Our findings

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

At this inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

End of life care and support

- People's end of life wishes were not properly documented. As a result, their care plans lacked sufficient detail about their wishes in respect of their end of life care.
- People received support from other professionals such as GP's and district nurses at the end of their life. There was no end of life care plan in place however to show what involvement staff and other professionals had in the person's care.

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

- People's care plans were person centred but some of the information about their needs was not accurate.
- People's needs and care were regularly reviewed but not always updated when their needs or care changed. This information remained in the person's monthly notes. At times, this made it difficult to keep track of the person's care and progress.
- Care plans contained a good level of detail about the person themselves, what they liked and didn't like, their family and background and the things that were important to them in their day to day lives. This was good practice and help staff develop an understanding of the person they were caring for.
- People's bedrooms were personalised with the things that were important to them and people were supported to maintain relationships with family and friends.
- The provider offered a range of social and recreational activities for people to participate in. This included bingo, bowling, gardening, arts and crafts and pampering sessions.
- Trips to a dementia friendly cinema and New Brighton had also been organised and enjoyed by people who lived at the home.
- People told us that they had a choice in how they lived their lives at the home. One person said "I like to stay in my room. I don't have to do anything I don't want to". Another told us "If I don't want to do anything, I don't have to. It's up to me".

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 living in the home did not have access to a service user guide about the service. Other information such as the provider's complaints procedure was not available in any other format for people who may struggle to read and understand a written procedure. For example, in an easy read format that uses simple language and pictures to aid people's understanding or audio information that people can listen to. This meant that the service did not comply in full with the Accessible Information Standard.
- We found that the service did meet the requirements of the standard with regards to determining how people living at the home communicated their needs and wishes. People's care plans advised staff on the best way to connect, reassure and communicate with them in a way they understood.

Improving care quality in response to complaints or concerns

- No complaints about the service had been received since our last inspection.
- People told us they were happy with the support provided and had no complaints. People told us they knew who to talk to if they had concerns.

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 requires improvement. At this inspection, this key question has deteriorated to inadequate.

There was widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

Since 2016, the provider has failed to have robust systems in place to manage the service. At this inspection, this remained the same. This meant they have a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

- At the time of this inspection, improvements to the service were still on-going but the provider's timeliness with regards to these improvements had been repeatedly poor since 2016.
- The provider has submitted a number of action plans to CQC since 2016 to advise of the improvements they plan to make to the service but to date these actions have not been sufficient.
- We found that the systems in place to check the people's care records, the management of medication, health and safety, staff support and staffing levels remained ineffective.
- For example, the provider's medication audits were not effective in identifying and addressing concerns with the management of medication.
- Checks were now undertaken on people's care records. These checks failed to identify people's care plans were not always accurate or sufficient.
- There were limited systems in place to oversee that people's care was provided in accordance with their care plans. For example, there was little evidence that the manager reviewed people's daily records to ensure people's care was provided in accordance with their care plan.

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

Since 2016, the provider and managerial arrangements at the home have failed to be sufficiently robust to meet regulatory requirements. At this inspection, this remained the same. This means the provider has a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

- The manager was clear about their role but despite serious concerns being identified at the last inspection with regards to medication management, they had failed to address them. This did not demonstrate that

they always understood quality performance, risks and their regulatory requirements.

- People's daily records were not always completed accurately or consistently by staff. This indicated that the manager and staff team failed to understand the importance of maintaining clear and contemporaneous records in relation to people's care and their regulatory requirements to do so.

This lack robust systems to monitor the quality and safety of the service and the service's continued poor leadership demonstrates a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Continuous learning and improving care

- Regular staff meetings took place to discuss issues associated with the service. Despite this, there was little evidence that sufficient improvements were made to the service in order to meet the requirements of the health and social care regulations.
- The people we spoke with and their relatives were positive about the home and the manager. They told us that the manager was approachable and very friendly.
- One person said, "The manager is really good and approachable, you see her coming around and asking if I am ok". Another person said "If anything is wrong you can tell her. She is nice".

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

- People's health and welfare needs were met by a range of local healthcare providers, social work teams and community services.
- Records showed that staff supported people to access healthcare appointments to maintain their well-being.