

## Healthcare Homes Group Limited

# Home Close

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Home Close is a care home that was providing personal and nursing care to 57 people aged 65 and over at the time of the inspection.

The service can accommodate up to 72 people across eight separate wings, over two floors, each of which has separate adapted facilities.

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

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

Staff continued to treat people they supported with kindness and compassion. People liked the staff that cared for them. People's privacy and dignity was maintained. People enjoyed the activities that went on at the service. Links were established with the local community.

People were supported to eat and drink enough, they were positive about the food and choices on offer. People were involved in making decisions about their care. Staff gave and respected people's choices.

People's preferences on how care was to be delivered was recorded in their care records for staff to follow. This included people's end of life wishes.

The service was being managed by an operational manager in the absence of a registered manager. Staff were passionate about providing people with a good-quality service. Robust systems were in place to monitor the quality of care being delivered to people.

Complaints and concerns were investigated, and complainants responded to. People, their relatives and staff were given opportunities to give their view of the service and from this feedback action was taken to make any improvements.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Home Close

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by one inspector and an assistant inspector

#### Service and service type

Home Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with six people who use the service about their experience of the care provided and two relatives. We observed interactions between staff and people who used the service. We spoke with nine staff members, the regional manager, the operations manager (managing the service in the absence of a registered manager), the deputy manager, a nurse, three senior care workers and two care workers. We reviewed a range of records. This included two people's care records which included all aspects of care and risk. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of

records relating to the management of the service, including audits, policies and procedures were reviewed.

# 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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility and the process to safeguard people from poor care and harm. A staff member said, "I would report [concerns] straight away to my manager and line manager here. You can report to the CQC. It is my job is to keep the people I am caring for safe."
- Posters giving information on how to raise any concerns were on display throughout the service for people and their visitors to refer to. One person said, "It is lovely that there are always staff about, I feel very safe here."

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken. These included for people at risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. Guidance was in place for staff so that risks were minimised.
- Maintenance staff undertook regular checks of all equipment and systems in the service, such as the fire safety system, to make sure people, staff and visitors to the service would be safe.
- People had emergency evacuation plans in the event of an emergency such as a fire. All staff had received fire safety training.
- Staff used equipment and technology such as care call bells and pressure relieving equipment to support people's well-being.

Staffing and recruitment

- Recruitment checks continued to be completed to make sure that staff were suitable to work with the people they were supporting.
- There were enough staff to support people's care needs in a timely manner. A person said, "If I call for help or ring my call bell one or two staff will arrive quickly to help. Although at times you have to wait as staff are busy with someone else. They do try to be as quick as they can."
- The operations manager told us that staffing levels were determined following regular assessments of people's care and support needs and the input needed from staff. They said, "We look at dependency levels, at least weekly and change staffing levels as required. For example, for someone who is at the end of their life, if this is what the person required."

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. One person said, "[Staff] always give me a drink with my medication. I can always ask for pain killers if I am in pain."

- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.
- Not all protocols were in place for medicines prescribed to be administered 'when required' We discussed this with the operations manager who immediately addressed the issue.
- Staff undertook medicines training and had their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

#### Preventing and controlling infection

- The provider continued to have systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibility to keep people safe from the spread of infection. They used gloves and aprons appropriately.
- The service was clean and smelt fresh throughout.

#### Learning lessons when things go wrong

- The operations manager gave us examples of how they continued to use the opportunity to use errors, incidents and accidents to improve staff's practice.
- Staff continued to record any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- Action was taken for any errors that occurred with medicines; staff were fully re-trained and their competence re-assessed to prevent further errors.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff continued to complete assessments of people's needs before they moved into the service. This helped make sure staff had the skills and knowledge to meet the persons care and support needs.
- Staff used up to date guidance and best practice to support people. The operations manager told us, and staff confirmed they had put in place oral health guidance to help maintain people's well-being.

Staff support: induction, training, skills and experience

- Processes were in place to ensure that staff received all the training they needed so that they could do their job well. New staff received an induction. This included face-to-face and on-line training as well as shadowing an experienced member of staff. A member of staff told us, "Training here is good, there are plenty of subjects including dementia care and medication."
- Staff felt very well supported by the provider, the management team and all their colleagues. All staff were encouraged to attend staff meetings. They knew they could speak with any of the management team at any time.

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

- People had enough to eat and drink. People were mainly positive about the food with comments including, "The food is lovely" and "I very much enjoy my food and there is always plenty to eat."
- Staff supported people to choose the meals they liked and assisted those who needed help to eat.
- People who required special diets were catered for and staff were fully aware of people who were at risk of not eating or drinking enough. The service provided their own fortified drinks, which were high in calories, for people who needed support to take in enough nutrition.

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

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GPs and district nurses. A person said, "Staff get the GP out to you if needed and I see a chiropodist every six weeks."
- Staff had guidance and information within people's care records to prompt staff when they needed to make these specific referrals.

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been assessed as lacking the mental capacity to make decisions, applications had been made to the local authority supervisory body to put legal restrictions in place. A staff member told us, "We always assume everybody has capacity in the first instance then give practical help to help someone make a decision. If someone hasn't got capacity, we may have to make a best interest decision for them and record it on their records. It has to be in the least restrictive way it can be."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff were very passionate about their jobs. They treated people really well. One member of staff said, "We are here to make people's lives the best they can be. We always ask them what they would like or what they would like to do."
- Staff were encouraged to spend as much time as possible with people. One member of staff said, "We like to care for each person and spend time with them when we can."
- People spoke about the staff. They used words such as, fantastic, caring, kind, and respectful. One person told us, "The staff are all so good here, you can't fault any of them. They are so helpful." A relative said "Staff are very caring, helpful and treat their residents with courtesy."
- Positive interactions between people and staff, showed they clearly enjoyed each other's company and treated each other as equals.
- Relatives and external professionals made positive comments about the welcoming, relaxed, friendly atmosphere they found every time they visited. One external professional said, "The home is very welcoming and staff are very happy in their work."

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

- Staff were committed to providing a person-centred service where people were treated as individuals and supported to make a choice. One person told us, "Staff always ask if I am ready to get up and again ask when I would like to retire to bed. I can spend my day how I want, staff always check I am okay."
- Staff gave people opportunities for them to express their views about the quality and safety of the service through meetings.
- People were supported to maintain relationships with those most important to them. One relative said, "Visitors are always made welcome and staff always offer you a drink."
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and their independence was promoted. One relative told us, "[Family member] tries to do things for themselves but it is not always easy for them. Staff let them do as much as they can, then help where they need to."
- Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. One person said, "Staff come and ask regularly if I need anything and always knock on my door to check I am decent before coming in."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records continued to be personalised and gave staff guidance on people's likes and dislikes, and how to respond to people's care and support needs effectively.
- Staff knew the people they were supporting well.

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.

- Information for people could be made available in different formats such as large print or audio if this was needed. This meant information could be given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if people who were non-verbal might need support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed lots of activities at Home Close Care Home. One person said, "There are activities, but I don't get involved. I prefer to read my newspaper and watch TV so I'm alright."
- Festivals such as Easter, Christmas and Halloween were celebrated, which helped orientate people to the time of year.
- Religious services took place in the service for people to attend should they wish to do so.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The policies described what action the service would take to investigate and respond to complaints and concerns.
- People and their relatives told us they felt able to talk to the staff at any time and were confident their concerns would be addressed. One person said, "I haven't had to make any complaints, I think it's lovely here and I couldn't do any better." Another person said, "The general atmosphere is friendly, and I feel at home here. No complaints at all."

End of life care and support

- The staff continued to support people and their relatives both in planning for and at the end of the person's life.
- The staff team ensured that people's wishes were fulfilled at the end of their lives. They were skilled at supporting people and their relatives to discuss what they wanted to happen. They recorded the fullest possible details about the person's and their relative's wishes and how those wishes would be met.
- The ethos of the service was that people should be able to die in Home Close rather than hospital if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen, if at all possible.
- The operations manager told us that end of life decisions were discussed as soon after people moved into the service. Staff listened to and recorded what the person wanted and what the person wanted to tell them about the end of their life.

# 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. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the operations manager and the service staff provided. One person said, "I enjoy this place so much it's unbelievable." A relative told us, "The first thing I was struck by when I walked through the door was the friendliness of the staff and that the residents were smiling. I looked at lots of care homes and this was the only one I felt happy with."
- The provider and operations manager encouraged staff to develop their skills and knowledge and progress through their careers should they wish to. A staff member said, "I can always ask for training to develop my skills."

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 provider and operations manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The provider and operations manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

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

- There was not a registered manager in post. The previous registered manager resigned from the service in July 2018. An operations manager was in place to support the service and the staff. They provided very strong leadership, promoted a one-team approach in all aspects of the service and engaged all team members in the running of the home. They told us, "I lead by example and operate an open-door policy to be readily available and visual to the team."
- Staff liked and respected the operations manager. One member of staff told us, "I really like [name]. They are very good and supportive, they have worked here before so know how things are."
- The management team carried out a range of audits. Any shortfalls found by the audits were included in a plan, with clear timescales and responsibilities. Representatives from the provider's organisation also completed monitoring visits as part of the provider's governance systems. Any improvements found were either completed or on-going.
- Staff told us that they attended regular team meetings where information about the service was shared quickly with them.

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

- The provider and management of the service continued to establish links within the local community.
- Relatives and people were invited to attend meetings about the service. These were an opportunity for people to also discuss any suggestions for improvement

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GPs, district nurses and chiropodists. This helped make sure people received joined up care and support.