Homefield Grange Limited

Homefield Grange

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Homefield Grange is a residential care home providing personal and nursing care for up to 64 people. The service provides support to older people, some of whom are living with a dementia. At the time of our inspection there were 45 people using the service.

People's experience of using this service and what we found
Risks to people associated with malnutrition, dehydration and swallowing were not always managed safely. Medicines prescribed for as and when needed did not always have protocols in place to ensure safe administration. Some equipment was in a poor state of repair which meant cleaning to prevent infection was compromised. The service did not always meet their legal requirement to notify CQC of notifiable incidents. Governance systems were in place but had not identified areas for improvement identified as part of our inspection.

People told us they felt safe and had confidence in the staff team. Staff understood their role in recognising and reporting concerns of abuse or poor practice. People were supported by staff who had been recruited safely and there were enough staff, with the right skills and experience to meet people's care and support needs.

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.

People were supported by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. People described the food as good and told us they had plenty of choice and access to drinks. People had access to healthcare for both planned and emergency events. The accommodation provided an environment that enabled people to maximise their independence and provided safe spaces inside and outside.

Staff spoke positively about the home, understood their roles and responsibilities, and felt supported by colleagues and the senior staff team. Staff described communication as good and were kept up to date and involved in developments through a range of meetings. Quality assurance systems and processes collected information and feedback that was used to drive improvements.

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

Rating at last inspection
The last rating for this service was good (published 14 December 2021).

Why we inspected

We received concerns in relation to risks associated with eating and drinking, medicines and management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homefield Grange on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment and governance of the service.
Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Homefield Grange

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by 2 inspectors and a nurse specialist advisor.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service had a peripatetic home manager who was managing the service and they were in the process of recruiting a registered manager.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. We spoke with 14 members of staff including the regional support manager, deputy manager, nurses, senior staff, health care assistants, chef and housekeeper. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems and processes to protect people from potential harm were not always operating effectively.
- We reviewed 2 people who had been assessed as at high risk of malnutrition and dehydration and records showed they had lost weight. Their care plans did not include actions to instruct staff how to improve nutrition and hydration and prevent weight loss such as food and fluid monitoring, high calorie snacks, frequency of weighing or a referral to a dietician.
- One person had been assessed as a high risk of choking and required a pureed diet. The person was living with a dementia and unaware of their choking risk. The person had food placed within easy reach on their bedside table that did not reflect their safe swallowing plan and placed them at risk of avoidable harm.

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the regional support manager who agreed with the identified shortfalls and responded during and after our inspection with actions to improve areas identified.

- People had personal emergency evacuation plans in place providing critical information to ensure people's safety should they need to evacuate the building. Staff had completed fire safety training and staff had participated in fire drills.
- Records showed us that equipment was in good order and regularly serviced. This included fire equipment, hoists, and electrical equipment.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some bed bumpers were torn and damaged which would prevent effective cleaning. We discussed this with the home manager who made immediate arrangements to have them replaced.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The home was open to visitors and no restrictions were in place as per government guidance.

Using medicines safely
● Medicines were not always managed safely. Some medicines were prescribed for as and when required (PRN). Protocols were not always in place that provided staff with information needed to ensure they were administered consistently and appropriately. Examples included medicines prescribed for pain and agitation. We discussed this with the regional support manager who took immediate action to audit all PRN medicines and protocols.
● A nationally recognised pain management assessment tool was in place as not all people were able to verbalise if they were experiencing pain, however, we reviewed 1 person's records who required a pain chart in place and found no evidence to support this was being completed.
● Medicines were administered by trained staff that had their competencies regularly checked.
● Controlled drugs, (medicines that have additional controls due to their potential for misuse), were stored in accordance with current regulations.

Systems and processes to safeguard people from the risk of abuse
● People and their families told us they felt safe. One person said, "I feel safe, always have my door shut at night and feel confident in the staff." Another told us, "Staff are wonderful and so obliging."
● People were supported by staff who had been trained to recognise and report any concerns of suspected abuse. Staff were able to describe actions they would take, including details of external agencies they could contact, should they have safeguarding concerns. A staff member told us, "There's whistleblowing information and I would feel confident to use it."
● Records demonstrated safeguarding concerns were shared appropriately with agencies including the local authority and Care Quality Commission. This enabled external oversight of risk ensuring people were safeguarded.

Staffing and recruitment
● People told us there were enough staff. One person said, "Staff come quick when needed." Another told us, "If I'm anxious they give me time and listen to me, they say come on let's sit down." Another told us, "Night staff are great and within a short time somebody is here. They turn me; I find them very helpful." A staff member told us, "I feel there's enough staff, we had a lot of agency (staff), but it's getting much better."
● Staff had been recruited safely. Employment checks included employment history, references and a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong
● Staff spoke positively about opportunities for reflective practice. A staff member told us, "If there's a problem it always gets resolved. We have a daily meeting with the nurse. We talk about anything that has gone wrong and how to fix it."
● Accidents and other incidents had been used as an opportunity to reflect on practice and share learning. Actions had included reviewing risk assessments, introducing specialist equipment and referrals to other professionals with specialist skills and knowledge. A relative told us, "We're happy with care, it feels safe, bed

rails were put up after (relative) fell from bed."

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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
- Assessments prior to admission had been completed with people and their families that provided information about the care and support people needed and their lifestyle choices.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology, including specialist moving and transferring equipment and pressure relieving equipment.

Staff support: induction, training, skills and experience
- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. Training had included equality and diversity and dementia care.
- Clinical staff had opportunities for professional development. A nurse told us, "We have regular team meetings where training is given by the senior nurses. I also had a recent opportunity to gain syringe driver skills by spending time at a local hospital."
- Staff felt supported and told us they had opportunities to discuss further learning which included diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
- People spoke positively about the quality and choice of food. A person told us, "We attended a meeting, and I helped them (chef), with the menu. Drinks are available all day if you want it." Another told us, "Food is good, always lots of choice and always have fresh water in my room."
- Both the care and catering teams were aware of people's dietary likes, dislikes, allergies, and any special dietary requirements.
- We observed people being supported by staff with their meal, providing support at the person's pace, encouraging independence, and respecting their dignity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked closely with other agencies to ensure people had good health outcomes. This included GP's, physiotherapists and speech and language therapists.
- Staff were aware of people's health conditions and reported changes to people's health and wellbeing. A person told us, "If the (staff) feel I'm not so well they always encourage me to see the doctor."
- Records showed us that people used community services such as dentists, chiropodists, and opticians.

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

● People's rooms were reflective of their history, interests and hobbies creating rooms which were their own individual personalised space. A person told us, "I like to stay in my room, I really love my bird feeder, watching all the visitors to it."

● The layout of the home provided a range of communal space for both joining in social events with others or having private time with family and friends.

● Bathrooms, and toilets provided adapted equipment which aided people's independence. Corridors were well lit and provided handrails should people need support when walking.

● People had access to secure, accessible outside space.

● A refurbishment plan was in progress that included creating a more dementia friendly environment and included creating a reminiscence room, clearer signage to aid orientation and improved lighting.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.

● Records showed us that where an assessment determined a person was unable to make a specific decision a best interest decision had been made with the involvement of family and professionals who knew the person. Examples included administration of medicines and providing personal care.

● DoLS had been requested appropriately. Records showed us that conditions on authorised DoLS were being met.

● Power of Attorney information had been evidenced and staff understood the parameters of legal authorisations.

● We observed staff providing choices to people, listening, and respecting their decisions. A person told us, "(Staff) include me in everything, (decisions about care)."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had not always submitted statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance processes had not been successful in identifying shortfalls in the management of risks to people. This included risks associated with malnutrition, dehydration, choking and the deterioration of equipment..

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate risks to people were effectively managed or that regulatory requirements were being met. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the regional support manager who agreed with the identified shortfalls and responded during and after our inspection with actions to improve areas identified.

- Homefield Grange did not have a registered manager in post but was in the process of recruiting into the position. A peripatetic manager was supporting the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.
- Staff felt confident in their roles, describing teamwork and communication as good. A staff member told us, "It's organised, you arrive and are told what to do and when. You're not left on your own, (senior staff) always check you're ok."
- A service improvement plan was in place and populated from information gathered from a range of sources including audits, internal and external quality monitoring visits and feedback from people, their families and staff.

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

- Staff told us they enjoyed working at Homefield Grange. A member of staff told us, "The culture is friendly and supportive." Another told us, "Staff are nice and friendly, and the residents make my day."

● Staff felt informed and able to contribute to discussions about people's care and support. They told us they felt listened to and able to discuss any topic with senior staff.
● Daily heads of department meetings meant that all staff teams were involved in planning and providing person centred care.

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Engaging and involving people using the service, the public, and staff, fully considering their equality characteristics
● People, their families and staff had opportunities to be involved in developing the service through scheduled meetings, informal meetings, quality assurance surveys, social media, and a newsletter. An example was a public meeting to gather people's feedback and discuss on-going refurbishment of the home.
● Engagement with the local community included links with a local girls guide group, local schools and a blue light café where emergency crews can call in for a tea and snack.

Working in partnership with others
● The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included links with professional bodies such as Skills for Care and the National Institute for Health and Care Excellence.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people in relation to malnutrition, dehydration and swallowing were not always being managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place or robust enough to demonstrate risks to people were effectively managed or that regulatory requirements were being met.