

Bluecroft Estates Limited

Homefield House

Inspection report

11 Welholme Road
Grimsby
Lincolnshire
DN32 0DT

Tel: 01472341909
Website: www.bluecroftestates.co.uk

Date of inspection visit:
22 November 2022

Date of publication:
12 December 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Homefield House is a residential care home providing personal and nursing care up to a maximum of 24 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 20 people using the service.

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

People's views were not actively sought, and they were not always involved in the dining experience. Choices were limited and the environment was not well presented. We have made a recommendation about improving the dining experience for people who use the service.

The service required some decorating works completing and new flooring was required, this had already been identified by the provider and work would commence shortly.

People did not always receive their medication as required. 'As and when' (PRN) protocols were not in place for everyone. The deputy manager rectified this immediately and ensured all people had protocols in place. Staff had received medication training and we observed safe practice in the administering of medicines.

The service had effective safeguarding systems, policies and procedures in place. Staff have a good understanding of abuse and knew what to do to keep people safe. Staff had received safeguarding training.

Risk assessments were person centred and reviewed regularly. Staff were aware of people's risks and how to manage them. Staff understood their responsibility to raise concerns and were supported to do so.

There was enough competent staff on duty and the service regularly reviewed staffing levels and adapted them to meet people's changing needs. Staff told us staffing was much better and people were getting the care they needed.

Staff completed an induction and did not work unsupervised until they felt confident to do so. Staff had the right qualifications to carry out their duties and received regular supervision and appraisals.

Assessments of people's needs were completed and regularly reviewed and updated. Referrals to external services were made to ensure people's needs were met.

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 empowered to make choices and be as independent as possible. People were encouraged and supported to carry out person centred activities. One relative told us [Person's name] plays games and

paints, they also take [Person] out once a week and [Person] her bake, [Person] loves it."

People's complaints were listened to and responded to in good time. People and their relatives told us they felt confident if they complained they would be listened to and taken seriously.

The provider had an effective governance system in place. Information from governance meetings and action plans support to drive improvement and improve outcomes for people.

The service has a positive culture that is person centred, open and empowering. People and their families are involved in the service in a meaningful way. The service engages and involves staff and ensures their views are acted on to shape the culture of the service.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 27 July 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we also recommended the provider made improvements in providing staff with the necessary training for infection prevention and control (PPE). Processes required improving in how the provider responded to and learnt from complaints and guidance in relation to Accessible Information Standards (AIS). At this inspection we found the provider had acted on the recommendations and all staff had received training in PPE, processes had improved for responding to complaints and the provider was meeting people's communication needs.

This service has been in Special Measures since 27 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 29 April 2022 and 4 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, safe, effective, responsive and well-led which contain those requirements.

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 inadequate to good based on the findings of this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience also spoke to relatives by telephone the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Homefield House 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 House is a care home without 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. 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 6 people who used the service and 8 relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, the cook and a domestic along with 5 members of care staff and 2 professionals. We looked at 4 care files along with a range of medication administration records (MARs). We looked at other records relating to the management of the service including recruitment, staff training, supervision and systems for monitoring quality.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have robust systems and processes in place to safeguard people from the risk of abuse. This was a breach of regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems in place that helped reduce the risk of abuse.
- People told us the service was safe. Comments included "I feel safe and protected here" and "It is nice to know you are in a safe place."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to have robust systems and processes in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were managed safely. Risks associated with people's care had been identified and plans were in place to minimise risks occurring. Staff told us risk assessments were reviewed regularly and contained enough information for them to safely care for people.
- Equipment used in the service was maintained, fire drills were completed, and each person had a personal emergency evacuation plan.
- The registered manager had a process in place to review all accidents and incidents, these were responded to appropriately and lessons were learnt to drive improvement in the service.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient staff to meet the needs of the people using

the service. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging with people in a positive way. One relative said "There always seems to be enough staff, [Person's name] only has to press her buzzer once and staff come straight away."
- The registered manager used a dependency tool to determine the number of staff required across the service to meet people's needs. The registered manager told us this was reviewed if people's needs changes or they had new admissions.
- The provider had appropriate recruitment procedures in place. These procedures included criminal records checks, identity checks and references from previous employers. This meant only suitable people were recruited by the provider.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People did not always receive their medication as required. During the inspection we identified staff did not have guidance to administer some people's 'as and when required' (PRN) medication. This was immediately rectified by the deputy manager and guidance put in place.
- Medicines were stored correctly and we observed safe administration by staff.
- Staff told us and records confirmed, they had received training in administering medicines and their competencies were checked.

Preventing and controlling infection

At our last inspection we recommended the provider seek support from the Local Authority around PPE training for staff and improve cleaning schedules. The provider had made improvements.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service required decorating and new flooring. The registered manager confirmed that the decorating works would be starting shortly and the provider was waiting for a quote for new flooring which would also be fitted shortly.
- 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.

Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we observed visits taking place in the lounge and in people's bedrooms.

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 inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were not involved in planning their meals and options were often limited. Comments included "The food is ok, but we don't get a choice" and "The food is ok, you get what you get."
- Table settings did not have the necessary table ware and the dining experience was not homely or pleasant.

We recommend the provider improves the dining experience for people in the service and ensures meal times are pleasant and people have genuine choices of meals provided.

- People were offered regular snacks and drinks throughout the day.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received suitable training to meet the needs of the people they care for and support. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff training was up to date and additional training courses had been completed in addition to mandatory training. For example, staff were trained in diabetes, stoma care and stroke awareness to meet the needs of the people they were supporting.
- Staff received an induction and opportunities to shadow other staff in the service.
- Staff told us they were well supported. Records showed staff were having regular planned supervision and appraisals.

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

- The service required some decorating works in communal areas and new flooring in the lounge and corridors. The provider had an action plan in place for this with dates planned in the diary.
- The environment was suitable and adapted to meet people's needs. People had access to equipment to support them to move around the home. There was plenty of communal space and bedrooms were personalised.

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

- People's care plans identified their assessed needs and care staff delivered care in line with them. Care plans included information about specific health conditions including diabetes, hypertension and dementia.
- Assessments were in place for mobility, nutrition and skin integrity. These were reviewed regularly to ensure any changes were identified.

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

- People were supported to access health professionals when required. For example, we saw referrals to dentist and chiropody were completed by staff. Relatives told us the staff would always call the GP or district nurses if they were required. One relative said, "The staff have worked really well with [Person's name] and the professionals involved."
- Staff provided care and support in line with guidance given from health care professionals. One professional said "Staff have always been responsive and acted on any advice given, they have improved the quality of life for [Persons name]."

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

- The registered manager acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the principles of the Act.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider reviews their current systems and processes for responding to and learning from complaints. The provider had made improvements.

- The provider had a complaints procedure and people told us they knew who to speak to if they had any concerns.
- People and their families were confident that complaints or concerns would be responded to. One relative said "The manager will always listen to you and acts on what you are telling her, we are very grateful to everyone for what they do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we recommended the provider reviews current guidance about AIS and updates its practice. The provider had made improvements.

- People's communication needs were identified and reflected in their care plans.
- Staff understood how to communicate effectively with people and listened to what they said.

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

- Each person had a care and support plan which was individual to their needs. These were reviewed regularly with people or their relatives to make sure they reflected any changes in their needs and wishes.
- Staff knew people well and were aware of their likes and dislikes. One relative said "[Person's name] always likes lots of drinks and staff are always popping in to see [Person] and asking [Person] if [Person] wants a cup of tea, we are very grateful to them."

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 had their own interests and chose the activities they engaged in. One person was supported to

access voluntary work in the community twice a week. Staff told us how good it was to see people engaging in activities.

- The service encouraged people and their families to be involved in a range of activities. For example, cheese and wine afternoons, Mexican themed evening and fish and chip suppers. One relative told us "The staff are wonderful, they took [Person's name] to the cenotaph on poppy day and the auditorium to see a musical."

End of life care and support

- Staff received training in this area. At the time of our inspection no one was on end of life care.

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 inadequate. 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

At our last inspection the provider had failed to operate a robust governance system. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager completed regular audits to improve the safety and quality of the service, however, they had failed to identify some of the issues we found on our inspection. These included medicines management and the quality of the dining experience. An action plan was in place and work to continue making improvements was evident.
- The registered manager was clear about their role and responsibilities. Staff spoke very positively about the registered manager, comments included "They [registered manager] will always listen if you have a problem and do their best to sort it out" and "You are always supported, even the director will ask you if you need anything when he visits."
- The provider had recruited a deputy manager who was now supporting the registered manager in leading and managing the service.

At our last inspection the provider had failed to submit statutory notifications to CQC. This was a breach of regulation 18(1)(2) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Registration).

- The registered manager understood their role in terms of regulatory requirements and ensured CQC were notified of significant incidents that had occurred.

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

- The provider had an open and honest culture. Staff told us they could speak to senior staff or managers if they had any concerns. Staff described morale as 'good' and they felt positive about the improvements in

the service. Comments included "ten out of ten for morale, it has improved so much" and "People [staff] are starting to feel better, it is a nice place to work."

- People and their relatives spoke positively about the service. They told us the atmosphere was good and they were very impressed with the running of the home.

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 understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned and these were used to improve the service.

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

- The registered manager engaged and involved people and their relatives in the service. Service user and carer meetings had been held to discuss and get feedback about the improvements in the service.

- Staff had regular team meetings and felt supported and listened to. Comments included "I have no complaints but if I did I know I would be listened to" and "If you have anything to say you can say it, they listen to us much more now."

- The registered manager told us they have a good working relationship with professionals who visit the service such as district nurses, social workers and chiropodists.