Healthcare Homes Group Limited

Home Close

Inspection report

Cow Lane
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CB21 5HB

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

Summary of findings

Overall summary

Home Close provides accommodation, nursing care and personal care for up to 72 older people. The home is over two floors with various communal areas for people to sit and meet with visitors. There were 65 people living at the home at the time of our inspection.

This unannounced inspection took place on 6 June 2017. At the last inspection on 15 July 2015 the service was rated as 'good'. At this inspection we found overall the service remained 'good'.

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

Staff were only employed after the provider had obtained satisfactory pre-employment checks.

Staff were clear about the procedure to follow to protect people from being harmed.

People had health, care, and support plans in place which took account of their needs. These recorded people's individual choices, their likes and dislikes and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as independent and safe life as possible.

Medicines were well managed and people received their medicines as prescribed.

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

People and visitors said staff were always very kind and caring. People's dignity, respect and choices were not always protected.

Staff understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge by way of supervision, observations, and appraisals. Staff were trained to provide safe and effective care which met people's individual needs and knew people's care requirements well.

People and their visitors were able to raise any suggestions or concerns they might have with the registered manager and team of staff. They said that they felt listened to as communication with the registered manager and staff team was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly

monitored. We found that people who lived at the service and their visitors were encouraged to share their views and feedback about the quality of the care and support provided.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Requires Improvement

The service was not always caring.

People privacy, dignity and choices were not always protected at all times.

People were supported by staff that knew them well.

People and their visitors were involved in decisions about their care and their views listened to.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Home Close

Detailed findings

Background to this inspection

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

This inspection took place on 6 June 2017 and was unannounced.

The inspection was carried out 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 care service.

We reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with 15 people who were able to express their views. We observed how staff interacted with people who lived at the service. We used observations as a way of viewing the care and support provided by staff. This was used to help us understand the experience of people who were present on the day of the inspection, but could not talk to us. We spoke with the regional operations assistant, the registered manager, four care staff, two nurses and a housekeeper. We also spoke with four visitors of people who lived at the service and one healthcare professional who visited the service on the day of the inspection.

We also spoke with a representative from the local authority safeguarding team and the local contracts monitoring team to obtain their views about the service provided at Home Close to aid with our inspection planning.

We looked at records in relation to four people's care. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People and their visitors told us they/ their family member felt safe living at Home Close. One person said, "Yes, always (feel safe). The bell is answered quickly, especially at night. It's sometimes longer in the day; they [staff] are so busy." Another person said, "I love every bit of it (living here)." A relative said, said, "Yes, I have no qualms at all (about people's safety), staff do come quite quickly (in response to people's use of their call button)."

Staff were aware of safeguarding procedures and who to inform if they witnessed or had an allegation of poor care or harm reported to them. A representative of the local authority adult safeguarding team confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise their assessed risks. For example, when using mobility equipment and ensuring that the areas were clear of obstacles.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. This included; completing an application form, a criminal records check and previous employment references. A review of the personnel records showed all checks were completed before staff commenced working in the service.

People told us and we observed that there were enough staff available in the service. We found that around lunchtime the deployment of staff was an issue as some people's needs were not appropriately met. Such as there was one member of staff support four people who all required assistamce to eat. One person said "(There are) plenty of staff. I can go outside when the weather is nice." A visitor confirmed to us that, "There is always a member of staff around."

Staff had a good knowledge of the medicines people were prescribed. Medicines administration records were completed to show that people had received their medicines as prescribed. Where an error had been identified; for example in the recording of the medicines, an investigation was undertaken to prevent any further errors. Medicines were kept secure so that only authorised staff had access to people's prescribed medicines. This showed that procedures were in place to keep people safe from the risk of unsafe management of their medicines.

Good

Is the service effective?

Our findings

People and their visitors told us that staff knew their needs. One visitor said, "The regular staff are very good." Although they did make a comment on agency staff saying, "I had to put notices up (about their preferences) but they don't always read them. They haven't a clue what (name of person) wants as they don't know them." Staff we spoke with were knowledgeable about people's individual support and care needs. Staff told us, and records, confirmed that they received training to deliver effective care and support that met people's individual needs. Staff confirmed that supervisions, observations and appraisals were used by the registered manager to monitor staff progress and were an opportunity for both parties to discuss the support needed and any training and developmental needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People told us, that they could choose what to eat from a choice of freshly prepared food on a daily basis. One person commented, "We can help ourselves to fruit. There is a big bowl in the dining room." Another person told us, "I was under the weather on Sunday and didn't eat my Sunday roast. She [staff member] offered me a salad at tea time." A third person said, "The menu is changed every fortnight, I think. (The food) is always hot." A visitor said, "Staff would help [name of person] if I wasn't here. The lunches look very good and I have had them myself." We observed two people being encouraged to eat mousse during the morning. The staff member explained that these were people who use the service whose appetite / nutrition was poor and mousse is offered to try to maintain their weight. People in their rooms had drinks available and those in communal areas being regularly offered drinks.

People told us they access a range of health services. A visitor said, "The GP comes every Monday and staff make a note if [name of person] needs to see a doctor." They also stated they had to contact an emergency dental service to see if they would visit the service when they needed a dentist. One person was going to the optician on the day of the inspection. They also told us they had waited 6 months for physiotherapy. The registered manager confirmed this had been sorted and were waiting an appointment.

Requires Improvement

Is the service caring?

Our findings

Most people told us that they thought the staff had a caring attitude towards them. One person said, "Some [staff] are really good, others are less easy to talk to. I get on well with all of them." A visitor told us, "Staff are mostly kind and caring. I can call them [if there is a problem]." Another person said, "Yes (staff) are nice, whatever colour they are…… But here, they are alright." A third person said, "When they [staff] takes me downstairs, they don't just chuck me, there's caring there. It's all those little things that matter." A visiting healthcare professional told us that they felt that people were well cared for and they get the support needed to manage their care needs.

We found that people's privacy and dignity was not always protected in two of the units. Staff did not always knock on people's doors and wait for a response before entering their rooms on these two units. One person commented, "They [staff] mostly knock on the door." Another person said, "The curtains are not closed. I'm upstairs so it doesn't matter." We heard in one of the unit lounges two members of staff discussing a person's health care needs. On another occasion a staff member raised their voice to inform another member of staff about a person's personal care needs. Another person was moved away from the dining table in their wheelchair without the member of staff telling them what they were doing until the person asked, "Where am I going?" The staff member replied, "Activities." They had not consulted with them to see if they would like to go.

During lunchtime we observed that on two units the mealtime was not a pleasurable experience for some people. We saw a member of staff standing up to help one person. That person said, "I don't like it." The response from the staff was "Why?, Why?" And then proceeded to say "Eat please." They then proceeded to put the spoon to the person's mouth to get them to eat. It was clear that the person did not like what was being offered as they pushed their plate away. Another person was not sat near enough to the table to be able to reach their meal. We noted that people's desserts were also placed on the table at the same time as their main meal. The only encouragement people received was "Eat please." The staff member then began to rush to clear away. Four people's meals were removed and thrown in the bin. They were not offered an alternative meal to eat. This meant that people's care was not as person centred as it should have been.

In another unit there was gentle music playing a member of staff was working alone. They were trying to support the four people who all needed support with their meals. We heard them gently trying to persuade one person and the person kept saying, "I don't like it." They then moved onto another person who required support and encouragement. The registered manager came round and stopped to help support another person to eta their meal.

On another unit we found that people were offered choices. Where one person decided they did not like the meal they had originally chosen they were offered an alternative. Staff told us, "We usually order a couple of extra meals to allow people to have a choice or even change their mind on the day."

Visitors were involved in decisions about people's care. They confirmed they were welcomed into the service and were kept informed on changes to their family member's well-being. People said they had been asked

questions about their care needs when they first moved to the service, but not everyone could recall being consulted about their care plans after this. However, people felt staff did listen to their views about how their care was provided. Visitors told us staff had discussed their family member's care with them, including when their family member had been taken ill and returned from hospital. They said, "They [staff] always have time to talk to me. They are very good that way."

Resident and relative meetings took place and minutes of these were taken and available to view. One person told us, "I can go to the residents meeting, I can raise issues."

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Care plans included all relevant information about the person they referred to. They were written in a person centred way, describing what people were able to do for themselves. They also included information about people's history, what was important to them, their spiritual and cultural needs communication, medication, nutrition, emotional well-being and any health issues. When an area of concern for the person had been identified (such as the person being at risk of malnutrition) information regarding this was included in all relevant areas of the care plan. This meant that the staff had the information they needed to meet people's needs. The care plans had been reviewed regularly and any changes were made to update the information.

People spoke very positively about the activities' coordinator and the activities that they organised. One person stated, "[Name of activities' coordinator] is wonderful, tries to do things we'll enjoy." Another person told us, "I do all the activities, I like to be busy." A third person told us, The [registered] manager had asked me to read a story to some school children (who will be visiting) and I've said yes." They were very happy to have been asked. During the morning the activities organiser facilitated an activity, "Name that Tune" quiz, which was well attended. Several people were joining in, singing and answering the quiz questions. The activities coordinator made sure everyone in sitting in the area was involved if they wanted to be. During the afternoon an afternoon tea was served in one of the lounges. People were chatting and enjoying tea and cakes. The records showed that regular activities were offered such as poetry reading, external visits from the local school, music, cooking, reminiscing and religious services. The records showed that people who did not want to participate in group activities were given one to one time with the activities coordinator.

People felt confident to raise any concerns or complaints they had with the staff or the registered manager. There was a complaints procedure in place. One person told us, "I have complained in the past to the [registered] manager, they came to see me and we sorted it out." Another person told us, "I have complained, the [registered] manager discussed it with me, took action and asked me if I was happy with the result." We saw that all complaints had been dealt with appropriately. Although we were made aware that a complaint was still not resolved to the complainant's satisfaction. Further information had been provided of other routes that were available to them. Information was made available to people to encourage them to complain if they were not happy with the care they received.

Good

Is the service well-led?

Our findings

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

People, staff and their visitors told us the registered manager was approachable and listened to what they had to say. One person said "I like the manager here. (If I had a complaint) I would go down to his office and see if he's there." A visitor knew the registered manager and the deputy manager by name. "They are very receptive. They listen and are helpful in every way." Another person said, "I wouldn't want to cause any trouble. I can see the [registered] manager if I want to." A visitor said, "If there are any problems at all, I know I can see the [registered] manager and he will do his best to put it right. The home is well managed; the [registered] manager and assistant [deputy] manager put the hours in." When we discussed our findings with the registered manager they told us they would look at the lunchtime experience for all people living at Home Close.

The registered manager was dedicated to providing a good service and was passionate about the people living there. Staff described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff told us the registered manager and the deputy manager worked alongside them to assess and monitor the culture in the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and most staff were observed treating people with respect and dignity throughout the inspection.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. This was as well as displaying their previous inspection report rating conspicuously. This, and the way they supported staff, showed us that they were aware of their responsibilities.

The provider had a range of systems in place that assessed and monitored the quality of the service, including any shortfalls and the action taken to address them. Monitoring of the service provided also included carrying out surveys to obtain feedback from people using the service, their relatives and staff. This meant that opportunities for improvements were regularly sought.