Healthcare Homes (Spring) Limited

Romford Grange Care Home

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

About the service
Romford Grange care home is a residential care home which was providing nursing and or personal care to 40 people at the time of our inspection. All people living at the service were older people, some of whom were living with dementia. The service can support up to 41 people in one adapted building over two floors.

People's experience of using this service and what we found
People were kept safe from the risk of abuse as staff were trained to identify concerns and the providers had processes in place to record and share information with statutory bodies. Risks to people were assessed, monitored and managed. There were enough staff working at the service to meet people's needs. Recruitment processes were robust. Medicines were managed in a safe way by nurses who were trained, and competency checked. Effective infection prevention control measures were in place. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

The provider had adapted the building to ensure it met people's needs. However, the premises required some maintenance and redecoration. The provider was aware of this and had planned to complete this before the end of 2023.

People were assessed in line with the law before being admitted to the service, this was so the provider could be assured the service could meet people's needs. Staff received induction and training, so they knew how to work effectively with people. Staff were further supported in their role through supervision. People were supported to eat, drink and maintain healthy diets and people were positive about the dining experience. Staff communicated effectively with other agencies, including health care services, to ensure people received good care. 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's capacity to make decisions were recorded, their wishes respected, and they were provided with choices about their daily lives.

People and relatives thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted.

Care plans were person-centred, and staff knew what people liked. People's communication needs were met. People were able to take part in activities provided by the service. People and relatives were provided with information about how to complain and when they did, complaints were responded to appropriately. The service recorded people's end of life wishes and people and relatives were treated with respect and dignity when people approached the end of their lives.

A positive person-centred culture was promoted within the service. People, relatives, and staff thought highly of the management. The registered manager understood duty of candour and acted appropriately when it was felt the service could do better. Staff understood their roles and the registered manager fulfilled

the service's regulatory requirements. People, relatives, and staff were able to be engaged and involved with the service through meetings and surveys. Quality assurance systems monitored care so there was the potential for it to be improved. The service worked with other agencies to the benefit of people using 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
The last rating for the service was good published on 16 May 2022.

Why we inspected
The inspection was prompted in part due to concerns raised about how the service was being managed. A decision was made for us to inspect and examine those risks.

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.

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?

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.

Romford Grange Care Home

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.

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, one regulatory coordinator and one Expert by Experience. A regulatory coordinator engages with providers and supports inspection processes by gathering evidence. 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
Romford Grange care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Romford Grange Care Home 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 already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well and we used all this information to plan our inspection. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service, and 2 relatives, about their experience of the care provided. We spoke with 14 members of staff including an area manager, a clinical governor, the registered manager, the deputy manager, the chef, a nurse, an administrator and 7 care staff. We also spoke with 3 visiting health care professionals. We also 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.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 3 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.

Good

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from risk of abuse. People and relatives told us they felt people were safe.
- Staff were trained on safeguarding people from abuse and were able to tell us what they thought safeguarding meant to them and what they would do if they suspected abuse. One staff member said, "We've had safeguarding training and I would tell the manager if I thought anything was wrong."
- The service recorded safeguarding concerns appropriately and informed the local authority, families and the Care Quality Commission when these types of incidents occurred.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. Care plans contained information about risks to people which were assessed and reviewed regularly. Risk assessments highlighted areas of concerns appropriate to each person. There were actions recorded which could help mitigate risk to people. Risk assessments included areas such as choking, moving and repositioning and mobility.
- There were various actions in place to assist mitigating risk. For example, one person's care plan stated they were at increased risk of choking. The risk assessment provided information for staff to "only offer food and fluids when I am awake and alert. Ensure I am sitting upright and at 90-degree angle."
- Regular checks were made on equipment at the service which staff used with people, such as hoists. Checks were also made to the premises to ensure these were safe for use. This included maintenance checks on gas, fire systems and water. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

- People and relatives told us they were enough staff to meet people's needs. One person said, "There's enough staff."
- Staff rotas showed there were enough staff working to support people. Staff numbers were guided by dependency tools which calculated the needs of people and how much staff time would be required to support them.
- There were systems in place, such as using existing and or agency staff to cover shifts, to ensure people's needs were met by staff in a timely manner. One staff member said, "Previously we had issues with staff, but after [registered manager] came, then we have a lot of staff."
- Recruitment processes were robust. We looked at 3 staff files and saw the provider had made checks on staff to ensure they were safe to work with people. This included criminal record checks, employment history and identification.

Managing medicines safely

● Medicines were managed safely. People's medicines were administered by nursing staff appropriately.

● Nurse competency in medicine administration was completed regularly. One nurse told us what they did when administering medicines, "make sure you are giving medicine to right patient; right name, date of birth, check their diagnosis, what medication they are on."

● Medicine Administration Record (MAR) sheets were completed appropriately. These sheets stated people's medicines, their dosages and when people should take them. MARs were audited for consistency and to pick up errors; ensuring people had taken their medicines.

● We counted 2 people's medicines and found them all to be in order. We also noted controlled drugs, which have strict legal control as they can cause serious harm if not used correctly, were stored correctly with adequate systems in place to ensure they were stored and administered safely.

Infection Control

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

● Visitors were permitted to the service. There was information at the entrance to the service to support with infection control. There was also PPE for visitors to use should they choose. People and relatives told us they could visit the service when they wanted and did not need to make advance arrangements to do so. This was in line with current government guidance around visiting care homes.

Learning lessons when things go wrong

● Lesson were learnt when things went wrong. Incidents and accidents were recorded so lessons could be learnt, and improvements made when things went wrong. Incidents and accidents were recorded online and shared with the provider. These were reviewed through a clinical governance process which included the registered manager and more senior managers, who had input and oversight of what actions were recommended and or taken.

● Immediate actions were taken to keep people safe and follow up actions completed to enhance people's health, safety and or wellbeing. One staff member told us what they would do if someone had a fall. They said, "call the nurses, make the person comfortable." We spoke with the nurse about the same situation, they said, "I'll come and check the patient, if person on floor, the nurse will call 999, attending to patient. If head injury- wait for 999 to come." All actions sought to keep people safe and limit recurrence of incidents as much as possible.

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.

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

- The service was adapted to meet people's needs. However, some of the premise's decoration was aged and required replacement. We saw marks and or stains on the walls in people's rooms, leaking shower heads and noted some flooring required replacement. The service was aware of these issues having recorded them in a recent environmental audit.
- During our inspection we spoke with the registered manager and a regional manager for the provider, who subsequently sent us the recent environmental audit which included actions for completion by the end of 2023. We also noted that flooring throughout the home was being replaced whilst we were inspecting the service. The registered manager told us they would further enhance the service to support people living with dementia when completing the maintenance issues outlined above. This would include more signage and use of brighter colours to support navigation in the home. We will check all these changes have been made the next time we inspect.

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

- People's needs were assessed before moving into the home. This provided assurance people's needs could be met. Assessments contained information about peoples' needs and preferences, their requirements and what was important to them. This information formed the foundation of people's care plans.
- Assessments recorded people's protected characteristics, such as race, religion and sexuality. This meant they were in line with the law and sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

- Staff were supported by the provider to fulfil their roles.
- Staff received an induction when they started working at the service. This included reading policies and procedures, shadowing experienced staff, training, and getting to know the people at the service. One staff member told us, "I had an induction. Induction training included training about manual handling, safeguarding. We also had shadowing [of more experienced staff]."
- Staff were trained how to do their job. Training was provided online or in person. Training topics included safeguarding, moving and handling and nutrition and hydration. One staff member told us, "The training is really good. We recently did dementia and Parkinsons [training]"
- Staff received supervision from senior staff. Records showed staff were able to seek support, request career development and be involved with how care was delivered at the service.

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

● People were supported to eat and drink enough to maintain a balanced diet. A person told us, "The cook's fantastic I get special treatment, I don't like food too hot so they do it special for me."
● People were supported to eat and drink. We observed people having their lunch and saw they were supported to eat and drink by staff who worked with them in an unhurried and polite manner. People were provided choices at mealtimes and also offered food and drinks throughout the daytime.
● The service worked with people who had special dietary needs. Specialised diets were provided to those who required it. This included for both health and cultural reasons.
● What people ate and drank was recorded so information about their nutrition and hydration could be shared with health professionals as appropriate. This meant people were supported by staff who assisted them to maintain a healthy diet.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access health care services and live healthier lives. People's health care needs were recorded in their care plans. Staff monitored different aspects of people's health to help keep them safe and support health care professionals with their care of people. Nutrition and hydration, bowel movements and people's weight were some of the areas where staff monitored people's health.
● There were hospital passports in people's care plans to support with emergency care should it be required.
● Correspondence with, and advice from, health care professionals was documented. We noted numerous health professionals involved in people's care. These included, but were not limited to, GP, palliative care team and speech and language therapists.
● We spoke briefly with 3 visiting health professionals, all of whom spoke positively about the service and the staff.

Staff working with other agencies to provide consistent, effective, timely care
● The service worked with other agencies to provide people with consistent effective care. Care tasks completed with people were recorded, and staff had ready access to these notes. This information was shared with health and social care professionals where required. One staff member said, "We get lots of different professionals visiting. We share information in the person's best interests."

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.

● People's consent to make decisions were recorded in their care plans. If people were unable to make decisions, decisions were made in their best interests. Where this happened, families, health care professionals and or advocates were involved as per best practice.
● DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty so as to keep them safe.

● Staff provided people with choices, regardless of whether they had capacity or not. One staff member said, "We always give people choices, it doesn't matter what their needs are."

Good

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People were well treated and supported by staff. We observed staff working with people in a polite and professional manner. Feedback the service had received indicated people and relatives were content with how they were treated. One compliment we read stated, "Thank you so much for taking care of my [family member]and making them smile again." One person said, ""The staff treat you like royalty it's all about respect and that's what you get." A relative told us, ""It's really nice, the staff are helpful and friendly."
- Staff respected people's equality and diversity. One staff member said, "We treat individuals based on their needs, their faith, their culture. We are all different." Staff were trained in equality and diversity and documentation at the service sought to ensure people's human rights were maintained.

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

- People were supported to express their views. People and relatives were invited to and took part in meetings about people's care, so they had the opportunity to be involved with decisions.
- Care plans indicated people, relatives or advocates were involved with decision making. Regular care plan reviews showed involvement with relatives and health and social care professionals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on people's doors before entering and closed doors when attending to people in their rooms. One staff member told us, "We close curtains and doors [to protect people's privacy and dignity]." Staff were trained in respecting people's privacy and dignity and the provider's policies and service user guide promoted such respect.
- People's confidential information was kept securely. Information was either kept on password protected electronic devices or it was stored in lockable cabinets in locked offices.
- People's independence was promoted. One staff member told us, "We encourage people to do as much as they can to keep their independence." Staff encouraged people, where appropriate, to do things for themselves. Care plans recorded the support people required and where to encourage people to do things for themselves.

Good

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 good. The rating for this key question has remained good. 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 received personalised care that was planned to give them choice and control and meet their needs and preferences. Their needs and preferences were recorded in care plans. These were tailored to people's individual needs making them person centred. Care plans were reviewed regularly or as and when people's needs changed. Care plans included information about people's health conditions, their social situations and their interests.

●Staff knew people well. One staff member told us about one person, "They are always out of bed first. They like a cooked breakfast, toast, rice pudding, 2 cups of tea. 2 of everything! He needs to go to bed for a nap at 2pm then likes supper at 5pm. They don't like sport!"

● Staff were updated about any changes in people's needs through handover meetings or could read information about people in their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met. Care plans contained information about people's communication needs so staff understood what they were.

● Pictorial menus were available if required to assist people make choices with food and activities. The registered manager told us they could provide documents in easy-read format when needed and there were staff using the service who could speak multiple languages and support people from different cultures.

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 were able to take part in activities that the service provided. One person told us, "We had a BBQ yesterday, I helped, I was the organiser I made sure we had enough beer." Another person said, "I spend most of my time in my room. I decide what I want to do, there is always something going on like bingo but I do prefer my own company." Staff confirmed access to activities. One staff member said, "We do activities. We all do [it] bingo, eye spy, quiz, music, dancing…We did a barbecue with family and residents."

● We observed people taking part in activities in a communal area and saw people smiling and being able to make choices with their participation with activities. We were shown photographs of recent events where people had participated in activities such as parties and handicrafts. Care plans recorded people's activity

preferences and participation.

Improving care quality in response to complaints or concerns

● People and relatives were able to make complaints or raise concerns, and these were responded to appropriately. One relative said, "No complaints from me." One person told us, "I could find someone to speak to if I needed."

● Complaints were recorded and acknowledged with subsequent actions completed in response. There was a complaints policy available to people and relatives which the service followed. Apologies were made to people when the service could have done better. Similarly, improvements to the service were made where possible.

End of life care and support

● People were supported at the end of their life. Staff received training in end-of-life care and the service worked alongside health care professionals to ensure people and their relatives were supported appropriately when people were about to die.

● People's wishes for their end of life were recorded in their care plans. People's wishes with regard to resuscitation were also recorded appropriately in legally recognised documentation. Where this happened people, health care professionals and relatives had been involved in the process.

Good

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. The rating for this key question has remained good. 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

● The service had a positive and open culture which achieved good outcomes for people. People, relatives and staff spoke positively about the registered manager and provider. A person who used the service said of the registered manager, "I know who they are, they are very nice." One staff member said, "The Manager looks after us, they reward us and bring in food for us to eat. They help with any problems we've got and sort them out."

● The registered manager told us they had an "open door" policy and people, staff and relatives were able to speak with them when they needed. We saw this occur throughout the day with the registered manager speaking with people and staff.

● Staff were dedicated to providing person-centred care and sought the best outcomes for people. Staff were trained in different aspects of person centred care, care plans were person-centred, and staff worked to meet people's needs, in line with their preferences and the provider's policies.

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 registered manager understood duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, information shared, and apologies made where appropriate.

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

● Staff were clear about their roles. Staff had job descriptions for their job roles so knew what they were supposed to do. These were provided upon starting employment and copies kept in staff files. There was a management structure which people, relatives and staff were aware of.

● The registered manager, and provider, understood risks to people, regulatory requirements and why the quality of care and performance needed to be monitored. The registered manager notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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

● People, staff and relatives were able to engage with the running of the service. Minutes of meetings showed people and staff were able to discuss what they wanted and raise points of concern with the management. Resident meetings show people discussed food, maintenance and activities whilst staff

meetings contained discussions about people's care, annual leave and training.
● Surveys were completed with both people and staff. Responses were generally positive about the experiences of care and interactions with the provider.
● People's equality and diversity was considered when gathering feedback. People's specific communication and cultural needs were considered when feedback was gathered. For example, the provider ensured people could provide feedback verbally or in writing depending upon their communication needs and or preferences.

Continuous learning and improving care
● The service sought to continuously learn and improve care. Quality assurance systems monitored the care and safety of people who lived at the service. Systems included audits completed by the registered manager and other managers working for the provider, some of whom we met and were in attendance during our unannounced inspection.
● Audits were completed on clinical risk, tissue viability, health and safety, medicines management, complaints, accidents and falls analysis. Managers completed a regular walk around, as well as out of hour visits to ensure good standards were maintained at all times. Actions were undertaken to improve how the service worked where identified through audit or walk round.

Working in partnership with others
● The service worked in partnership with others. Staff at the service worked alongside numerous agencies to support the needs of people who lived at the service. These included health care professionals, social workers and other local community organisations.