

Homecroft (Four Oaks) Limited

# Homecroft Residential 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

Homecroft Residential Home is a care home providing accommodation and personal care to a maximum of 23 people. At the time of our inspection 19 older people resided at the home, some of whom lived with dementia.

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

People felt safe living at Homecroft Residential Home. Staff and the management team took action to keep people safe and protect them from harm. Risk assessment processes had been implemented to prevent accidents and incidents occurring.

Recruitment policies were followed to prevent unsuitable staff being appointed. Enough staff were available to meet people's needs. Medicines were appropriately managed to prevent people being placed at risk. The home was visibly clean, and the provider's infection prevention and control measures had been effective. The environment was dementia friendly in line with best practice. A range of communal areas including a well-maintained garden were available for people to enjoy.

People were supported to have 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 and their relatives had confidence in the ability of staff to provide effective care. Staff completed induction training when they started work and ongoing training to help them provide effective care to people. People enjoyed the food and drink available and their dietary needs were met. People had access to healthcare professionals when needed to maintain and/or improve their health and well-being.

People received personalised care and the staff team demonstrated a shared commitment to providing good care. People liked the staff and we saw staff treated them with kindness. People's right to privacy was respected, their independence was promoted, and their dignity was maintained.

People were happy with the social activities available to occupy their time and they had been supported to keep in contact with people who were important to them during the COVID-19 pandemic. People and their relatives knew how to complain. Feedback was welcomed and was used to drive forward improvement and learn lessons.

People and relatives spoke positively about the management team. Governance processes enabled managers and the provider to have an oversight of the service. The registered manager understood their responsibilities and staff understood what the management team expected of them. The management team welcomed our inspection and understood the need to be open and honest if things went wrong.

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

#### Rating at last inspection

The last rating for this service was good (published 14 February 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the safe key question. We look at this in all 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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 caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-led findings below.

Good ●

# Homecroft Residential 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 undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection of 30 January 2019.

This included gaining feedback from the commissioning authority for the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three people's relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the nominated individual, three care staff, the activities co-ordinator, a cleaner and the cook for the day. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two external health care professionals. We observed part of a medicine round in which we saw three people being given their medicine. We looked at the medicines administration records and other record for three people.

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.

We reviewed a range of records, including three people's care records to see how their care and support was planned and delivered. We looked at records related to how the service operated and was managed. We also reviewed three staff files to check staff had been recruited safely.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection we found this key question remained good. This meant people were consistently safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- A person told us, "I feel safe the staff help me to walk." A relative told us, "They [family member] are safe here. I have full confidence in that." Staff were aware of how to manage and reduce risks. One staff member said, "We [staff] use sensor alarms and a crash mats to help prevent falls and injuries." We saw this equipment was available within the home.
- Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.
- We saw there were no locks on the laundry or kitchen doors and there were no risk assessments to determine the level of risk this could present. The registered manager confirmed risk assessments would be undertaken. By the end of the inspection a keypad had been purchased for the laundry door and it was being decided what action to take with regards to the kitchen door.

### Systems and processes to safeguard people from the risk of abuse.

- One person described staff as providing, "compassion only, no bad treatment".
- Staff completed safeguarding training and were aware of the different types of abuse people could experience. A staff member told us, "There is no abuse here. If I was concerned or worried, I would report immediately to the manager. They would deal with it properly."
- The registered manager and the nominated individual understood their responsibilities to keep people safe. They knew if there were any concerns, they must report these to the local authority safeguarding team and the Care Quality Commission.

### Staffing and recruitment

- People told us there were enough staff on each shift to meet their needs. One person said, "There are enough staff. The staff look after me and come quickly if I need them."
- We saw staff were available when people needed them and people's requests for assistance were responded to promptly.
- The number of staff needed was based on people's individual needs and dependency levels. Staffing levels were reviewed frequently to ensure staffing levels remained sufficient.
- Processes were used to ensure staff were recruited safely. This included full Disclosure and Barring Service (DBS) checks, the obtaining of a full work history and obtaining references.

### Using medicines safely

- A person told us, "I don't want to look after my tablets. The staff give me my tablets. They never forget."
- We observed a staff member giving three people their medicines. The staff member sat and explained to

people they were giving them their tablets. The people put their tablets in their mouths and the staff member and remained with them to ensure they had been taken.

- A staff member told us, "Not all staff deal with medicines. Staff who do must have received training and had their competence assessed like I have."
- People received their medicines as prescribed. We counted four people's tablets and found the balances of these were correct against the amounts on records.

#### Preventing and controlling infection

- A person told us, "It is very clean here."
- Systems and processes were in place to ensure adequate prevention and control of infection.
- The provider was meeting COVID-19 vaccination requirements for staff and relevant people visiting the service (who were not exempt).
- 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.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed monthly to identify measures that could be taken to prevent reoccurrence. For example, referrals had been made to the falls team to seek specialist support to prevent falls.
- The provider had shared learning throughout their organisation to ensure outcomes for people were continually improved.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection we found this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- A person told us, "The staff always make sure I am happy with it before they help me." We observed a staff member ask a person if they would like help to stand up. The person confirmed they would like help.
- Staff had completed training to help them understand the principles of the MCA. One staff member said, "We [staff] always ask people's consent before we assist them in any way."
- The registered manager understood their responsibilities under the Act. They had assessed people's capacity and where required made applications for DoLS authorisations.
- People's care plans identified if they had capacity to consent to specific aspects of their care.

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

- A relative told us, "The assessment for [person] was really good. The staff came to our house. We were asked about their [person's] health, what care they needed and what was important to them."
- An external healthcare professional told us they were at the home to review a person's needs as they had changed. They said, "Sometimes people have to be referred somewhere else for their needs to be clinically assessed for example, hospital."
- The registered manager confirmed the assessment of information was used to form people's care plans. This we saw when we looked at care plans.

Staff support: induction, training, skills and experience

- A relative told us, "The staff are good. They are trained to look after them [person]. I have no worries about the staff capabilities." Other people and relatives were also happy with the ability of staff to provide effective

care.

- Staff confirmed the training they had received gave them the skills to carry out their role effectively. A staff member said, "I have received all of the mandatory training and feel confident to do my job."
- We observed staff communicating with people, helping them to stand up and sit down and assist people to take food and fluid effectively.

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

- A person said, "The food is always lovely and we [people] have meal choices every day."
- Records confirmed staff had determined people's food and drink preferences. Staff gave people food and drink choices at breakfast and lunch time.
- Staff were aware of people's special dietary needs to include, diabetic diets, weight promoting diets and people who needed some supervision at mealtimes to avoid any risk of choking.
- The lunchtime mealtime experience was positive for people. People chatted in the dining room and staff were available to encourage and assist them with eating and drinking.

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

- A person told us, "The staff get the doctor or nurse if I need them." A relative confirmed, "The chiropodist and optician visit. They [person] have had their COVID-19 and flu vaccinations to prevent them being ill."
- A staff member told us, "District nurses and advanced nurse practitioners are here a lot. We [staff] have a good relationship with them. We ask for advice when needed to keep people well."
- External health care professionals were complimentary about the staff team. One health care professional told us, "I have a good relationship with staff. They do not hesitate to ask for advice. They follow my instructions as well."

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

- The premises promoted a 'dementia friendly' environment. For example, signage helped people to locate the dining room, toilets and bathrooms.
- People had personalised their bedrooms. A relative said, "I brought in some of their [person] treasured bits and pieces, pictures and small furniture to make them feel at home."
- A range of communal areas including a well-maintained garden were available for people to enjoy.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection we found this key question remained good. This meant people were consistently 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

- A person said, "The staff are very good. They look after me well. They are kind." A relative told us, "The staff very kind and caring."
- We saw staff treated people with kindness. They smiled at people, gave them time and attention and held their hands to give comfort.
- People told us staff encouraged them to make daily decisions to include, what time they wanted to get up, where they wanted to eat and where they wished to spend their time. People also told us staff involved them in making decisions about their medium to long term care and support.

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

- Care plans were developed with input from people and their family members whenever possible.
- Staff demonstrated a good understanding of people's needs and how they encouraged people to make choices about their care. A staff member told us, "We [staff] speak with people daily to find out if they prefer to be cared for differently as some people may change their minds."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. A person said, "I like to spend time in my bedroom watching TV. The staff know this is what I like to do and let me do that."
- People felt respected by the staff. A person told us, "The staff knock my door before coming into my room." A relative told us, "The staff are always polite and friendly. They make me feel very welcome when I visit."
- People's dignity was upheld. We saw staff ensured that people's clothes covered their body appropriately when they were being assisted to stand up and move to protect their dignity.
- Staff promoted people's independence. A person told us, "I like to do what I can for myself. The staff just give me support sometimes only when I really need help."

# Is the service responsive?

## Our findings

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

At the last inspection of this key question was rated as good. At this inspection we found this key question remained good. This meant people's needs were consistently 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 and responsive care. One person said, "I know it is different being in here than at home. I do, however, feel I live how I want to in terms of my daily routines, like when I was at home. I get up and go to bed when I want to, and I choose what I want to do each day."
- The staff team demonstrated a shared commitment to providing good care. A staff member said, "We all, care staff, cleaners, cook and management feel proud to be able to help people keep happy and well."
- Care records contained information to help staff meet people's needs including their life histories and things that were important to them. Staff told us if people's needs changed, they were informed verbally, and care records were also updated. This was confirmed by people and relatives we spoke with.
- Staff knew what was important to people such as their families and their previous personal interests. Staff felt that having this information made people feel special and had a positive impact on their wellbeing.

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 happy with the social activities available to occupy them. A person told us, "The activities here are very good." A relative said, "They [family member] enjoy the activities and it is a good activity service."
- A fulltime staff member was employed to provide activity provision. The activities offered were extremely varied and engaging. They included music and singing, quizzes, painting, drawing, craft work, making small bags and making seasonal cards for Christmas and Easter. The home was nicely decorated for Christmas and there were sessions held for people and relatives such as carols by candlelight and Christmas day present opening.
- People had been supported to keep in contact with people who were important to them during the COVID-19 pandemic in a variety of ways including telephone calls and video calls. A relative confirmed how wonderful it was they could use technology to see and speak with their family member during the pandemic.

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

- Information, including food menus was available in a format people could understand such as, larger print text. Some signage within the home was pictorial. This was important as some people had visual impairments and lived with dementia.

### End of life care and support

- People's end of life wishes had been discussed and were documented if they had chosen to share the information.
- Staff told us they worked in partnership with health professionals for example, the district nurse and palliative care teams, to ensure people were well cared for and their pain was managed at the end of their lives. Relatives and external health care staff confirmed this was correct.

### Improving care quality in response to complaints or concerns

- Complaints systems were in place and accessible to people and visitors to the service. The registered manager confirmed no complaints had been received for some time.
- People and their relatives told us they were aware of the complaints procedure and would be happy to raise any issues with the staff or the registered manager. A person said, "I have no complaints. If I did, I would tell my daughter and she would sort it." A relative said, "I have nothing but praise and gratitude. I have no concerns or complaints at all. If I did have any I would be happy to speak with any of the staff or the manager."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection we found this key question 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the service provided was good. Two relatives told us they had chosen the home because of recommendations made by neighbours and friends.
- An external health care professional told us, "The home is very good. If I had to place a family member in a care home this would be my first choice."
- Relatives, people and staff were positive about the leadership of the service. One person pointed and said, "That person is the manager. They are very nice. They have a chat with me to see if I am okay." A relative said, "It is a well-led home. I can't fault it. I am glad I found it. I am always kept informed about what's going on."
- The provider had received a range of compliments about the service provided including, "Good home. Well cared for." and, "I am very happy with the service provided".
- We received positive feedback about the leadership from the staff. They told us the management team were open, approachable and supportive.

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

- Managerial and provider oversight of the service was good. The registered manager demonstrated a good understanding of the regulations and their responsibilities. They were supported by a new deputy manager and senior care staff members.
- The registered manager kept their knowledge of legislation and best practice up to date in a variety of ways. This included speaking with managers from other care settings and liaising with health care professionals.
- Staff understood what the management team expected of them and they demonstrated a shared commitment to providing good care. Staff practices were observed frequently to ensure staff were competent to carry out their roles.
- A proactive approach to risk reduction was used. This included monthly analysis of accidents, incidents and complaints to prevent reoccurrence.

Continuous learning and improving care; Working in partnership with others

- Documents highlighted governance processes were on-going. This was confirmed by staff we spoke with. Quality assurance systems were used to identify and address any areas that fell below the provider's expectation.
- The management team welcomed our inspection and understood the need to be open and honest if things had gone wrong. We found a few issues that required attention. These included a tap that had to be run for some time before the water became hot and some minor issues relating to medicine management. The nominated individual and registered manager assured us they would rectify the issues.
- The management team looked for ways to strengthen their governance systems to improve outcomes for people. During the restriction times of the pandemic, ways to engage with relatives had worked. These included for example, telephone and video calls and providing visiting pods for relatives to see their loved ones safely. A relative said, "It was reassuring. We [family] could keep in contact with the staff to know what was going on."
- The staff team worked in partnership with other health professionals. Links with the local NHS services and providers were established.