

Medicrest Limited

Homelands Nursing Home

Inspection report

Horsham Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Homelands Nursing Home is a care home providing personal and nursing care to up to 50 people with different health needs. The service provides support to elderly frail people with general nursing needs in The Manor House, also known as The Main House. There is a separate unit, The Coach House, for up to 12 people living with dementia. At the time of our inspection there were 37 people using the service.

People's experience of using this service and what we found based on our review of Safe and Well-led Staff did not always follow infection prevention and control procedures. Not all staff wore a mask or wore a mask appropriately. The provider and registered manager did not have oversight of staff practices in relation to PPE usage. The service was accessing COVID-19 testing in line with government guidance. Following this inspection, we have received assurances that staff are now following current guidelines.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff knew and understood people well and were responsive, supporting them to live a quality life of their choosing. They placed people's wishes, needs and rights at the heart of everything they did. People told us they felt involved in their care and support. One person told us, "[I] can choose how I spend my time." Other comments from people included, "I love it here", "The staff are very kind", "I love the food", and, "I'd say if I'm not happy."

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

Rating at last inspection

The last rating for this service was good (published 31 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

the findings of this inspection.

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

Enforcement

We have identified breaches in relation to infection control at this inspection. Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Homelands Nursing 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 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

One inspector carried out this inspection.

Service and service type

Homelands Nursing Home 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. Homelands Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 22 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three visitors and eight people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager. We reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We continued to seek assurances from the provider.

Is the service safe?

Our findings

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

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

Preventing and controlling infection

- The provider did not always follow or meet national guidance in relation to infection control. People were not protected from the risks of infection.
- During our visit we saw staff were not observing safe use of PPE. Staff did not always wear a mask or wear a mask appropriately. This was contrary to government guidance and placed people at an increased risk of contracting COVID-19.
- We raised our concerns with the deputy manager who took action to ensure infection prevention and control measures were followed.
- During our visit we spoke with the registered manager, she was unaware that some staff were not following guidance regarding the use of PPE. Following our visit we have received assurances from the registered manager that she has taken action and staff are following current PPE guidance.

Infection control was not safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. They told us, "I like it here, they [staff] do what they should." And, "It's lovely here. The staff are all very kind."
- Visitors told us they had no concerns and were happy with the care. They said, "[Deputy] and team are really great. It's such a lovely place."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

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

- Risks to people were assessed on admission to the service and regularly updated.
- Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required.
- Where people were at risk of pressure damage, appropriate nursing equipment and guidelines for staff were in place to reduce the risk. For example, pressure relieving mattresses and people had their positions changed regularly.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The service had enough staff to provide safe care. People told us, "It's hard when you get fond of some staff and then they go. It's all settled now. We had a time when a lot left." And, "It's perfect here. They leave me to sleep if I'm tired. They treat me as a person."
- Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role.
- Staff files confirmed appropriate checks were undertaken to ensure staff were safe to work with adults at risk including validating staff's identity, checking their right to work in the UK and checks with the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines.
- People had medication administration records (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of medicines required as needed (PRN). We saw that people were given explanations regarding their medicines and offered pain relief.
- The registered manager ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. For example, the use of night sedation in the dementia unit was discouraged. The registered manager told us she advocated the use of a more 'normal' way to settle people, such as offering them a cup of tea and biscuits.

Is the service well-led?

Our findings

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

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

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

- The registered manager had failed to take adequate steps to protect people from the risk of COVID -19. People were not protected from the risks of infection. This is reported in the safe key question.
- The provider and registered manager did not have oversight of staff practices in relation to PPE usage. During our visit when we spoke with the registered manager, she was not aware that staff were not following guidance regarding the use of PPE. This is an area that requires improvement.
- Following our visit we received assurances from the registered manager that she has taken action and staff are following current PPE guidance.
- Staff were proud of the service and the support they provided to people as a team. Staff spoke positively about the service.
- Notifications of accidents and significant events had been submitted to the relevant bodies in a timely manner.

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

- There was a management structure in the service which provided lines of responsibility and accountability. There were two deputy managers in post who were in day to day charge of The Coach House and The Manor House. The registered manager had overall responsibility for the service.
- People had opportunities to feedback their views about the service and quality of the care they received. There were regular meetings for people and relatives which meant they could share their views about their care and the running of the service.
- The registered manager and senior staff met regularly with the staff team. Staff told us team meetings were productive and beneficial. Staff told us, "[Deputy manager] is very nice and helpful", "The registered manager is really supportive." And, "We have a lot of supervision, both individually and as a group."

Working in partnership with others

- The service worked in partnership with other agencies to improve outcomes for people. The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.

- Records demonstrated that people had access to the wider multidisciplinary team to ensure their needs were met. This included speech and language therapists (SaLT) and specialist nurses, for example tissue viability nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider failed to have systems in place to support good infection control.
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(1), (2) 8, (3)