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Homelands

Inspection report

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15 August 2016

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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

This inspection was unannounced and took place on 11 and 15 August 2016.

Homelands is registered to provide care and support for up to 20 adults and older people living with mental illness or dementia. At the time of this inspection, there were 18 people living at the home, 10 of whom were older persons living with dementia and eight were adults living with Korsakoff's syndrome or mental illness. Korsakoff's syndrome is a brain disorder commonly associated with misuse of alcohol.

A registered manager was in post when we visited. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager had been appointed since our last visit and demonstrated what they had done to make the necessary improvements that were identified at the last inspection.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Staff recognised the signs to look for if they suspected abuse had taken place; they knew how to report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed. People's medicines had been administered and managed safely.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs.

Staff supported people to eat and drink if required. They ensured people at potential risk received adequate nutrition and hydration.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged

to express their views and make suggestions so they may be used by the provider to make improvements.

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.

Risks to people had been managed safely. Records demonstrated, where risks had been identified, action had been taken to reduce them where possible.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed.

Staff received appropriate training to enable them to provide care skilfully and effectively.

People were supported to have sufficient to eat and drink.

People had access to community healthcare services

Is the service caring?

Good ●

The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People, their relatives and friends had been actively involved in making decisions about their care and treatment.

People's privacy and dignity had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

They felt able to raise suggestions or concerns and the registered manager responded to any issues people raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure in the quality of the service provided to people.

Homelands

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. The 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 11 and 15 August 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed this and information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

Some people who used the service were unable to verbally share their experiences of life at Homelands because of their complex needs. We therefore spent time observing the care and support they received over lunch time. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with eight people who lived at Homelands and a friend of someone who lived there. We also spoke with three care staff, the cook, the deputy manager and the registered manager.

We looked at the care plans, risk assessments and other associated records for three people. We reviewed other records, including the provider's internal checks and audits, staff training and induction records, staff rotas, medicine records and accidents, incidents and complaints records. Records for four staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was previously inspected on 5 and 6 November 2015 when an overall rating of 'Requires Improvement' was awarded. We found breaches with regard to Regulation 9 – Person Centred Care;

Regulation 11 – Need for Consent; Regulation 12 – Safe Care and Treatment; Regulation 17 – Good Governance; and Regulation 18 - Staffing. The provider sent us an action plan which detailed the action they planned to take to make the improvements that were required.

Is the service safe?

Our findings

We found evidence at the inspection in November 2015 which demonstrated a breach to regulations with regard to safe care and treatment. This was with regard to how identified risks to individual people had been effectively assessed and managed. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. There was a system in place to identify risks to people and the care they required to protect them from harm. For example, they identified people who could become confused and forgetful, and needed help with their personal care. We looked at the care records for four people. They provided guidance for staff to follow to ensure identified risks had been reduced.

People told us they felt safe and well cared for. One person said, "Everything is alright here." Another person told us, "The staff are really good. They have the patience to handle things really well." A visitor told us, "The staff are alert to people's personal care needs. They are aware of the need for frequent reminders." The registered manager advised us, "We minimise risks by carrying out risk assessments and monitoring them. The staff are expected to follow safe caring procedures. If they put people at risk, I won't have that." Our own observations indicated that people accommodated had been appropriately supported to ensure their safety and wellbeing.

People's safety had been promoted because the registered manager and her staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with the provider's procedures and local authority guidelines. Training records indicated all staff had received training, and refresher training, to ensure they knew what was expected of them. Staff we spoke with confirmed that they had received training in this area. We have received appropriate notifications of allegations of abuse from the registered manager which also advised us of the actions that had been taken to reduce the likelihood of incidents recurring.

At this inspection 18 people were accommodated at Homelands. We were advised, from 8am until 8pm there were three care staff on duty each day. At night, between 8pm and 8am, two care staff were awake and on duty. The registered manager and deputy manager were in addition to this. Other tasks, such as cooking and cleaning, were carried out by separate catering and domestic staff. We were provided with rotas which covered a period from 29 July 2016 to 19 August 2016. They confirmed these staffing levels had been maintained throughout this period.

As they could not demonstrate how this was done at the inspection in November 2015, we recommended to the provider they review their system for calculating staffing levels to ensure it was based on need and levels provided were sufficient to meet them. At this inspection, the registered manager confirmed that they used a

dependency tool to determine the staffing levels required. We were provided a copy of the tool that had been used. This identified the number of hours each person required per day and per week to meet their needs. The registered manager demonstrated that the number of hours provided was in line with this. The registered manager advised us, "When people become ill, extra care hours are provided. If we are arranging extra special activities which require additional staff, I can agree this with the provider. If we are providing end of life care for someone, we will ensure we will never leave them on their own."

Our own observations confirmed there were enough staff on duty. People did not have to wait before they were attended to. Staff did not appear to be rushed when providing care. Calls bells were not left unanswered for long periods. We noted that, on the day of our inspection, an activities coordinator was on duty from 9am to 2pm, who was additional to the care staff. They had organised a quiz which took place immediately after lunch in the dining room. As the majority of people took part, staff on duty and the deputy manager assisted people where necessary so they could take part and enjoy the experience. The rotas we looked at indicated that, for two days each week, the activities coordinator was additional to the care staff.

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions.

Is the service effective?

Our findings

We found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to staffing. This was with regard to the provision of appropriate training to staff. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager demonstrated that, since February 2016, all staff had received training in fire prevention, identifying and reporting potential abuse and using safe moving and handling techniques. In addition, all staff had received training in understanding and managing behaviours which were challenging. Training that had been planned included food hygiene, first aid and health and safety. Training planned for staff also included understanding and supporting people who lived with Korsakoff's syndrome and dementia. According to the evidence we saw, the planned training would be completed by December 2016.

People we spoke with confirmed they found staff were competent when providing support and care. One person told us, "The staff do very well. They do as good a job as possible with people with very challenging needs." A visitor explained, "The staff here have the right skills and knowledge. They always want to do better. Their skills have ensured my friend feels more positive about themselves as a person. I have noticed my friend is able to have a laugh with the staff, which they couldn't do before."

We also found evidence at the inspection in November 2015 which demonstrated a breach to regulations with regard to need for consent. When people did not have the capacity to consent, suitable arrangements had not been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had not been made lawfully to ensure people's rights were protected.

We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

The CQC has responsibility for monitoring services to ensure they have been working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager confirmed that five people had been assessed as lacking capacity to make decisions for themselves. There was also evidence that, where necessary best interest decisions had been made on behalf of those considered not able to make specific decisions for themselves. Of those people assessed as lacking capacity to make decisions DoLS applications on behalf of all five people had been sent to the local authority and three had been granted. Care records included appropriate documentation which gave the reason for the restriction and the length of time they would be placed before a review was required. The registered manager advised us that they were awaiting a decision from the local authority about the remaining two people. Staff we spoke with confirmed they understood the principles of the MCA, and were able to describe how they related to the needs of individuals.

We found that, during the course of the day, staff served hot and cold drinks to people. In addition, jugs of water and squash were available in people's rooms and in communal areas. There was also a facility in the dining room to make hot drinks. This meant people who were able, their relatives or visitors could help themselves, or staff could help provide drinks to people when they required them.

People who were at risk of dehydration and malnutrition had been identified clearly within care records. There was also guidance for staff to follow to ensure any potential risk had been reduced. People who required assistance were also identified.

People were observed enjoying the main meal of the day, which was served at midday. The meal consisted of ham eggs and chips with a choice of jacket potato or turkey salad. The dessert was steamed jam sponge with cream. One person told us, "The food is really good!" Another person told us, "The food provided is traditional. We are well fed." There were sufficient numbers of staff available in the dining room to ensure everybody was served their meal whilst it was still hot. People who needed assistance were provided with sufficient time to enjoy their meal. Specialised equipment, such as non-slip mats, adapted cutlery, beakers and straws were provided to enable people to be independent at mealtimes. When the member of staff spoke with a person, they knelt down so that they could listen to what was said and also to have eye contact with the person who was speaking. Where necessary, staff encouraged people to ensure they had enough to eat and drink.

We spoke with the chef who provided us with a copy of the menu plan. This demonstrated that a varied and nutritious diet was provided with alternatives made available for each meal. They advised us that choices available were made known to people the day before so they may select their meal preference. This was recorded so that, where people may forget what they had chosen, the chef would be able to remind them. However, we were also advised the chef ensured enough food was available in case people wished to change their choice at the last moment. The chef also advised us that they had information recorded regarding people's likes and dislikes, whether people preferred large or small portions, or if they required a special diet for medical reasons such as diabetes. This meant that the chef could cater for people's needs and wishes.

People were supported to maintain good health by having regular access to health care services. The registered manager advised us they would contact the GP on each person's behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Homelands, or, if the person wished, appointments would be made to visit the GP at their surgery. The registered manager confirmed arrangements would be made to accompany the person if this was required. We saw that visits made by the GP to people had been recorded together with any treatment prescribed to ensure any support or assistance necessary could be provided by staff.

Is the service caring?

Our findings

People told us that staff were very good at developing caring relationships. One person told us, "The staff do well. The leadership is very competent." A visitor said, "There has been a considerable improvement in my friend's care since they have been here. Communication between my friend and the staff is better. They will talk about things openly with my friend. Staff will check things out to make sure my friend is well."

Some people were able to speak to us about the care they received whilst others had difficulties communicating due to living with dementia or with Korsakoff's Syndrome. Although we spoke with eight people and a relative we also spent time observing interactions between three people and the staff on duty. This took place at lunchtime. We observed staff being caring and attentive. Staff were observed smiling and talking with people as they went about their work. One person required help cutting up their food which was done without bringing attention to them. Other people we observed were able to eat without assistance. Interactions between people and staff were positive and promoted a warm and relaxed atmosphere during the meal. People were given the time they required to ensure they could eat their meal at a pace that was dictated by them.

We asked staff how they were expected to develop positive relationships with people. One member of staff told us, "We are expected to be polite and let the resident come to you. We must let them know you are available to help them." Another member of staff said, "We find out about people's interests from their family or their brief history. I find this helps to get into conversation with them, so we can get on common ground."

When we asked people if they had been involved with making decisions about their care we had mixed responses. One person told us they had not been involved in making the decision to be admitted to Homelands. However, they confirmed they had had discussions with the registered manager and had been involved in making decisions about their day to day care needs. A visitor advised us that they had been invited to attend a review meeting about their friend's care, which was due in the next few weeks. Records we looked at did not always record how people had been involved in making decisions about their care. We brought this to the attention of the registered manager who agreed to address this. They told us, "The deputy manager and I always go round to people to make sure people's opinions are listened to. We do take them seriously."

People we spoke with confirmed staff were respectful and polite to them. From our observations we found all staff were polite and respectful when speaking to people. They also knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided. Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been respected. This included shutting the bedroom or bathroom door when helping someone to undress. One member of staff said, when helping to wash someone, "I would cover unclothed parts of the person's body with a sheet or a towel." The registered manager informed us, "People must be respected as individuals. I think you must treat people as you would like to be treated. I expect the staff to knock on people's doors before they enter. But I also expect staff to find out how people like to be approached. For example if they want to be called

'Mr' or 'Mrs' or by their first name."

Is the service responsive?

Our findings

We found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to person centred care. This was with regard to ensuring people's care and treatment had been assessed planned and carried out to ensure it met people's individual needs. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager showed us a new care planning system which had been introduced. They also advised us that people and their relatives were asked about their preferences and wishes when they first arrived. In addition, the registered manager, or their deputy would speak with the individual and the family if any changes to the care provided were required to ensure their needs had been met.

People we spoke with confirmed that the care provided met their individual needs. They told us that the care delivered had been person centred.

Staff we spoke with demonstrated they were knowledgeable about the individual needs of people. When we asked how they ensured they delivered person centred care, a member of staff told us, "I would follow their care plan as it is centred on them. It would tell me what they would like done." The registered manager told us, "When care is delivered, it is done with each person in mind; each person is different. They get what they want, when they want it."

Care plans captured information about how people wished their care to be delivered with regard to such areas as managing falls, support with eating and drinking, and personal care. However, we found that this information had been written in a generalised manner. For example, where one person needed to be supported with eating and drinking, the care plan advised staff, '...to be aware (person's name) may need help.' There was no information with regard to when and how this help needed to be delivered. This meant that staff may not know how to deliver support and care in a person centred way. We discussed this with the registered manager who agreed to reconsider and rewrite the guidance to staff in each care plan when they were next reviewed.

A range of activities have been provided for people to enjoy to encourage social stimulation and to reduce the likelihood of isolation, particularly for people who have lived with dementia. After lunch a quiz had been prepared by the activity coordinator. Approximately ten people, who wanted to take part, came into the dining room and were divided into two teams. The staff on duty, including the deputy manager and the registered manager also joined the teams. Cold drinks were served to everyone along with small dishes of chocolates. There was plenty of laughter and noise. The staff encouraged people to speak up and shout out answers. People clearly enjoyed taking part in the event.

Activities provided have included indoor bowls, a game based on the television show 'Play Your Cards Right' and other card and board games. We were also told about an 'Olympics' themed event where people and staff represented different countries and competed for medals. As the weather had been very warm people told us about a picnic that was planned to take place in a few days at a local park. We were also advised that individual one to one sessions have been arranged to play chess or to have a book read to them for people who enjoyed this.

The registered manager had arranged meetings where people or their relatives had been provided with an opportunity to voice their opinions of the service provided and offer suggestions with regard to how the service may be improved. This was chaired by the activities coordinator. We were provided with a copy of the minutes of the last meeting, which took place on 2 August 2016. Items discussed included activities, menus, staffing laundry and cleanliness of the premises. The views of people about the service provided were positive. For example, 'Everyone said the food was of a good standard.' When asked about the management, one person told the meeting, 'They do an amazing job and they are all very approachable.'

People we spoke with confirmed they knew how to make a complaint. They also confirmed they were confident their concerns would be listened to and taken seriously. The registered manager told us that a written complaint procedure was made available to people and their relatives. This was also on display in a communal area of Homelands. We were also advised that people or their families would be provided with opportunities to discuss any concerns they may have. We saw a record of complaints that had been kept, which indicated complaints received had been appropriately dealt with and to the satisfaction of the person who made the complaint.

Is the service well-led?

Our findings

We found evidence at the inspection in November 2015 which demonstrated a breach to regulations with regard to good governance. This was with regard to the effective operation of a system to assess, monitor and improve the quality and safety of the services provided. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager provided us with documentary evidence that demonstrated how the quality of the service had been monitored. They included routine health and safety checks and maintenance of the environment, and the management of medicines. There were also regular audits of accidents and incidents in order to determine if there were patterns or factors that could be learnt from. In addition care records had been routinely checked to ensure they had been kept accurately. Each audit included an action plan which identified when the work needed to be done by, and by whom to ensure compliance. A representative of the provider visited each month to monitor the quality of the service. We were provided with a copy of the report dated 26 May 2016. The report identified errors in the recording of medicines administered and also that there were no recorded temperatures for the fridge where medicines had been stored. The registered manager demonstrated the actions that had been taken to address the shortfalls identified.

A new manager had been appointed since the last inspection. We were advised they had been appointed in February 2016; they had registered with the Commission in June 2016. People and staff we spoke with were very complimentary about the registered manager and the deputy, who had also been appointed since we last visited. One person said, "The leadership is very competent." We were also informed that, since their appointment, the culture of the service was more open and transparent. People told us the registered manager, and deputy, made themselves available to them and were very approachable. Our observations confirmed what we had been told. Interactions between people, their relatives and visitors and the management were very warm and welcoming.

The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. They also advised us they received supervision on a one to one basis where they were able to talk about any concerns they had and to request training to improve their performance. One member of staff told us, "(Name of manager) is leading us as a team. We feel appreciated and involved in what we do. (Name of manager) has good background knowledge about providing care. She is very good at helping and guiding us."