Homelands

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Inspection report

212 Anerley Road
London
SE20 8TJ

Tel: 02087788545
Website: www.jawagroup.co.uk

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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

At our last inspection of the service on 19 August 2015 the service was rated Good.

At this inspection which was unannounced we found the service remained Good and they demonstrated they continued to meet the regulations and fundamental standards.

Homelands, provides residential care for up to 14 people many of whom are living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is one of three locations at the same address owned by the provider. The service is part of the Oatleigh building and is situated on the first floor known as 'Bond Street'. Some services and facilities such as activities, kitchen and laundry arrangements are shared between the locations as a community. Homelands have its own staff and operates independently, under the overall supervision and management control of the provider. There were 10 people using the service at the time of our inspection.

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

The service had appropriate adult's procedures in place to protect people from the risk of abuse and staff were aware of the action to take if they had any concerns. Risks to people had been assessed and identified risks were managed safely. Medicines were stored, administered and recorded appropriately. People were protected from the risk of infection. Accidents and incidents were recorded and acted on in a timely manner. There were enough staff to meet people's needs. The provider conducted appropriate recruitment checks before staff started work.

Staff were appropriately inducted into the service. Staff received training, supervision and appraisals so that they were effectively able to carry out their roles. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and asking for people's consent before they provided care. People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

People told us staff were caring and respected their privacy, dignity and independence. People were involved in decisions about their care needs. People were supported to follow their interests and hobbies.

People's needs were reviewed and monitored on a regular basis. Care plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People knew about the service's complaints procedures and knew how to make a complaint. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

There were effective processes in place to monitor the quality and safety of the service. People's feedback was sought through annual satisfaction surveys. Regular resident and staff meetings took place where people were provided with opportunities to provide feedback about the service. People and staff were complimentary about the registered manager and the service.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 was unannounced and took place on 31 January 2018. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. Usually we would ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and improvements they plan to make. However, in this instance the provider had not been asked to submit a PIR. We also asked the local authority commissioning the service for their views of the service.

We spoke with seven people using the service, three relatives, three members of staff, the registered manger and the care manager. We reviewed records, including the care records of six people using the service, recruitment files and training records for five members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes, it's safe". Another person said, "Yes it's safe. I've never been hurt here". A relative said, "Yes, I think that it is a safe place for [my relative]". Another relative said, "Yes, I think that [my relative] is safe in the home. The atmosphere is always calm which creates are real feeling of safety for [my relative].

The service had appropriate safeguarding and whistleblowing procedures in place. Staff understood the types of abuse that could occur and who they would contact should they have any concerns. Staff were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if they needed to. Staff told us, "I would report any abuse directly to my manager and if they did not do anything, although I am sure they would, I would go straight to the CQC".
We saw that there were no safeguarding notifications but the deputy manager said that should any arise they were aware of their responsibility to submit safeguarding notifications as required.

The provider carried out risk assessments in relation to medicines, mobility, skin integrity, nutrition, communication and falls. Risk assessments were available in care plans so that staff had access to them. They identified potential risks to people and included information and guidance for staff on how to support people to reduce the likelihood of these risks. For example, one person was at risk of falls, there was guidance for staff informing them to how to reduce the risk of falls by ensuring the person was transferred to their wheelchair by two staff members. Staff were also guided to check the wheelchair was fit for purpose, i.e. the brakes were working before they used it.

The service had a system to record all incidents and accidents that had occurred at the service. This included the detail of the incidents or accident, what happened and what action was taken. For example one person was found with a minor cut to their head. Staff had assessed the person, dressed the wound and administered pain relief. It could not be established how the person cut themselves, but staff were also instructed to monitor the person on an hourly basis to ensure that they did not suffer any after effects from suffering an un-explained cut.

Medicines were managed, stored appropriately People were supported to take their medicines at the correct time. Medicines were safely administered using a monitored dosage system supplied by a local pharmacist and recorded appropriately. Medicine Administration Records (MAR) were completed in full, they were legible and people's allergies were clearly recorded at the front of the MAR charts.
Medicines to be given when required (PRN) had information and individual protocols in people's medicine records to guide staff on their use and were recorded on MAR charts. We saw that where topical creams were used records were completed to demonstrate that people were receiving these medicines as required. We saw medicines fridge temperatures and medicine room temperatures were recorded and monitored daily indicating that medicines were stored at the correct temperatures to ensure they remained effective. This meant that people received their medicines as prescribed by health care professionals. Staff had undertaken medicines administration training and under took regular competency checks. We saw a medicines audit was carried out by an external pharmacist in May 2017 and no issues were identified. We

saw an internal medicines audit carried out in December 2017, identified that one medicines did not have a 'date opened' date on it. At this inspection we found all medicines had 'date opened' and 'expiry dates' on them.

There was an up to date infection control policy in place to protect people from the risk of infections. Records confirmed staff had completed infection control training. We observed staff wearing personal protective clothing (PPE) when supporting people with personal care. One staff member said, "I do wear gloves and aprons when supporting people." We noted the home was clean and free from malodours. Alcohol gel and liquid hand soaps were available throughout the home to protect people from infections. Infection control audits were regularly carried out to ensure this. Records showed no issues were found. There were cleaning schedules in place to ensure the home was kept clean and appropriately maintained.

Personal evacuation plans were in place which specified the evacuation plan for people in the event of a fire. Staff told us they knew what to do in response to a fire and they had fire training. Records we looked at confirmed this. We saw that staff regularly participated in fire evacuation drills and the fire risk assessment for the home was up to date. One staff member said." I have completed my fire training and we have regular fire drills and evacuations". Records showed fire alarms systems and equipment were regularly checked and serviced and water tests were conducted and electrical and gas appliances were safety tested and maintained.

Appropriate recruitment checks were carried out before staff started work. We looked at four staff files and saw they contained completed application forms, details of employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Staff rotas were planned in advance so staff knew what shifts they were working. Rotas we looked at showed that there were enough staff to meet people's needs and there were sufficient numbers of staff on duty to meet people's needs. One person we spoke to told us, "Oh yes… there's enough staff". One relative told us, "Yes I feel that the home is adequately staffed. I have not experienced any issues with this". Another relative said, "There is adequate staff on duty at any one time to meet [my relative's] needs".

Good

Is the service effective?

Our findings

Relatives told us that staff were competent and well trained. One relative said, "The staff are all well trained. It is noticeable that the home always provides constant training for all their staff". Another relative said, "Yes, I think that the staff are really well trained to understand the needs of people. I think that this is strength of the organisation. All of the staff are good".

Staff had completed an induction when they started work and received training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. Records confirmed staff had completed all mandatory training which included medicines, safeguarding, moving and handling, first aid, fire, infection control, dementia and health and safety. One member of staff said, "Yes I am up to date with all my training and we are reminded by the manager when any training is due." Another staff member said, "I have done all my training, I enjoy the training".

We saw staff understood relevant aspects of dementia care. When someone living with dementia became anxious or distressed, we saw staff reassuring them and speaking to them calmly. We saw them trying to distract them by engaging in conversation or an activity.

Assessments of people's needs were carried out before they joined the service. The registered manager told us that prior to any person being accepted an assessment of their needs was undertaken to ensure they could meet people's needs. These assessments along with referral information from the local authority were used in producing individual care plans and risk assessments.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA).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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. We saw capacity assessments were completed to assess if people did or did not have the capacity to make specific decisions such as in relation to medicines and personal care. Staff understood the MCA and the need to gain consent when supporting people. One staff member said, "I always make sure I ask people if they are happy for me to assist them. If they say 'no' I respect this." Another staff member said, "I do ask for people's consent and also explain what I am going to do."

We saw staff were supported through regular supervisions and appraisals and supervisions were up to date. Areas discussed within supervisions included people using the service, medicines and the MCA. One staff member said, "I do have regular supervisions. I can speak to my manager about any concerns and I get feedback which is helpful." Another staff member said, "Supervisions are useful for speaking to the manager and for them to give advice if any is needed."

People had access to healthcare professionals when needed, such as GPs, district nurses chiropodists and opticians. Referrals were made to other professionals when necessary, such as dieticians and speech and language therapists. Records of these appointments and the outcomes were maintained in people's care files.

We observed a lunchtime meal being served in the home. The atmosphere was relaxed and we saw staff and people laughing and joking with each other. The week's menu was displayed on the notice board in the dining room and the day's menu was available in a pictorial format on dining room tables. There were different options for both the main meal and dessert which people could choose from. If people did not want either of these options they could choose to eat an alternative. People did not wait long to have their meals brought to them and the meals looked appetising. Before placing food on the table staff explained to people what they were about to eat and checked that this was what they wanted. Staff were on hand to provide support if this was needed in terms of supporting people to eat and drink. Staff checked that people had eaten and drank enough and were offered more if they wanted this. People who remained in their rooms were served their meals at the appropriate time. One person told us, "I enjoyed my lunch". At various points throughout the day staff served people different beverages. This meant people were kept hydrated throughout the day.

Where necessary we saw that food and fluid intake charts were completed for people to monitor the food and fluid intake. Where people were losing weight we saw they were promptly referred to a dietician for advice. We saw each person's dietary requirements were available in the kitchen so that the kitchen staff had up to date information about people's current dietary needs and preferences. For example this included, low sugar and salt diets and fortified meals. One person said, "The food is delicious". One relative told us, "The meals seem suitably balanced. [My relative's] food likes and dislikes are taken into account and there is a choice". Another relative said, "The variety, choice, balance and standard of meals provided are excellent".

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind, caring and considerate. One person said, "[Staff] are kind". Another person said, "Staff are quite nice". A relative told us, "[Staff] are very caring and gentle. I think it's very important".

We saw people were well dressed and looked comfortable. Staff spoke to people in a kind and respectful manner. Staff addressed people by their preferred name. People responded positively when staff approached them. The atmosphere throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. Staff showed people understanding and patience. One person had fallen asleep in their armchair, we saw a staff member gently place a blanket over them to keep them warm. We observed staff using distraction techniques effectively when people became anxious. This included offering them a cup of tea, a chat or a walk. People were unrushed and supported to go at their own pace.

Staff were knowledgeable about people individual likes, dislikes and preferences. Staff demonstrated that they knew people as individuals. One staff member told us, "One person likes choosing the clothes they are going to wear. I show them different outfits in the morning and they choose". Another staff member said, "One person likes to dress well, usually a skirt and blouse. They also like to have breakfast in their bedroom". We saw that staff protected people's privacy and dignity. Staff knocked on people's doors and obtained permission before entering rooms. Staff explained to people what they would be doing when they supported them. One person said, "[Staff] respect that I like time to myself and they always knock on my door before coming in." A relative told us, "[Staff] are very respectful with [my relative] and explain things they need to do to help [them]." Another relative said, "The simple answer to this one is definitely [my relative's] privacy and dignity is maintained". Staff told us and we saw that they promoted people's independence by encouraging them to carry out aspects of their personal care such choosing their clothes and eating and drinking. One staff member said, "I always encourage people to do what they can for themselves, like wash their face or brush their hair".

People and their relatives were involved in decisions about their care. There were regular reviews where people could express their views and make changes to their care plans. People's individual needs were identified and respected. Care plans contained people's life history and preferences about their care. One person said, "I discussed my care with my daughter and son and our views are taken into account". One relative said, "[Staff] respect my relative's wishes. Another person said, "I receive continuous care". A relative told us, "I am able to talk to a senior member of staff regularly regarding how [my relative] is doing".

People's relatives were encouraged to visit with people at the home. During our inspection we saw one relative came to visit a person using the service. They were warmly welcomed by staff. This relative told us, "I can't see to sign in and out, so staff at reception do it for me, and help me get into the lift…they are really kind, and help me. I prefer to spend as much time as I can with [my relative], while they still remember who I am".

People were provided with information about the service when they joined in the form of a 'service user guide'. People were provided with information about the home in the form of a service user guide which included the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home.

Good

Is the service responsive?

Our findings

People and their relatives told us that they were involved in planning their care. One person said, "I am involved in my care". A relative told us, "Yes I am involved in [my relative's] care planning. Another relative said, "[My relative] has a care plan and it is reviewed, updated and monitored regularly".

Care plans we looked at addressed a range of individual needs such as mobility, medicines, skin integrity, nutrition, communication, moving and handling and personal care. Care plans were regularly reviewed and contained daily progress notes that detailed the care and support delivered to people. Care plans were easy to read and person-centred. They detailed people's life histories, preferences and choices. We saw that 'at a glance' care plans were available in people's rooms, showing people's individual and current needs. Staff told us these were extremely helpful to have the information on hand. One staff member said, "The 'at a glance' care plans are great, although I read people's care plans daily, it is useful to have the information in people's rooms to make sure their current needs are being met."

Staff had a good knowledge about each person and were able to tell us about people's choices. For example, the times people liked to get up and go to bed and one person who did not like 'messy food' such as gravy and mash potatoes. We saw people's bedrooms were personalised by furniture, pictures and photographs. We saw some people preferred to spend time in or eat in their rooms, their choice was respected.

The home had an activities co-ordinator and activities took place on a daily basis. We saw there was an activities planner but staff reminded people of the activities that were going to take place both in the morning and afternoon, we observed staff doing this. Activities included chair exercises, classical music recitals, bingo, board games, sing-alongs, birthday parties, a visiting baby group and pet therapy. Some people chose to sit and observe rather than join in, but we saw staff regularly encouraging them to participate and checking they were alright.

We saw there were specific activities for people living with dementia such as reminiscence sessions and Namaste sessions which took place twice a day. Namaste sessions were designed to improve the quality of life for people living with dementia. We observed staff setting the atmosphere in the lounge by having an aromatherapy room atomiser and bubble tubes. Lights were dimmed, soft, relaxing music was playing in the background and there were soft colourful fabrics draped around the room to create a calm and restful atmosphere. Staff visited each person in turn asking them to smell different oils and to guess what they were. People also had the option of having hand massages, manicures and their make-up done. We observed people having a hand massage and they told us they were enjoying it. We saw staff and people interacting with lots of quiet and soothing conversation. One person told us, "I like the piano music and the singing." A relative told us, "My [relative] and I enjoy attending the classical music recitals together". Another relative said, "There are enough activities which [my relative] is actively encouraged to participate in. In addition new types of activities are always being brought to the agenda".

People's care plans included information about diversity that referred to their religion, faith or cultural

needs. We saw that people who wanted to could attend regular services at the local church which was situated opposite the home. People also had the opportunity to attend coffee mornings at the church on Wednesdays in order to meet people from the community. We noted that staff were knowledgeable about people's diversity needs. One staff member said, "We cater for people who do not eat pork and only halal meat." Another staff member said, "We remind people of any upcoming religious festivals."

Care plans had a section on end of life care. The home recorded what was important to people and an understanding that if a situation arose where someone may be approaching end of life they consulted with relevant individuals, including family to ensure people's preferences and choices for their end of life care were acted upon.

The home had a complaints policy in place and people and their relatives knew how to raise a complaint if they needed to. The home had a complaints folder but they had not received any complaints. However if they did the deputy manager said they would follow the complaints process to investigate the matter. People said they knew about the complaints procedure and said they would tell staff or the registered manager if they were not happy or if they needed to make a complaint. They were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person told us, "I don't have any complaints". One relative said, "We have never had cause to make a complaint". Another relative said, "I have not made a complaint".

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the staff and support they received. Relatives told us that they felt the home was well managed. One person said, "I like the staff". A relative said, "The provider and all the managers are always available should you wish to meet them". Another relative said, "The management in general seems good".

There was registered manager in post; however, they were on leave on the day of the inspection. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

The ethos of the home is to provide comfortable and supportive care in innovative surroundings which is tailored to individual needs and preferences. One relative said, "I was really impressed by the whole ethos of the home from the word go. It is organised and run by someone who really understands the needs of those with dementia and other complex needs of the elderly. It is a caring place".

There were effective systems in place to monitor the quality and safety of the service. Regular monthly audits carried out included care plans, infection control, equipment and weight management. We saw that no issues had been identified. However, the provider told us that if any issues were identified, they would be investigated and an action plan would be put in place.

On the day of the inspection we attended a daily staff handover meeting where staff discussed people's daily needs and if there was anything that needed to be done in respect of individual people for that day. For example, we observed that a community nurse had visited the home on the morning of the inspection and had asked staff to support a particular person to stand for a short period of time on daily basis in order to improve their mobility. We saw that the senior carer in charge of the morning shift discussed this with staff at the handover. We then observed staff supporting the person to stand for short period of time in the afternoon.

Regular staff meetings were held. Minutes of the last meeting showed areas discussed included, safeguarding, medicines. One staff member said, "I do attend staff meetings, it's an opportunity for staff to get together and get updates". Another staff member said, "Team meetings are useful, we get lots of information and meet as a team".

Annual surveys were conducted to seek people's feedback about the service. The feedback from the 2017 surveys was positive. One relative said, "I have always found the staff to be excellent, helpful and kind at all times". Another relative said, "I am happy, I do not think anything needs to be changed". Feedback was also sought from the home's GP. They were asked 'How they rated the quality of care' and 'How they rated communication and documentation regarding people'. Their reply to both questions was, 'Excellent'.

Staff told us they were happy working for the home and were complimentary about the management. One

staff member told us, "The provider and the managers are very good, they are open and listen". Another staff member said, "The managers are lovely, they are always there for staff, I really like working here".