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Homelands

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: Homelands is a residential care home that was providing accommodation and personal care to 20 people at the time of the inspection.

People's experience of using this service: There was a relaxed informal atmosphere at Homelands and staff provided support with kindness and compassion. There were enough staff on duty to meet people's support needs and planned staffing levels were routinely achieved. When people requested support, this was provided promptly.

Staff had received safeguarding training and understood their role in protecting people from all forms of abuse or discrimination. Risks were well managed and staff understood how to meet people's care and support needs.

Staff were recruited safely and had received induction training in line with current best practice. Training was updated regularly to ensure staff had the skills necessary to meet people's support needs.

Care plans were informative and accurate. They provided staff with guidance on people's support needs and communication preferences. These records had been regularly updated and included information about people's backgrounds to help staff understand their individual needs.

The service employed an activities coordinator and people enjoyed participating in games and quizzes during our inspection. Records showed a range of activities were offered within the service and that some people were able to access the community independently.

The service was well-led. Staff were well motivated and told us the registered manager was supportive and approachable. Quality assurance systems were appropriate and people's feedback was valued and acted upon. The provider visited the service regularly and was in the process of introducing additional systems to support the registered manager. People's feedback was valued and acted upon.

At our previous inspection the service was rated Good. (Report published 5 October 2016.)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Homelands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted an adult social care inspector and an expert by experience with knowledge of supporting people with similar care needs.

Service and service type: Homelands is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service has 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: We reviewed all information we had received about the service since the last inspection. This included, previous inspection reports and details of incidents that the provider had notified us about.

During the inspection we spoke with 10 people and one relative to ask about their experience of the care provided. We observed how staff provided care throughout the inspection including during the mid-day meal. We also spoke with six staff, the registered manager and a health and social care professional who was visiting the service.

We reviewed a range of records. This included three people's care records and a selection of medicine records. We also looked at four staff files around staff recruitment and various records in relation to training and supervision of staff, management records and the service's policies and procedures.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were relaxed and comfortable and told us they felt safe. Comments received included, 'It's a safe place and it gives you a chance to mend your ways. It's a safe, secure place with no temptations', 'They are looking after me' and 'They're lovely girls, they make me feel safe. They listen to all your problems and understand how you feel. They're brilliant girls, each and every one of them.'
- ☐ People were protected from potential abuse and avoidable harm by staff that had completed safeguarding training and knew about the different types of abuse.
- ☐ There were effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- ☐ The service supported some people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- ☐ Risks were identified and assessed. Care plans included guidance for staff on how to protect people from known risks while maintaining their independence.
- ☐ Lifting equipment had been regularly serviced and staff provided appropriate reassurance and support while helping people to move around the service.
- ☐ The environment and equipment was safe and well maintained. Emergency plans and procedures were in place designed to ensure people safety in the event of a fire.
- ☐ Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.

Staffing and recruitment

- ☐ Staff had been recruited safely and all necessary pre-employment checks had been completed.
- ☐ Staffing levels were sufficient to meet people's needs. Rotas showed planned staffing levels were routinely achieved and staff told us, 'I think there are enough staff' and 'I would say there is enough staff.'
- ☐ One the day of our inspection the service cook was unexpectedly absent. In response the service's deputy manager had come in on their day off to ensure the lack of kitchen staff did not impact on the quality of

support people received.

Using medicines safely

- ☐ There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- ☐ People's medicines were administered safely. Medicine Administration Records had been appropriately completed and topical creams had been dated on opening.
- ☐ Staff who administered medicines did so at the prescribed time and had received the necessary training.
- ☐ Some people were prescribed as required medicines to help them to manage anxiety. Staff said, "We try avoid using it. I don't think it is very nice using that especially when we know how to calm down and settle [people]." The registered manager explained that the service tried not to use these medicines. Where this was possible, prescribers were asked to review the use of these medications with the aim of having the prescription discontinued.
- ☐ There were reporting systems for any incidents or medication errors and records showed all incidents had been appropriately investigated and resolved.

Preventing and controlling infection

- ☐ Staff followed infection control policies and used personal protective equipment appropriately to help prevent the spread of healthcare related infections.
- ☐ The premises were clean. There were appropriate cleaning arrangements in place and staff acted to address and resolve malodours within the service.

Learning lessons when things go wrong

- ☐ Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted and risks reduced.

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

Good: 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ People's mental capacity had been appropriately assessed. Where decisions were made on behalf of people who lacked capacity these had been made in the person's best interest.
- ☐ Managers had correctly identified that some people who lacked capacity had potentially restrictive care plans. Necessary and appropriate applications had been made to the local authority for the authorisation of these restrictions.
- ☐ Where DoLS authorisations included specific conditions, this was clearly recorded in the person's care plan and complied with.
- ☐ Staff ensured that people were involved in decisions about their care and we saw that people's choices were respected.
- ☐ People were asked for their consent before any care was delivered. Where people had capacity there were systems in place to enable them to record their consent to their planned care.

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

- ☐ People's needs were assessed before they moved into the service. As part of this process a manager visited the person at home or in their previous care placement and reviewed all available information to ensure the service was able to meet the person's needs. One person told us, "They came to see me in hospital, I'd been very ill. I was in a bad place, I wasn't looking after myself. I was a really mess. They said, 'You're coming with us'. They've looked after me superbly."

- Care plans were then developed by combining information gathered during the assessments process, with information provided by care commissioners and initial feedback from staff on people's specific needs and preferences.

Staff support: induction, training, skills and experience

- People told us their staff were well trained and had the skills necessary to meet their needs.
- Staff training was underway on the day of our inspection and there were systems in place to ensure training was regularly updated. Staff told us, "We had fire training yesterday and health and safety today. Manual handling training is coming up at the end of the month", "All my training is up to date" and "We are constantly doing training here."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed managers and experienced staff until they felt sufficiently confident to provide support independently.
- Staff said they felt well supported and records showed they had received regular supervision.

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

- People enjoyed their meals and told us, "The food's excellent", "You never feel hungry here" and "There's choice for every meal. At lunch you can have a main meal or sandwiches."
- On the day of our inspection the cook was unexpectedly unavailable. The registered manager had addressed this issue immediately and made arrangements for the service's deputy manager to cover the kitchen. Sausage, egg and chips from the local takeaway was served for lunch which people enjoyed. Normally there were two menu options available and people told us they were able to request other dishes if they wished.
- People's care plans included details of the support people required with meals alongside information on their individual likes and preferences. Details of people's specialist diets, food allergies and preferences were readily available to kitchen staff.
- Specialist tableware and cutlery were provided to enable people to eat as independently as possible. Where staff supported people at meal times were attentive and sat with the person chatting quietly together while providing assistance.
- Hot and cold drinks were served throughout the day to prevent dehydration. Where people were at risk of dehydration or weight loss there were systems in place to manage these risks.

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

- Overall the service was maintained to an acceptable standard although in some areas the décor was tired and in need of redecoration. Comments received from people and relatives in relation to the environment of the home included, "They've been doing it up a bit more. It's never dirty. The décor was a bit tired when she was first here; it has improved" and "It'll never be perfect. It's good enough, I think."
- Flooring in the dining room and lounge had recently been replaced and the provider told us they were plans for the replacement of carpets in all of the service's other communal spaces.
- The provider was in the process of developing plans, with support from an architect, for the replacement and repositioning of some of the bathrooms and toilet facilities to provide additional shower and wet room facilities. The service's enclosed garden was well maintained and included raised flower beds and seating

for people to enjoy during the summer.

- It was noticeable during the inspection that there were four food & drink preparation areas on the ground floor which it may be possible to put to more beneficial use.

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

- People's care records showed appropriate and timely referrals had been made to external health professionals including GPs and specialist nurses. Professionals told us, "They will ask for support and follow guidance provided."
- People said they were able to see the doctor when they needed to and comments received included, "[My relative] saw a doctor recently when she was a bit under the weather" and "I've never had any trouble about that. I have regular check-ups for the diabetes and the optician is brilliant for my glasses."

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ There was a relaxed informal atmosphere in the service. People were treated equally, and their contributions valued. For example, during breakfast one staff member was unable to open a jar. They sought help from people and other staff and various different techniques were tried with mixed results and widespread laughter.
- ☐ People were confident approaching and requesting support from staff who responded promptly. People's told us, "They are very nice staff", "I've never been so settled. It's homely, like a big family really" and "They are lovely girls, bless them. You couldn't ask for a nicer bunch of girls. There's banter, you laugh and joke, but they're very professional."
- ☐ Staff enjoyed spending time with the people they supported and took every opportunity to provide people with comfort and reassurance. A professional told us "It is not the most glamorous of homes, but it is homely, and the staff are very engaged."
- ☐ One person became distressed during the inspection as they could not recall specific information. Staff spoke quietly and honestly with this person about their concerns and provided effective reassurance. One person told us, "All the ladies are very, very good. You ask them anything and you're told the truth. If I ask them a question, I'd rather someone tells you the truth, I'd rather that, whether it goes against my liking or not. I find them very good, very helpful and they're patient."

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

- ☐ When staff offered support, they explained their intentions and sought people's consent before helping.
- ☐ People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.
- ☐ One person's care plan indicated that they often initially declined offers of help. Staff were provided with guidance on techniques that had been used before to encourage this person to accept support and these approaches were used successfully during our inspection.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff respected people's privacy and ensured their dignity was always protected. They knocked on doors

before entering people's rooms and ensured doors and curtains were always closed before personal care was provided.

- People were supported to remain independent and do as much as possible for themselves. Care plans included guidance for staff on the level of support people normally required with specific tasks and activities.
- Where people were struggling to stand by themselves staff discreetly demonstrated good standing techniques and provided gentle encouragement before lifting equipment was offered.
- Some people were able to access the local community independently and one person told us, "I walk to the shop and back to get a paper. They were a bit doubtful at first, but I proved I could do it. They went out with me and got me a new mobile phone. I get concerned I might get lost and I get a bit down. The mobile phone is like a comfort blanket. They said I should have it, so I could phone them. They said better safe than sorry."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Staff had a good understanding of people's individual needs and provided personalised care.
- ☐ People's care plans were accurate and up to date. Records showed these documents had been reviewed regularly and amended where changes in needs were identified. Staff told us, "The care plans are all up to date", and "The care plans are all accurate and up to date."
- ☐ Care plans included detailed guidance and information on the level of support people normally required with specific tasks. This helped staff, new to the service, to quickly recognise when people were feeling unwell or their needs had changed.
- ☐ Each person's care plan included a life history map which had been developed with the person and their relatives. This document provided staff with useful information on people's background, preferences, interests and hobbies. This information was designed to help staff see each person as an individual and understand how life experiences could impact on current support needs.
- ☐ Information detailing how to meet people's communication needs was recorded in line with current guidance.
- ☐ The service employed a part time activities coordinator who facilitated a variety of activities on the day of our inspection. Up to 11 people enjoyed participating in quizzes and other games and staff told us, "We have an activities lady who comes in most days. If she is not in, we do little things with people. Games in the afternoon things like that."
- ☐ Care records showed people were supported to engage with activities within the service regularly including baking, word games, newspaper reviews and reminiscing activities. Some people participated in a gardening club at a nearby allotment and a sunflower growing contest was underway in the garden.
- ☐ People's feedback in relation to activities was mixed with some people enjoying the variety on offer and others preferring to watch television. People's comments in relation to activities included, "I don't do them often. I'm not a great communal activities person. Occasionally I take part" and "[The activities here] are really nice. I'm one of the youngest ones here and it's difficult for them to find things that everyone wants to do. They have painting, making cakes, singing and bingo. There's lots of things to keep people occupied."

Improving care quality in response to complaints or concerns

- ☐ People and their relatives knew how to raise complaints but told us this had not been necessary. Their comments included, "There's been no need to [complain]", "If I had a problem they'd try and solve it" and "They listen to you. I've got no complaints."
- ☐ The service had appropriate systems in place to ensure any complaints received were addressed and

resolved. These procedures had not been used recently as no complaints had been made.

- ☐ The service regularly received thankyou cards from people and their relatives. A recently received on-line compliment stated, "My sisters and I are extremely happy with the level of care and attention that the staff at Homelands provide for our mother. She is very happy and contented at Homelands and is always pleased to return after a trip out."

End of life care and support

- ☐ Where people had made decisions and choices in relation to how support should be provided at the end of their lives these decisions were recorded and were respected.
- ☐ Managers and staff were aware of good practice and current guidance in relation to the provision of end of life care and worked collaboratively with professionals to enable people's need to be met at the end of their lives.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ People enjoyed living in homelands and told us they would recommend the service to others. People's comments included, "I couldn't recommend it enough. I'm really happy here. I don't know what I would have done without them. I really think I would be in the graveyard by now without them" and "You can do anything you want to. I can't say anything against them."
- ☐ Relatives also spoke positively of the service and told us, "[We] had no doubts. It was heart-breaking for [our relative] to come here, but [they are] comfortable here and have been from day one."
- ☐ The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current systems and procedures.
- ☐ The registered manager understood their responsibilities under the duty of candour and ensured information about changes in people's needs and any incident that occurred was shared appropriately with people's family members. Records showed the registered manager had consistently acted in people's best interests and professionals told us the manager had resolved complex situations appropriately.
- ☐ Where significant incidents or accidents occurred, the service had submitted any required notifications to the commission.

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

- ☐ The service was led by a full-time registered manager supported by a deputy manager and a team of senior carers. Each manager's role was defined and understood by the staff team.
- ☐ People were complimentary of the service's leadership and told us, "[The registered manager and deputy manager] are worth their weight in gold. Any problems, the office door is always open. They are always quite willing to sit down and have a chat" and "It's managed very well. If they say something to you, it happens."
- ☐ The registered manager led by example and there was a manager or senior carer available within the service every day.
- ☐ Staff were well motivated and told us their managers were supportive. Their comments included, "The manager is lovely. She is very good to work for. It is like a family here", "I honestly could not fault the

managers" and "The managers are lovely, really down to earth. They listen to any issue and help in any way they can."

- There were appropriate quality assurance and auditing systems in place designed to drive improvements in the service's performance. The registered manager knew people well and regularly worked alongside staff while provide care and support. Staff told us, "The manager comes in at night as well to do checks."

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

- People and their relatives were regularly asked for feedback on the service's performance.
- A survey of people, relatives and professional's underway at the time of our inspection and so far, consistently complimentary responses had been received. Comments provided in reply to the survey included, "[The registered manager] is an amazing manager who always puts her staff and residents before herself", "[My relative's name] is so very much happier here than in her former home. She seems very happy and well cared for" and "The staff are always friendly and have relevant and required information to hand."
- Staff team meetings were held regularly and provided opportunities for staff, managers and the provider to discuss issues and any proposed changes within the service. Staff were confident the service's management team would act on and resolve any issues they raised.
- Staff had a good understanding of equality issues and valued and respected people's diversity. The provider and registered manager had responded favourably to staff requests for appropriate adjustments to their employment conditions.

Continuous learning and improving care

- The provider visited the service regularly to talk with people about the quality of care and support they received. Staff told us, "The owner does come in from time to time" and during our inspection we saw that the provider knew people well.
- The provider intended to step back from this role and had appointed a new member of staff with significant leadership and quality assurance experience to support the registered manager in future. This new member of staff was to be based in the service three days per week and will become the provider's nominated individual.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for professional's support were made.