Homelands

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

Overall summary

This inspection took place on 19 August 2015 and was unannounced. At our last inspection in October 2013 the provider met the regulations we inspected.

Homelands is registered to provide residential care for up to 14 older people, many of whom are living with dementia. 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 also known as 'Bond Street'. Some services and facilities such as activities, kitchen and laundry arrangements are shared between the locations as a community. Homelands has its own staff and operates independently, under the overall supervision and management control of the provider. There were 12 people using the service at the time of our inspection.

The home had a registered manager who was also one of the registered providers. 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.

Summary of findings

People and their relatives were positive about the care and support provided at Homelands. Staff knew people well and understood how to meet their individual needs. We observed familiar and positive relationships between staff and people at the service during our inspection.

A Namaste Care programme commenced in March 2015 designed to improve the quality of life for people with advanced dementia. Namaste sessions include hand and foot massage and sensory stimulation and were available to people living at Homelands along with other activities taking place in the community seven days a week.

People using the service said they felt safe and that staff treated them well. There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. The provider's recruitment procedures additionally helped to ensure that people were protected from unsafe care.

There were enough staff on duty to make sure people's needs were met in a safe and timely way. Staffing was managed flexibly so that people received their care when they needed and wanted it.

People received effective care and support because the staff were trained to meet their needs. Staff understood their roles and responsibilities and were supported to maintain and develop their knowledge and skills through regular management supervision.

The provider acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This provides a legal framework to help ensure people's rights are protected. Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate.

All areas of the home were clean and well maintained creating a comfortable environment for people. Each person had a single room which was appropriately furnished and homely. The standards of décor and personalisation by people supported this.

Arrangements were in place for people and their relatives to share their views or raise any concerns or complaints.

The provider obtained the views of people using the service and their relatives or representatives and there were systems to regularly monitor the quality of the service provided at Homelands. Staff said they enjoyed working at the home and received the support they required from senior management.

Summary of findings

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. People told us that they felt safe and well looked after. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. The provider ensured there were enough staff on duty to meet the needs of people living at Homelands.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People were protected from the risk of poor nutrition and hydration because their needs around eating and drinking were monitored and reviewed.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

Is the service caring?

Good

The service was caring. Staff treated people with dignity, respect and kindness. They knew people's needs, likes, interests and preferences.

People using the service and their relatives were happy with the care they received. People spoke positively about staff and said they were kind and caring.

Is the service responsive?

Good

The service was responsive. People's needs were assessed prior to admission and reviewed regularly so that they received the care they needed.

There was a variety of activities for people to get involved in if they so wished, including a specialised care programme for people living with the advanced stages of dementia.

The provider had a suitable system for dealing with complaints. People and their relatives were confident to raise any concerns.

Is the service well-led?

Good

The service was well-led. The quality of care was regularly monitored by the provider and timely action was taken to make improvements when necessary.

People, their relatives and staff were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

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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 was planned to check 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 19 August 2015 and was unannounced.

The inspection was carried out by two inspectors. We spoke with eight people who used the service. Due to their needs, some people living at Homelands were unable to share their views. We used 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.

We also spoke with the registered providers, deputy manager and four members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for six people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we spoke with one relative and a representative from the local authority to obtain their views about the care provided. They agreed for us to use their feedback and comments in our inspection report. The provider also sent us the most recent quality assurance report, a copy of the recruitment policy and Statement of Purpose for Homelands.

Good

Is the service safe?

Our findings

People told us they felt safe and well cared for living at Homelands. One person said, "It's all perfectly alright, the staff are very polite." Another person told us, "I'm not worried about anything, they're alright here." A relative told us, "I have never been given cause for any concern."

Staff had a good understanding of how they kept people safe within the service. They knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report any concerns. One staff member told us, "Any issue, I would report it." The staff understood the roles of other authorities in protecting people and their duty to respond to allegations of abuse. Another staff member told us they had recently attended training through the local authority and were provided with a book about safeguarding adults.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe such as nutrition, pressure area care, mobility, continence and behaviour that may challenge. Staff showed an understanding of the risks people faced. For example, staff recognised the importance of making sure people had their walking aids and keeping the environment free of trip hazards. One member of staff described how they used food and drink charts to monitor intake if a person's appetite was poor. The staff said they would also weigh the person more frequently and contact the GP. Records seen showed these checks were taking place where necessary.

People were kept safe in a well maintained environment that was clean and decorated to comfortable standards. Dedicated staff were employed to clean the communal areas, bedrooms and bathrooms. One person using the service told us, "It's clean and comfortable, I observe these things." The provider also employed their own maintenance staff to carry out any required work or repairs. Health and safety checks were routinely carried out at the premises. The equipment was regularly checked for safety and essential servicing was undertaken at the frequencies required.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. People had personal emergency evacuation plans (PEEPs) and fire alarm systems and equipment were regularly serviced.

Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and criminal records checks via the Disclosure and Barring Service (DBS). We asked a new member of staff about their recruitment process. They told us they had attended an interview, been asked to provide references and a DBS check had been undertaken before they were allowed to work.

One person using the service said, "nice carers, I think there are enough staff." Another person commented, "They are friendly, enough around, very good." Throughout our visit people received support when they requested or needed it. Staff allocation records showed that people received appropriate staff support and this was planned flexibly. During the day there was a minimum of three care staff and one member of staff available at night with a 'floating' staff member available in the building for support when required. Staff felt that these levels were sufficient and told us staffing was increased or adjusted appropriately according to people's needs. For example, a member of staff joined the night staff at 6.30am to assist people who wanted to get up earlier in the morning. The provider employed separate domestic, kitchen, laundry and maintenance staff.

The arrangements for the management of people's medicines were safe. Staff followed individualised profiles which explained how people needed to be assisted with their medicines. Care plans included protocols for when and how emergency medicines should be given or those to be administered on an as required basis. Where people were prescribed such medicines, there was clear information for staff about the circumstances when these medicines were to be used. One person had been prescribed medicine to help support them with behaviours that challenged others when required. We saw that this had not been needed and a senior staff member told us that they supported the person by engaging them and diversion techniques had been successful. People's prescribed medicines were reviewed by relevant healthcare professionals as necessary.

Good

Is the service safe?

The sample of medicine administration records (MARs) we checked showed that people were receiving their medicines as prescribed. The records were up to date and there were no gaps in the signatures for administration. Allergy information was clearly recorded. Alongside the MAR, each person had a list of what the medicines were for and potential side-effects. There was also information about how people liked to take their medicines and whether they needed prompting. Where people were prescribed medicines covertly, an appropriate mental capacity assessment had been carried out and authorised by the GP.

Records confirmed staff had received training in the safe handling of medicines. Medicines, including those requiring refrigeration were securely and appropriately stored in a designated locked room. Relevant temperatures were monitored and recorded daily to make sure that medicines were stored at the correct temperature. At the time of our inspection we were told that no one was prescribed controlled medicines.

There was a system for checking all prescribed medicines and records for their receipt and disposal. A designated member of staff had responsibility for the auditing of medicines every month. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had also completed a full medicines audit and the manager had addressed their recommendations.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. Our discussions with staff showed they had knowledge and awareness about people's needs and how to support them. For example, individual staff members could describe relevant aspects of dementia care. One staff member explained how they engaged one person in activities when they became upset or showed signs of distress. We observed that staff responded appropriately when a person began to shout and swear. Staff calmly reassured them and engaged them in meaningful discussion which comforted the person.

The provider had a training and development programme that included a structured induction and mandatory learning for all new staff. One staff member confirmed they worked alongside a senior member of staff for a month and had to complete specific training such as health and safety, privacy and dignity and moving and handling. We saw evidence that the provider had implemented the Care Certificate as part of their induction training. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

An electronic training and development plan was used to monitor training provision for the staff team and identify any gaps. This was up to date and all staff had completed refresher training in key areas. Staff shared examples of recent training courses relevant to their roles and the needs of people they supported. For example, staff had undertaken a course in Namaste care via St Christopher's Hospice. Namaste is a programme of care designed to improve the quality of life for people living with advanced dementia.

Staff confirmed they were supported by their line managers through monthly staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this.

The manager and staff had appropriate knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff were aware of the legal requirements and how this applied in practice. For example, they understood the importance of respecting people's choices and their right to refuse. One staff member told us, "You always have to ask them and give them choice." Staff told us about recent MCA and DoLS training they had undertaken. They said they had learnt about the process to follow if a person could not make decisions about their care and treatment. This included involving people close to the person as well as other professionals such as the GP.

There was a policy for assessing a person's capacity to consent and policies and guidance were available to staff about the MCA and DoLS. The manager had assessed where a person may be deprived of their liberty. We saw applications and emails showing that the manager had been in contact with the local authority DoLS team. One example included the use of a key pad access code for the doors.

Care plans explained about when people could not give consent and what actions were needed to protect and maintain their rights. Relatives and representatives were involved in decision making processes where individuals lacked capacity. Records showed these decisions were reviewed regularly.

People using the service told us they enjoyed the food provided to them. One person told us, "Good food, I love it." Another person commented, "The meals are very good" and a third person said, "The food is very nice here."

Written and pictorial menus were on display and people told us they were given a choice of meals. There was a choice of two cooked meals with alternatives available such as omelette and sandwiches at the mealtime we observed. Pureed meals were served to some people using the service with each food item served individually on the plate. Staff helped people make choices by showing them the pictorial menu and made sure they could also choose the vegetables served with each dish. Individual unhurried support was provided by staff where people required this assistance.

Good

Is the service effective?

Care records included nutritional assessments and individual care plans were in place to help make sure of people's nutritional wellbeing. We saw that individual food and fluid intake was being monitored where necessary. Nutritional information was displayed on noticeboards for staff to reference including how to give people added protein and calories with their meals and drinks when they required this.

People were supported to keep well and had access to the health care services they needed. Advice from other healthcare professionals was incorporated in to care plans to ensure that people received appropriate care and treatment. Discussions with staff showed they recognised when people became unwell and took appropriate action such as requesting a visit from the GP or making a referral to other healthcare professionals involved in the person's care. During our inspection one person remained in bed as they had been feeling unwell. Staff told us the doctor had visited and prescribed high calorie drinks and weekly weight monitoring following a period of weight loss.

Records confirmed regular contact and review of people's health needs with supporting professionals. For example, people had seen an optician, chiropodist, and district nurse where appropriate as well as other specialists such as a continence advisor. Other professionals such as mental health teams were involved in people's care if this met an identified need. There were hospital transfer information records to make sure that all professionals were aware of people's individual needs in the event of an admission.

Good

Is the service caring?

Our findings

One person using the service told us, “The staff are very good, polite and respectful. In fairness, it can be quite good here.” They spoke about staff working with them on the day we visited saying “That one makes a fuss of me” and “They are very helpful, they have a lot of respect for me.” Another person commented, “They treat me very nicely, they are very friendly.” Other people said, “I couldn’t ask for better care here” and “they are nice people, nice carers.”

A questionnaire was used to capture background and life story information when someone first came to stay at Homelands. This information was used to inform individual life stories and person centred profiles made available in people’s rooms that staff could use to engage positively with people. We saw the information included early life experiences, jobs, family and significant events in more recent years. Also included was the food and drink the person enjoyed along with important personal care information such as their preference for baths or showers. People’s care plans also included information about how people preferred to be supported with their personal care. For example, what time people preferred to get up in the morning and go to bed at night and whether they preferred a shower or a bath.

Staff we spoke with were able to tell us about people’s preferences and routines. Many of the people had lived in the service for a number of years and our observations were that staff knew people well. They understood and respected people’s individuality, using touch to reassure people and ensuring they spoke to people at eye level by sitting or kneeling beside them. Staff were aware of the need to support people to maintain their independence. A staff member told us, “I ask them, would you like to do it yourself?”

Some people who used the service had Do Not Attempt Resuscitation (DNAR) agreements in place. These are decisions made in relation to whether people who are very ill and unwell would want to be resuscitated or would benefit from being resuscitated, if they stopped breathing. Staff were aware of who these people were. The forms had been completed correctly in consultation with the person, doctors, and family, where appropriate. This ensured that people’s wishes would be carried out as requested.

Staff respected people’s privacy and dignity and described the ways in which they did this. One told us they always knocked on the door before entering someone’s room and allowed people time alone if they requested it. One person using the service confirmed this saying, “They do knock on the door, they never come in before they knock on the door.” Some people using the service held keys to their bedrooms and we saw them using these to lock their own door when leaving their room thus helping to ensure their privacy.

People were encouraged to bring items into the home to personalise their rooms. We found bedrooms were decorated and furnished as they liked with items of personal value on display, such as photographs, memorabilia and other possessions that were important to them and represented their interests.

Good

Is the service responsive?

Our findings

People were enabled to take part in activities at Homelands. One person told us how they had enjoyed a recent party and barbecue saying "the food was beautiful, you name it, they had it." Another person said, "I went downstairs to have my hair done and I play draughts and listen to music." A third person commented, "I go downstairs for music, watch my television and read my newspapers." One person told us they bought a newspaper every day and we saw people were supplied with newspapers of their choosing on the day we visited. A relative spoke positively about the range of activities and told us, "There always seems to be something going on there."

Namaste sessions took place twice a day in different parts of the community. Namaste Care was designed to improve the quality of life for people with advanced dementia and had commenced in March 2015. We observed a session taking place in the Homelands lounge with six people receiving hand and foot massage from two staff with relaxing music being played throughout. Aromatherapy scents and bubble tubes were used to create a relaxing environment with coloured curtains pulled across windows to complete the effect. One person was seen to respond positively to the skin on skin contact from the hand massage, beginning to chat with staff then falling asleep quietly later. Other people quietly talked to the staff or each other, again visibly relaxing when having their massage from staff.

Activities also took place seven days a week with sessions taking place in the Angel lounge on the ground floor including puzzles and games, conversation games and chair based exercises. People living in Homelands were able to access these sessions along with others living on other floors of the community. Namaste 'club' sessions were held as part of the activities schedule focusing on meeting the physical and social needs of people with less advanced dementia by trying to engage people in daily meaningful activities. A computer was available for use with specialised software to help engage people living with dementia. Weekly classical music recitals by visiting students took place for people living in the community along with film shows, sing-alongs and Birthday parties for people using the service.

Before people moved into the home they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. The assessments took account of a range of needs relating to physical health and care and activities of daily living. The assessment was used to develop a support care plan that was based on people's individual needs.

The support plan was personal to the individual and provided staff with accurate information about their needs, how they liked their care to be given and their background history. Records showed that individual life histories were sought as much as possible to help develop personal profiles, care plans and enable staff to understand people's needs. Life history profiles were kept in people's rooms to ensure that staff had the information to hand.

Records about people's care were held electronically and in paper format. We looked at the system and saw that the care plans were consistently reviewed on a monthly basis. A copy of the electronic care plan was then printed for the person's file so that staff had up-to-date information on the care and support individuals required.

Staff spoke knowledgeably about how people liked to be supported and what was important to them. One told us how a person liked things to be kept tidy in their room and how another person enjoyed solving mathematical sums. Another staff member told us how Namaste care had made a positive difference to people's wellbeing. For example, individuals were more relaxed and experienced improved sleep at night.

There were daily handover meetings and a communication book was used to share and record any immediate changes to people's needs. Staff said this helped to ensure people received continuity of care, sharing information at each shift change to keep up to date with any changes concerning people's care and support. One staff member shared an example where they were reminded that one person needed more fluids.

A complaints procedure was made available in each person's room. People using the service told us that they felt able to raise any concerns or complaints but had not needed to. One person said, "If I'm unhappy, I let them know. I have no cause to complain." Another person told us, "If I have any worries, I go to the one in charge." A relative told us there had once been issues in relation to

Good

Is the service responsive?

their family member's clothing but this was dealt with quickly and appropriately by one of the registered owners. A complaints log was maintained and we saw the service had not received any complaints in the last year.

Good

Is the service well-led?

Our findings

The atmosphere in the home was open and welcoming. During our visit, the registered providers and manager engaged with people, visitors and staff throughout the day. Their regular presence and availability was confirmed by comments from, and their familiarity with, people using the service and their relatives. One relative spoke of the provider's "genuine" approach as a care home owner.

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure. In addition, there were management arrangements in place for other departments within the home such as administration, kitchen and domestic staff. There was always a senior member of staff on duty to ensure people received the care and support they needed and staff were able to seek advice and guidance.

Staff were positive about the management of Homelands. They told us they felt supported and could go to them if they had any problems. One staff member said, "They are helpful, supportive and there is good communication." Another staff member told us the registered manager regularly spoke with staff. Staff also felt confident that any issues would be dealt with. The deputy manager said that daily management meetings were held to discuss any concerns.

Staff told us there were regular handover meetings at shift change overs and they had monthly meetings with management. Staff said they found these meetings useful in keeping them up to date with information about people's needs and how to care for people. One staff member told us, "We often discuss how to improve care and maintain high standards." Similarly, regular meetings kept them informed about organisational issues and developments. At the most recent meeting, topics included the staff keyworker system, housekeeping, laundry and an update on the fire emergency procedure. There were also separate meetings for night staff. In the most recent meeting staff discussed using Namaste to help people sleep if they became restless.

People were encouraged to express their views and opinions of the service by taking part in surveys, regular meetings and through daily discussions with staff and management. Relatives confirmed they were given questionnaires to comment and they also received a monthly newsletter to keep them informed about activities and developments in the service.

Various audits were used to assess how well the service was running. Checks covered a number of areas including people's care plans, staffing, safeguarding, complaints, accidents and incidents and health and safety. The audits enabled the provider to have an overview of the service and identify any themes or trends. The staff team had designated duties to carry out other in-house audits on medicines and health and safety practice such as fire safety, food storage and infection control. We saw checks were consistently completed and within the required timescales.

We discussed the Care Quality Commission's new inspection approach with the registered providers and how their audits could incorporate the five key questions and fundamental standards for care. This was acknowledged by the provider.

The provider had achieved accreditation from external agencies. This included an investors in people award for people management in 2014.

All accidents and incidents which occurred in the home were recorded and analysed. This enabled the service to identify any patterns or trends in accidents. It also gave an indication of where people's general health and mobility was improving or deteriorating.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events.