

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 ●

Summary of findings

Overall summary

Homelands is residential care home providing accommodation and personal care to twelve people at the time of the inspection, some of whom are living with dementia. The service can support up to fourteen people.

Homelands 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 has its own staff and operates independently, under the overall supervision and management control of the provider.

People's experience of using this service and what we found

There were safeguarding procedures in place and the registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work at the home. Staff were effectively deployed to meet people's needs. People's medicines were managed safely. There were effective systems in place for monitoring, investigating and learning from incidents and accidents. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were met safely. Staff were supported through induction, training and regular supervision. Staff had the skills, knowledge and experience to support people with their care needs. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The design of the premises was meeting people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives had been consulted about their care and support needs. People were offered a range of activities to support their need for social interaction and stimulation. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. There was a complaints procedure in place and people and their relatives said they were confident their complaints would be addressed. People had access to end of life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people, their relatives, and professionals and staffs views into account through surveys. There were effective systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff enjoyed working at the home and said they received good support from the registered manager and deputy manager.

Rating at last inspection.

The last rating for this service was good (published 28 March 2018).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience visited the service on the 26 January 2023. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited the service on the 2 February 2023 to meet with the registered manager.

Service and service type

Homelands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Homelands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with a visiting health care professional. We also spoke with two care staff, a care adviser, the chef, an activities coordinator, the deputy manager, the registered manager and the registered provider. We reviewed a range of records. This included four people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks, audits and 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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I walk with a stick for short distances, not much more, I feel protected because there is always staff about, even at night."
- There were safeguarding adults' procedures in place. Staff had received training on safeguarding, and they knew how to keep people safe. Staff told us they would report their concerns to the registered manager. If needed they would report their concerns to the CQC or the local authority.
- The registered manager told us they would report any allegations of abuse to the local authority and CQC. They told us there had been no safeguarding concerns raised since our last inspection.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met. Assessments included the levels of risk for people in areas for example safe moving and handling, choking and distressed behaviour. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. We observed staff supporting people using safe moving and handling techniques whilst helping them to move from their chairs using walking aids. We observed another member of staff supporting a person, when the person became anxious, in a very calming manner.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. The staffing rota corresponded with the names and numbers of staff on duty. We saw there were enough staff to meet people's needs. A person using the service told us, "There is always someone to help." A relative commented, "There seems to be lots of staff here." A staff member said, "We have enough staff. We can manage to meet people's needs with the staff we have." The provider told us they had enough staff and never needed to use agency staff.
- Robust recruitment procedures were in place. Recruitment records included application forms with full employment histories, employment references, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. One person told us, "I get help with my medicines, I have them at the same time every day." People had individual electronic medicine administration records (EMAR) that included details of their GP and any allergies they had. We saw protocols were in place for administering 'as required' (PRN), medicines for pain relief. There were assessments and guidance in place for people who were supported to take their medicines covertly, that is, without their consent, for their own welfare.
- Medicines were stored safely in locked trolleys in a locked room. Trolleys were locked when not in use. Controlled drugs were stored securely in a locked cabinet. Daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- We saw regular audits were completed to ensure people received their medicines on time.
- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following current government guidance on infection control. There were no restrictions on visitors to the home.

Learning lessons when things go wrong

- The provider looked to identify and learn from incidents to improve safety. The provider's electronic system was used to monitor accidents and incidents. The registered manager told us, for example, the times and locations when people had falls were monitored. Action was taken to update people's care plans and risk assessments. The circumstances of falls were also discussed with staff to highlight the risk and reduce the likelihood of the same thing happening again.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples care and support needs were assessed when they started using the service. The assessments covered aspects such as medicines, moving and handling, oral health, personal care needs, their sexual identity, religious and cultural needs and their preferred gender of care givers. These assessments were used to draw-up care plans and risk assessments.
- People, their relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. Care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had shadowed experienced staff and completed an induction when they started work at the home. One staff member said, "The training I had on infection control was helpful and very useful." A relative told us, "All the staff seem very capable. I know they get training."
- Training records confirmed that staff had completed training that was relevant to people's needs. This included for example, medicines, manual handling, fire safety, health and safety, basic first aid, safeguarding adults, equality and diversity, dementia awareness, infection control and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Records confirmed that all staff had completed an induction, they were receiving regular supervision and where appropriate an appraisal of their work performance. A staff member told us, "I get regular supervision from the deputy manager and registered manager. It gives me more understanding of my job role and motivates me to do good work."

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

- The support people required with their dietary needs was recorded in their care plans. For example, some people had modified textured diets where they were at risk of choking. A relative commented, "My loved one needs their food cut up, which the staff do, the food is excellent." We observed a member of staff supporting a person at risk of choking to eat and drink safely.
- People received support to maintain a balanced diet. We observed how people were being supported at lunchtime. There was plenty of staff to assist people when required. One person told us, "The food is lovely." Another person said, "The food and the staff are both very good." A relative commented, "People are offered drinks frequently and the food is very good." Another relative said, "The food is superb."
- We spoke with the chef. They told us the kitchen regularly received detailed information about people's

dietary needs. Care staff monitored how well the food was received, they provided feedback to the chef and changes were made accordingly. A recent change of menu was made to include more pureed meals.

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

- The registered manager and staff liaised with external professionals to achieve positive outcomes for people using the service. For example, the registered manager told us they worked with dentists, diabetic nurses, audiologists and a local hospice to support people with their needs. We saw evidence of professional input relating to oral care, diabetes and people's dietary needs recorded in people's care records.
- A GP visited the home weekly or when required to review people's health needs. A visiting health care professional told us, "Everything was ready for me when I arrived, the staff appear to have a good understanding of people's care needs."

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

- The design of the premises was meeting people's needs. The home had adapted bathrooms, dining rooms with suitable furniture to support people with limited mobility. A relative told us, "My loved one's room is warm and clean, and there are no trip hazards."
- People had access to equipment that enabled their independence and ensured their physical needs were met, for example, hoists, walking aids and wheelchairs.
- We saw dementia friendly signage located around the home including, photographs to aid people's orientation and signage in large print.
- There was a garden on the ground floor with suitable furniture for people to enjoy if they so wished.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People were consulted and supported to make choices and decisions for themselves.
- Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant 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

- People were supported by staff that treated them with kindness, respect and compassion. One person told us, "The staff are very nice and polite, everyone is respected." A relative told us, "The staff couldn't be any nicer, they are very concerned to make my loved one feel at home."
- Staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs. A staff member told us how they supported a person to meet their spiritual needs by helping them to access praying time online. Another staff member told us they knew about people's life histories and they were happy to support people with their diverse needs.
- The registered manager told us people celebrated different cultural events for example Easter, Christmas, Eid, Diwali and the festival of light. The home had close links with a local church that visited the home and provide services for people.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support. A relative told us they were involved in planning for their loved one's care. They said, "It was very comprehensive with the emphasis on lifestyle and my loved one's choices." Another relative, who's loved one had recently moved into the home, told us they were in the process of planning for their loved one's care.
- People's views and choices were sought and documented within their plan of care. Care records included evidence that staff considered people's preferences and promoted choice. For example, the preferred gender of care givers and what food and drink and activities they liked.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected. We saw staff knock on doors before they entered people's rooms. One person told us, "The staff they always knock before coming into my room and they always ask me if it's okay before doing anything." Another person said, "When I want to shower, I call the staff. When they come to help me; they will still ask me if it is alright to go ahead."
- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before they entered their rooms. A staff member told us when they were providing people with personal care, they closed their windows and doors. They explained to the person what tasks they were doing, they treated people gently and they encouraged people to do what tasks they could do for themselves. When they finished with personal care tasks, they encouraged people to choose what clothes they would like to wear.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had an individual care plans that met their needs. The provider used an electronic system to support staff in assessing people's needs and developing, monitoring and reviewing care plans and risk assessments. A staff member told us, "The system is very easy to use, and it holds up to date information about people's needs."
- We saw care plans that described people's health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support residents with eating and drinking, personal care, night-time care and medicines.
- Care records included evidence that staff had considered people's preferences and promoted choice. Relatives confirmed they had been consulted their loved one's care and support needs.
- Staff had a very good understanding of people's needs. A member of staff told us how they supported people with eating and drinking and how they supervised people at risk of falls.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and take part in activities that are socially and culturally relevant to them. The home offered a range of activities to support people's need for social interaction and stimulation. There was an area on the ground floor where people could attend activities. One person told us, "I can do whatever I want, I like games; if I want to go out someone will come with me." Another person said, "I am (religion) and they organise online prayers for me." A relative commented, "My loved one looks forward to the classical music in particular and the movement classes."
- The activities coordinator told us they discussed what people would like to do when they attended activities and they adapted the programme according to what people wanted. Current activities included music, world map discussions, movie afternoons, sing along, arts and crafts sensory sessions, religious studies, reminiscing and Namaste sessions. Namaste sessions are a specialist dementia programme which are designed to improve the quality of life for people living with dementia. The activities coordinator told us they provided individual activities to people in their rooms if they were not able to access the activities area. We observed a Namaste session in progress and saw people enjoying word games and ball games with staff in the dining area.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started to use the service.
- The registered manager told us that information was provided to people in ways they understood. The registered manager told us, if people required information in a different language or visual aids this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A person told us, "If I needed to complain I would speak to the staff." A relative told us "I know how to complain. It's all in the information pack."
- The registered provider told us they had not received any complaints about the service. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The registered provider told us no one currently using the service required support with end of life care. If people were assessed as needing end of life support, then a plan of care would be drawn up for staff to follow. The registered provider said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- The home had achieved the Gold Standards Framework. This is a framework to enable a gold standard of care for all people nearing 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.

At our last inspection we rated this key question Good. At this inspection, the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a registered manager in post. They were experienced and knowledgeable about their responsibilities regarding the Health and Social Care Act 2008. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. A staff member told us, "The managers are supportive and very understanding of staff." Another staff member told us, "Teamwork is good, we get good training and we are well supported by the registered manager."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and transparent with family members and professionals and took responsibility when things went wrong.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service and used an electronic system to do this. This covered areas such as medicines management, care plans, risk assessments, people's weights and people's food and fluid intake. Areas such as Deprivation of Liberty Safeguards applications and authorisations, infection control and incidents and accidents were also monitored.
- Regular safety checks were also being carried out on portable appliances, gas and water safety. Equipment such as hoists, wheelchairs, window restrictors, lifts and the call bell system were serviced and checked regularly to ensure they were safe for use.
- Regular unannounced spot checks carried out at the home. The registered manager said these checks were carried out to observe on staff on duty, to check that they were wearing identification, completing paperwork appropriately and they were consistently meeting people's care and support needs.
- The provider employed a care adviser who monitored staff practice in areas such as infection control, moving and handling and communication. They fed back their finding to the registered managers, team leaders and supported staff where they felt improvements in people's care could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People spoke positively about the service. One person told us, "The registered manager has been very helpful, I had a problem and they helped to deal with it." A relative said, "The whole process of coming into residential care was such a big thing for us. But it was wonderful to feel that everyone cares and that comes from the registered manager." Another relative told us, "The home is lovely when it is someone's birthday, there is always a cake and singing and balloons."
- The provider took people's, relatives, staff and professional views into account through surveys and feedback from these was used to improve the service. We saw a quality assurance report for the provider's three locations that was completed in February 2023. The report included the results of residents and staff surveys and positive comments from relatives about the care of their loved ones. In the category relating to resident's care, 90 percent of respondents had rated it as excellent and 10 percent as good. Staff rated their job satisfaction as good 82 percent or excellent 18 percent.
- Regular meetings were held with staff to discuss the running of the service and to reinforce areas of good practice. Issues discussed at a recent meeting with staff included, social interaction, incident and accident recording and reporting, wound care and manual handling training for staff. A staff member told us, "The team meetings are good, we get information for improving people's care. I am able to express my views about the service."

Working in partnership with others

- The service worked well and effectively with health and social care professionals to ensure people received good care. The service also maintained positive links with local organisations within the community to ensure people received appropriate care and support to meet their needs and wishes. For example, a local hospice, a church and a school.
- The provider regularly attended provider forums run by the local authority where they learned about and shared good practice. For example, at a recent forum the local authority held a session on how visiting in care homes should be relaxed and encouraged. The provider told us the forums were helpful and they had used their learning to improve the service.