

TNJ Care Ltd

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 providing accommodation and personal care to up to 20 people with a range of health care needs, including dementia and mental health difficulties. At the time of our inspection there were 18 people using the service.

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

People were safe living at Homelands. Risks had been identified and assessed, and staff knew how to protect people from abuse or harm. There were sufficient trained staff to support people in line with their needs and preferences. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were offered a choice of food at mealtimes and any special dietary needs were catered for. Healthcare professionals supported people to live healthier lives and district nurses visited daily. The home had been recently redecorated and provided a pleasant, accessible environment, including a garden with outdoor furniture.

Staff knew people well and were caring, kind and patient. People were supported to be as independent as possible and their privacy was respected.

Personalised care ensured people received support that reflected their choices and met their needs. People were supported to stay in touch with people who mattered to them and visitors were welcomed to the home. Some activities were provided for people to engage with. If it was their wish, people could live out their lives at the home.

Residents' meetings enabled people to make suggestions and to receive news about what was happening at the home. Relatives were asked for their feedback and staff knew people's families well.

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

Rating at last inspection

The service was registered with us on 5 May 2021 and this is the first inspection.

Why we inspected

This is the first inspection of this newly registered 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.

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

The inspection was undertaken by one inspector.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we held about the service, including statutory notifications which we had received. We used all this information to plan our inspection.

During the inspection

We spoke with four people and two relatives about their experience of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager and three care staff.

We reviewed a range of records including five care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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 or harm.
- One person said, "I do feel safe, although some of the residents can be a bit challenging, which can be a bit annoying". A relative told us, "It is safe, except when the lift wasn't working, but they did seem to get the lift repaired very quickly".
- We observed staff were quick to intervene when people became upset and when they shouted at others. Staff knew people well and who was likely to trigger certain behaviours in others.
- Staff had completed training in safeguarding. One staff member explained, "Safeguarding is there to protect vulnerable individuals, so if you suspect abuse of any form, financial, physical say, you should report that to the manager, social services, CQC or the police".

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed, with guidance for staff on how to mitigate risks.
- On the days of inspection, the weather was hot outside and people were enjoying sitting in the garden. They were advised to wear hats and sun cream to prevent the risk of sunburn. Ice pops were handed out to people in addition to drinks which were freely available.
- We observed one person lost their balance and slide onto the floor. The registered manager and another member of staff quickly went to their aid, gently assisted the person to their feet and checked for any injuries; there were none.
- Care plans provided information on various risks such as nutrition, skin integrity, continence, and falls. Some people were living with dementia and some with Korsakoff syndrome, a chronic memory disorder, commonly caused through alcohol misuse. Staff were provided with detailed information within the care plans on how people should be supported and their risks managed.
- Risks relating to the maintenance of the property were managed by a dedicated part-time handyman. Risks relating to fire safety were assessed by external contractors and managed safely.

Staffing and recruitment

- There were sufficient numbers of trained staff to meet people's care and support needs.
- One person said, "I'm fairly mobile and I can generally manage on my own, so I don't have to rely on staff to help me". Another person told us, "I just call out for staff, but not very often. The staff are very busy themselves". A relative told us, "Most of the time it's three care staff on duty. At weekends it can be lower, especially if staff go sick". Another relative said, "Sometimes at the weekend, especially on a Sunday, they do seem a bit short, but nothing that has affected [named person] adversely".
- Staff felt they did have time to spend with people. One staff member said, "We do have enough staff, but

sometimes people call in sick. We can cover it or [named registered manager] will always jump in on shifts if we need her".

- New staff were recruited safely. All necessary checks were completed, including with the Disclosure and Barring Service (DBS). 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

- Medicines were managed safely.
- We observed medicines being given to people at lunchtime. The staff member waited patiently with people while they took their medicine. One person preferred to take their medicine on a spoon with yogurt, and this had been agreed with their GP.
- Medicines to be taken 'as required' (PRN), such as pain killers, were given to people as needed, and recorded appropriately on the medication administration records, in line with the provider's medicines policy.
- Regular meetings were held with the dispensing pharmacy and a staff member explained they could forewarn them if any medicines were required urgently on prescription.
- Medicines were ordered, stored, administered and disposed of appropriately.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

Relatives and friends were supported to visit people safely. Visitors were required to complete a lateral flow device test and receive a negative result, before being allowed into the home. Temperatures were taken on an electronic scanner and hand gel was provided. Disposable masks were also provided.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager told us of one person who had lived at the home and who could become very anxious or stressed, which could be challenging for staff. When the person had arrived at the home, staff took time to get to know them. Medicines in previous homes that had been used to calm the person down had not been required at Homelands. The registered manager said, "As we got to know him better, you could see the signs of when he might be feeling upset. We thought about what could be done differently and succeeded here where other placements had failed".

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they came to live at the home. Referrals could come directly from people's families or through the local authority. Relatives were encouraged to visit and look round the home.
- On the first day of inspection, we met with one gentleman and his wife. He was spending the day at Homelands, and had lunch with others. Enabling people to visit in this way, to see if they liked the home, supported any decision as to whether they wanted to stay permanently. The registered manager said, "People can have coffee and lunch here and get to meet people; it's on a trial basis".

Staff support: induction, training, skills and experience

- New staff completed an induction programme when they started their employment. One staff member explained the induction involved how to help people, discussing each person's needs and how they were to be supported. They told us, "For example, one person does not like to be assisted with personal care. I understand it can be difficult, so with him, if it's not the right time, I will try a bit later, when he's a bit calmer".
- Staff new to care could complete the Care Certificate, an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Except for moving and handling, first aid, and fire, all training was delivered online.
- Staff training was monitored to ensure every staff member completed essential training to fulfil their roles and responsibilities. Staff were encouraged to study for vocational qualifications in health and social care.
- Staff confirmed they received regular 1:1 supervision, and records confirmed these meetings had taken place, together with annual appraisals.

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

- People were supported in a healthy, balanced diet.
- We observed people having their lunchtime meal. One person said, "The food is good; there's always something worth eating". Another person did not like either of the lunchtime meal choices and we saw staff chatting with them to find out what they could manage. The person chose to have a cheese omelette, with bread and butter, which was brought to them a few minutes later.
- We saw one person was quite restless at lunchtime, leaving the dining table to walk around the room, and eventually into the kitchen. We overheard staff in the kitchen say to this person, "Do you want to sit at the table? Pudding is on its way". The person then went to sit down. After they had finished eating their meal, they helped to clear away the plates onto a trolley and staff thanked them for their assistance.

- A relative told us, "He's very fussy about his food and likes ham, egg and chips. They're so accommodating, or he likes a sandwich. He's happy with that".
- People's dietary needs had been assessed and were catered for. Information we reviewed documented any health conditions, such as diabetes, which was diet-controlled, or any food allergies. Some people, who had been assessed for particular eating difficulties, were given a soft diet.

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

- The registered manager spoke highly of the local medical practice that supported people with their health care. They told us, "They're amazing. They call every day. I can ring them up too and they always respond".
- District nurses visited daily to administer injections or to take blood samples. The registered manager said, "Nurses also complete blood glucose monitoring, but staff will also measure glucose if asked by the district nurses".
- A relative said, "Staff did have to call the ambulance once when he fell over. He also has had antibiotics a couple of times for a cough".
- People had access to healthcare professionals such as opticians, chiropodists and dentists. One person had been having trouble with their teeth, but accessing an NHS dentist had proved difficult. We were told that a referral had been made to a dentist at a local hospital.

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

- The provider had invested in a refurbishment programme for the home. Communal areas had been redecorated and provided a comfortable, light and airy environment for people to enjoy. Signage around the home helped people to find their way around.
- The garden offered a lawned area with tables and chairs, and a shelter for people to sit in the shade. Raised flower beds and hanging baskets were bright with flowers and shrubs.
- Access to the garden was provided easily to people from the lounge area and the dining room. We saw people taking advantage of the sunshine and spending time with their visitors in the garden.
- Plans to make further improvements were ongoing, and bathing facilities, including wet rooms, had been installed. The registered manager told us they planned to buy some old pictures of Bognor Regis and local scenes to encourage conversations with people and support them to reminisce on times past.
- A lift provided access between floors, although at the time of the inspection, this was being repaired. Apart from one person, who was cared for in bed, everyone else living on the first and second floors was independently mobile so could use the stairs.
- Bedrooms were personalised and contained photos and objects that were of importance to people.

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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Consent to care and treatment was gained lawfully, and records confirmed this.
- People's capacity to give informed consent had been assessed, where it was considered they might lack capacity to make specific decisions.
- Staff member completed training on the MCA. One staff member said, "You don't just presume someone doesn't have capacity unless it's proved otherwise".

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.

This is the first inspection for this newly registered service. This key question has been rated 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 treated well and supported by kind, caring and patient staff.
- One person told us, "All in all it's good. Staff are very kind. The food is excellent, and GPs are here if you need them". A relative said, "The staff were just so lovely right from the start. Staff do talk to him and give him a lot of attention. I would say he is quite happy here and he never asks to go home. He's very well cared for, and well fed".
- People had the choice of whether they preferred to be cared for by male or female staff, and their wishes were respected and recorded in their care plans.

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

- People were supported to express their views and be involved in decisions about their care.
- We observed staff checked with people before providing any sort of intervention. For example, at lunchtime, staff gently and discreetly asked one person if they wished to go to the toilet before having their meal.
- Another person confirmed staff consulted them in all aspects of their care. They said, "My needs are fairly simple. I'm here because I'm an alcoholic and was in a bad way. Staff always check with me first but I'm pretty independent".
- A member of staff commented, "If it's an activity, I'd offer a variety of equipment such as crayons or colouring pens, musical shakers. For people with dementia, I'd look for their reactions and care plans will say what people particularly like. I have a good understanding of everyone now, spending time with people. We do have a good rapport with people's families here and they have the knowledge to fill us in".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and encouraged with their independence.
- One person said, "I'm independent in the shower and I have a shower most mornings. There's also a washing machine upstairs, so I can put some dirty clothes in". A relative told us, "She's a lot more relaxed here than in the other home. She's slowly getting more independent".
- We observed people sitting in the lounge area after lunch. We saw one person become increasingly agitated, threw a small plastic ball at another person then began to shout at them. Staff immediately came to the aid of the person who had become quite upset. They offered the person a doll to cuddle, which was refused. The staff member then gently asked the person to go with them, took their hand, and left the lounge area. The person soon became much calmer and went willingly with the member of staff. This demonstrated the staff member's understanding of the person's needs and supported them to maintain their dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care that met their needs and preferences.
- A relative said, "He gets up when he wants and has breakfast, and he can go to bed when he likes. In a bigger home, he would probably stay in his room a long time. It's certainly very personal here".
- We observed staff knew people well and found areas of mutual interest when talking with them. For example, one person had lived in South Africa, and a member of staff also had experience of the country, so would often chat with them.
- Staff understood the concept of delivering personalised care. One staff member said, "It's treating everyone as individuals, meeting their needs according to their care plan, taking account of their wishes, beliefs and respects. It's delivering care that is tailored and unique to them".
- Care plans contained information about people's lives before they came to live at the home, their families, wishes and preferences. It was clear from our observations and conversations with people, that staff knew them very well.

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 met in line with their needs and preferences.
- Information could be provided in large print, for example, or in an accessible format using photos or pictures.
- One person, who could not communicate much verbally, was able to indicate their choices when provided with a choice of two by staff. They were able to understand what was being asked and could nod or shake their head in response. Staff told us a speech and language therapist had suggested cards as a way of communicating, but this was not what the person wanted.

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 encouraged to maintain contact with their families and friends, through visits, by phone or online.
- Staff supported people in some activities such as karaoke, armchair exercises, and games. Outings were starting to be organised again after the pandemic. The registered manager said, "We did try and go to the

theatre for the evening show, but there were issues with wheelchair spaces. We are trying to go out more now and staff still try to do things with people every day. We celebrated the Jubilee with a party. Staff can do manicures and sit with people, and that's important for people cared for in bed".

- One person said, "There's not a lot to do and I do get bored sometimes, but I'm not keen to go out or anything. I occupy myself with television and books". A relative told us, "There aren't too many activities at the moment, but he probably wouldn't want to do anything anyway. He likes to watch people, but if you asked him to have a game, he probably wouldn't join in. I do see staff doing activities like basket ball and the game of hangman".
- Social media enabled people to choose music they liked and people did make choices in line with their preferences.
- A tortoise lived at the home, accommodated in a cage in the garden. People enjoyed looking at the tortoise who had free rein of the garden, chatting to her and were clearly amused by her when she wandered from the garden into the lounge area.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy,.
- One person said, "It's pleasant here, no complaints at all. The staff are very helpful". Another person told us, "If I had a complaint, I would trouble [named registered manager] and she would help me". A relative commented, "I've never had cause to complain. If it was something minor, I would talk to staff. They are so thoughtful. I haven't had any complaints".
- Complaints were logged and the outcomes were recorded to the satisfaction of the complainants.

End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- Where people were willing to discuss their wishes in this regard, these were recorded in their care plans.
- One person who had passed away at the home had wanted their body to go for medical research. Another person, who was coming towards the end of their life, had expressed a desire for a Chelsea bun. The next morning, the provider went shopping and bought them a bun, and continued to do this until the person passed away.
- At the time of the inspection, no-one was receiving end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The culture of the home was described by the registered manager as, "It's homely; it's their home. Remember you work in their home, they don't live in your workplace".
- Good outcomes were achieved for people because staff displayed compassion and enthusiasm when supporting people. The provider visited the home on most days and was keen to ensure people had everything they needed to live a comfortable life. For example, buying food, such as strawberries and ice-creams, or other treats he felt people would enjoy.
- The registered manager demonstrated a clear understanding of their responsibilities under duty of candour. They explained, "It's about making sure, who should know, that you inform the right people if something goes wrong, and learning from it".
- Notifications which the provider or registered manager were required to send to CQC by law had been received as required. Compliance and understanding of the regulatory requirements were demonstrated throughout the inspection.

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

- People, their families, and staff were engaged in developing the service.
- People lived with a variety of health care needs, such as dementia, mental health difficulties and frailty of old age. Homelands provided an environment that met people's diverse needs, and staff had a good understanding of how people wished to be cared for.
- A relative said, "They're pretty good at communicating, and we do have meetings to discuss things". The last residents' meeting was held in February 2022 and topics discussed included menus, activities and security at the home.
- Staff told us they were happy in their roles and felt supported by the provider and registered manager. One staff member said, "It's friendly, you can always go to the manager or owner. He is a rock, asks if we need anything. He's the best owner I've ever worked for. [Named registered manager] is approachable and down to earth. She mucks in with everyone. She will cover night shifts if she needs to. All the staff get on with the manager, she's like a Mum".
- Staff meetings were held and provided opportunities for staff to make suggestions in the way the home was run.

Continuous learning and improving care

- A range of audits measured and monitored the care provided at the home and the service overall. We reviewed audits in relation to the environment, equipment, health and safety, medicines, mealtimes, and accidents and incidents. Any areas for improvement were identified and actions were taken to rectify. For example, one person had sustained four incidents where they slid to the floor and these were analysed. No specific reason for these occurrences could be identified.
- In addition to the audits, relatives were asked for their feedback about the home. A relative told us, "[Named registered manager] asks if everything is okay. If I have any questions I would ask the manager or her number two. I can't fault the place".
- Compliments from relatives had been received and were recorded. One said, "I must say the garden is looking terrific with all the hanging baskets and is a considerable asset to Homelands. May I add that I'm really appreciative of all the hard work you and the team put in looking after my mother and the other residents particularly in difficult times".

Working in partnership with others

- The home worked with, and was supported by, a number of agencies, such as local authority commissioners, health and social care professionals.
- The registered manager was a member of local forums such as West Sussex Partners in Care and part of a group chat with other Bognor Regis care home managers.