Mr Hrant Gregorian

Homefield Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection of Homefield Court took place on 11 January 2016. We returned to the home on 2 February 2016 to obtain further information. This was an unannounced inspection.

Homefield Court is a care home situated in Brent which is registered to provide care for to up to 24 older people. At the time of our inspection there were 24 people living at the home, the majority of whom were living with dementia or mental health needs.

We last inspected Homefield Court on 10 December 2015 when we found that there were regulatory breaches in relation to safe care and treatment, staffing and fit and proper persons employed. At this inspection we found these breaches had been addressed.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us that they felt safe, and this was confirmed by a friend of a person whom we spoke with. People were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting.

The home had arrangements in place to ensure people's safety. However, we found that risk assessments did not always reflect the information and guidance for staff that was included in people's care plans. The registered manager told us that this was because people's conditions were stable but that they would develop assessments for potential risks.

Medicines at the home were well managed. People's medicines were stored, managed and given to them appropriately. Records of medicines were well maintained. Regular health checks had taken place.

Staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the physical and other needs of people living at the home. People who remained in their rooms were regularly checked on.

Staff who worked at the home received regular relevant training and were knowledgeable about their roles and responsibilities. They received regular supervision from a manager to ensure that they were supported in their roles. Checks in relation to suitability of staff had been carried out prior to appointment.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was contained in people's care plans. Applications for Deprivation of

Liberty Safeguards (DoLS) had been made to the relevant local authority where people were unable to make decisions. Staff members had received training undertaken training in MCA and DoLS.

People's nutritional needs were well met. Meals were nutritionally balanced and met individual requirements as outlined in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day. People told us that they enjoyed the food.

The home environment was suitable for the needs of the people who lived there. We saw that a number of improvements had been made including refurbishment of bathrooms and communal areas.

The home provided a range of individual and group activities for people to participate in throughout the week. Staff members engaged people supportively to participate in activities.

People knew what to do if they had a complaint. We saw that complaints had been dealt with quickly and to people's satisfaction.

Care documentation showed that people's health needs were regularly reviewed. The home liaised with health professionals to ensure that people received the support that they needed.
There were systems in place to review and monitor the quality of the service, and we saw that action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and reflected regulatory requirements and good practice.

People who lived at the home and staff members spoke positively about the management. The registered manager and deputy manager spent time with people and covered care duties where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe. Risk assessments for people did not always reflect information that was contained within their care plans.

Medicines were well managed and recorded.

Staff members had received training in safeguarding and understood their roles in keeping people safe.

Is the service effective?

Good

The service was effective. Staff members had received regular supervision and training to ensure that they were effective in their roles.

The home was meeting the requirements of The Mental Capacity Act 2005.Applications had been made for Deprivation of Liberty Safeguards authorisations to ensure that people were not unduly restricted in their best interests.

People told us that they enjoyed the food provided at the home and we saw that people were offered choices that met their individual preferences.

Is the service caring?

Good

The service was caring. People who used the service were satisfied with the care provided by staff.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who lived at the home were caring and respectful.

People had been supported to identify their wishes regarding care at the end of life.

Is the service responsive?

Good

The service was responsive. Care plans were up to date and person centred and included guidance for staff to support them

in meeting people's needs.

People were able to participate in a wide range of individual and group activities.

The home had a complaints procedure and people knew how to complain. Complaints had been managed effectively.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager and deputy manager were approachable and available to people who used the service, staff members and visitors.

People and staff members told us that they felt that the home was well managed.

Homefield Court

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

Our inspection of Homefield Court took place on 11 January 201 and was unannounced. We returned to the home on 2 February 2016 to obtain further information. The inspection was carried out by a single inspector.

Before our inspection we reviewed records about the service including previous inspection reports, statutory notifications and enquiries.

During our visit we spoke with six people who lived at the home and a friend of a person. We also spoke with the registered manager, the deputy manager, two care staff and the activities co-ordinator. We spent time observing care and support being delivered in the main communal areas, including interactions between care staff and people who used the service and activities that were taking place. We looked at records, which included six people's care records, six staff recruitment records, policies and procedures, medicines records, and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection of 10 December 2015 we found that the provider had not made sufficient checks to ensure that staff members were suitable for the work that they were undertaking. Criminal records checks from the Disclosure and Barring Service (DBS) for two staff members had been obtained by a different organisation. Adequate references had not always been received prior to staff members commencing work.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection of 10 December 2015 we asked the provider to provide information about the actions they would take to ensure that sufficient checks were made to ensure that staff were suitable for the work that they were undertaking. An action plan was submitted on 26 February 2016, and we found at this inspection that the action had been completed.

During this inspection we looked at six staff records. We found that DBS checks had been obtained within the last year. The registered manager told us that new checks had been obtained for all staff members. Two suitable references had been obtained for new staff members prior to their commencing work at the home.

At our inspection of 10 December 2015 we also found that there were insufficient environmental controls in relation to risk of infection. Carpets in communal areas were soiled and required replacing. The flooring and sealants in a communal toilet and adjacent bathroom also required replacing.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection of 10 December 2015 we asked the provider to provide information about the actions they would take to ensure that infection control risks were minimised. An action plan was submitted on 26 February 2016, and we found at this inspection that actions had been completed.

We looked at environmental safety at the home and saw that a number of improvements had been made including the refurbishment of toilets and bathrooms and the replacement of flooring in communal areas. We found that the home was clean and free from odour.

Staff members were seen wearing disposable aprons and gloves when supporting people with their care. Soap and paper towels were accessible in toilets and bathrooms. There was a cleaning schedule in place and we saw that this included regular 'deep cleans' of bedrooms and communal areas.

Regular maintenance checks had taken place and we saw a range of up to date certificates showing that, for example, gas, electricity, portable appliances and fire safety equipment had been assessed as safe. A stair lift had been installed in November 2015. We saw that a staff member supported people when they needed to use it. We asked to see records of six monthly inspections of this as required by the Lifting Operations and

Lifting Equipment Regulations 1998 (LOLER). The registered manager told us that the equipment had been checked during the one year warranty period but could not provide us with evidence of this. They showed us an email that confirmed that an inspection of the stair lift would be taking place in February 2017.

The risk assessments that we saw for people who used the service were personalised and had been completed for a selection of areas including people's behaviour, medicines, falls, pressure ulcers, infection control and moving and handling. These were up to date, had been reviewed on a regular basis and included risk management plans with guidance for staff members on how to support people in order to reduce risk.

However, although we found that risk assessments covered current risk to people, we found that there were gaps. For example, there was detailed guidance in place regarding supporting a person with their mobility within their care plan but there was no associated risk assessment. The care plans that we looked at for two other people showed that they had been diagnosed with specific mental health conditions. Their risk assessments did not include guidance for staff on how to identify and manage the signs of any potential mental health crises. This meant that there may be a risk if there were any changes in people's wellbeing. This meant that although the risk assessments developed by the home were suitable in relation to the current needs of people, they did not always address any potential or future risk associated with long term physical or mental health conditions.

We discussed this with the registered manager who said us that the home had not developed risk assessments in some areas as people's conditions were currently stable and no concerns had been presented to date. This was confirmed by the care notes that we looked at for these people. However they told us that they recognised that people with diagnosed physical and mental health conditions may experience changes and they would review people's care documents to ensure that risk assessments always reflected information that was contained within people's care plans. We will monitor this at our next inspection.

There was an up to date policy on safeguarding of adults that included contact details for the local authority. Staff members that we spoke with demonstrated that they understood the principles of safeguarding. They were aware of their responsibilities in immediately reporting and recording any concerns. Staff had received training in safeguarding.

During our inspection we observed that there were sufficient staff members available at the home to support people when they needed. Needs assessments were in place for people and staffing was designed around these. The registered manager told us that staffing arrangements would be reviewed if there were significant changes in people's needs.

Medicines were securely stored and the fridge and room storage temperatures were monitored to ensure that they were maintained at a safe level. Although nobody living at the home was prescribed controlled drugs at the time of our inspection, there were appropriate facilities for storing controlled drugs if required. .An up to date medicines policy which included procedures for the safe handling of medicines was in place. Staff members administering medicines had received appropriate training.

Most medicines were supplied in blister packs provided by the local pharmacy. A small number of medicines were contained in boxes or bottles and we saw that these were appropriately labelled and recorded. Medicines awaiting disposal were safely stored and we saw that these were returned to the pharmacy on a regular basis and signed for on receipt.

Some people living at the home used medicines that required them to have regular blood tests. We saw from their records that these tests had taken place. Regular medicines reviews by a GP had taken place for people living at the home. Our observations in relation to medicines showed that these were managed safely.

Health and safety checks were up to date. A food hygiene safety check had been carried out by the local authority who had rated the service as very good. Fire action guidance was displayed and fire equipment had recently been serviced. Fire drills were carried regularly and included night staff. Emergency evacuation procedures were in place for individuals and copies of these were maintained in a fire evacuation folder that was easily accessible to staff in case of emergency. Accident and incident records were well maintained and showed that appropriate actions to address concerns had been taken.

The provider maintained an out of hours emergency contact service and staff members we spoke with were aware of this.

Good

Is the service effective?

Our findings

At our inspection of 10 December 2015 we found that the provider had not ensured that all staff members had received regular supervision from a manager to ensure that they had the support that they required to carry out their duties.

This was a breach of Regulation 18 of The Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection of 10 December 2015 we asked the provider to provide information about the actions they would take to ensure that staff members received regular supervision. An action plan was submitted on 26 February 2016, and we found at this inspection that the action had been completed.

During this inspection we looked at the records for six staff members and saw that they had each received supervision six times during the past year. Staff members that we spoke with confirmed this. We saw that supervision sessions were planned in advance. Annual staff appraisals had also taken place. The registered manager told us that these were scheduled throughout the year as part of the supervision timetable.

We also saw that staff meetings had taken place on a regular basis. Separate meetings were held with night staff to ensure that they were able to participate in discussions. The minutes of recent staff meetings showed that there was a focus on the care needs of people who lived at the home along with discussions in relation to quality issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that information about people's ability to make decisions was recorded in their care plans. Applications had been made to the commissioning local authority where DoLS authorisations were required. We saw that conditions related to DOLS authorisations had been followed.

Care staff at the home had received training in relation to the MCA and DoLS. Staff members whom we spoke with understood the importance of supporting people to understand and make informed choices. Best interests decisions had been made for people unable to give consent and we saw that these followed

guidance associated with the MCA. For example, a decision about treatment of health needs for a person had been made with the involvement of their family and GP.

The care documentation that we viewed showed that people were involved in agreeing their care plans wherever possible. We saw that, where people were unable to, or did not wish to participate in this process, a record of this was made. One person told us, "I know about my plan. They ask me if I agree with it."

People's individual dietary and nutritional needs were met. Information about people's dietary and food preferences was recorded in their care plans. We observed people eating lunch and saw that choices were offered by staff and saw that people ate well. We saw that a care worker who was supporting a person to eat gave them the time that they needed and chatted to them throughout. People said they enjoyed the meals provided by the home. We were told, "The food is good here," and, "I really enjoyed what I had to eat to eat today."

People were offered hot and cold drinks and snacks throughout the day. We saw that records of food and fluid intake were recorded in people's daily care notes. People's weight was monitored on a monthly basis. Where there were concerns about weight loss or gain, or poor food or fluid intake we saw that relevant professionals, such as a GP or dietician were consulted and guidance developed for staff within people's care plans. We saw, for example, that one person who had lost weight had been referred to a GP. The guidance that was provided had been followed and the person had regained the weight that had been lost.

People's health care needs were met and monitored. Records showed that people regularly received health checks. They had access to a range of health professionals including; GPs, dieticians, opticians, chiropodists, psychiatrists, and dentists. Staff members were accompanied by staff to appointments where required.

Good

Is the service caring?

Our findings

People were satisfied with the care provided at Homefield Court. One person told us, "They look after me very well" and another person said, "The staff are lovely." A friend of a person living at the home said, "The staff are angels. They are up there with the best."

Staff interacted with people in a respectful manner. We heard them ask people how they were, and saw that they would stop and chat to people about their interests. People were supported to maintain the relationships that they wanted to have with friends, family and others important to them. We heard staff speaking with visitors in a friendly manner. The registered manager described to us how the home provided family members with updates about changes in their relative's condition. A friend of a person who lived at the home and who visited them regularly told us that staff members always ensured that they received information if there was any change to the health and wellbeing of their friend.

We saw that where people required personal support, this was provided in a timely and dignified manner. Some people chose to spend time in their rooms. We saw that staff members checked on their welfare regularly and asked them about any needs or wishes in relation to care and support. We saw that staff spoke with people in gentle and encouraging tones. We saw that when a person exhibited behaviour that might have been challenging this was managed in a calm and discreet way.

People told us their privacy and dignity was respected. We saw staff members knock on bedroom doors and wait for the person to respond before they entered. People's care plans included information about preferences in relation to communication needs and delivery of personal care. For example, one person's plan included guidance for staff members on how they should support the person if they were reluctant to receive personal care. This guidance included the importance of gentle communication and encouragement and advice on waiting to try again later when the person may be more receptive. Care documentation also included guidance for staff members on promoting people's independence. We saw that they included information about the tasks that people were able to complete for themselves and guidance for staff on how they should support people with care tasks.

Staff members spoke positively about the people whom they supported. One staff member said, "I really love working here. The residents are lovely." .The activities co-ordinator told us, "When we get to know people we can make sure that everything we do is about them as individuals."

People told us that they were happy with the information that was provided to them. A friend of a person who lived at the home told us that staff were always very helpful.

Care plans included information about people's health, cultural and spiritual needs. We also saw that they contained information in relation to people's sexuality and relationship needs. Staff that we spoke with showed that they recognised the need to support people's individuality. This demonstrated that the home respected and supported the individual wishes of people who lived at the home.

Care plans recorded information about peoples' end of life preferences and needs. We were able to see that people had been asked about preferences, for example, in relation to where they wished to end their days and how they wished to be buried, including the church and music they would like played at their funeral. People with capacity had also been asked about resuscitation should they become too ill to consent to this. Some people had chosen not to express their wishes in relation to end of life care and this was recorded in their care plans where appropriate. Where people were unable to consent to the development of end of life care planning, family members and health professionals had been consulted where appropriate. Staff members had received training in end of life care. At the time of our inspection no one living at the home was being supported at the end of life. The registered manager told us that, although end of life care had not been required for some time, the home had worked effectively with palliative care nursing services when supporting people in the past.

Good

Is the service responsive?

Our findings

One person who lived at the home told us, "I never have to wait if I need help. There is always someone around to help me." A friend of a person said, "[My friend] is always very well looked after. They want for nothing."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. Care documents included information about people's life histories, interests and hobbies and important relationships. Care plans included guidance for staff on how to meet people's health needs, for example in relation to personal care and social needs.

We saw that care plans were reviewed on a regular basis and updated where people's care and support needs had changed. For example, where a person's health needs had changed this was recorded in detail. We saw evidence that placement reviews also took place regularly with the involvement of social care professionals. However this had not been the case for two people whose care files we viewed.. The registered manager told us that this was because these people no longer had allocated social workers or other local authority case workers since their conditions were stable and they were settled at the home with no concerns about their general wellbeing.. The registered manager told us that they would be undertaking annual reviews for people who had not received placement reviews and would advise the local authority of these.

People were supported by staff including the activity co-ordinator to take part in activities including a wide range of group activities, along with individual activities such as board games, walks and shopping trips. An activity notice board showed that activities were planned throughout the week. During our inspection we observed two activities that were taking place: a seated exercise session and a fun quiz. These were well attended, with good participation by people. One person told us, "I really enjoy the quizzes." The activities co-ordinator for the home told us, "We try to have two to three activities every day. I try to make sure that there is a variety so that everyone can join in with something." They showed us a recent purchase of a reminiscence game for people living with dementia and said that this had been successful when they had used it. "It's amazing what people know and remember. I'm learning new things from them all the time."

The home had arranged outings and holidays for people, and we were able to see photographs of some activities. The registered manager and activities co-ordinator said that there were fewer outings during the winter because of the weather. However some people had been on a trip to see the Christmas lights in central London during the festive period. Staff members had started to plan activities for the spring and summer seasons including a number of short breaks for small groups to Blackpool. the home is situated in the middle of a large business estate and there were limited opportunities for local community links. However we saw from the activities records that people were supported to use nearby shops, and outings to, for example, parks and shops in the wider vicinity were supported. People were supported to maintain links with family members and friends. A friend of a person told us, "I always feel very welcome here." We saw photographs of parties and barbecues that the home had organised, and noted that friends and family members had attended these.

Residents meetings took place every three months. We saw that topics discussed at the most recent meeting included discussions about menus, activities and ideas for the home. We saw that new activities had been introduced as a result of these meeting and that people had been asked about for their opinions about redecoration of the home,

The home had a complaints procedure that was available in an easy to read format. We saw that this was displayed on a notice board in a communal area. People told us that they knew how to complain if they had a problem. One person said, "I don't have any complaints, but I would tell a manager if I did." A friend of a person told us, "When I had a concern it was sorted out immediately." A complaints log maintained by the home showed that there had been three complaints during the past year. These had been resolved at the informal stage and actions in relation to these had been recorded. These showed that people were satisfied with the outcomes for complaints,

Good

Is the service well-led?

Our findings

People told us that they were happy with the management of the home. One person told us, "I know the manager really well. He is very good." Another said, "I can always talk to the managers here." A friend of a person said, "I have seen other homes and I think the management here is brilliant."

The registered manager for the home was supported by a deputy manager. There was always a senior care worker on duty. We saw that the manager and deputy manager spent time in the communal areas, speaking with people and assisting with care activities where required. We observed that they communicated positively with people who used the service, their visitors and the members of staff who were on shift. We saw that people came to the office to speak to the registered manager who treated them with respect and courtesy and immediately tried to address any concerns that they had. The registered manager said, "I have an open door policy and people always know where I am."

Staff members spoke positively about the management of the service. One staff member told us, "I am happy with the support I receive. The manager is available whenever I need advice."

There were systems in place to monitor the quality of the service and we saw recorded evidence of these. An annual health and safety assessment had been completed and there was evidence that actions in relation to this had been put in place. This was supported by monthly health and safety checks. Monthly audits were also undertaken in respect of maintenance, health and safety accidents and incidents, water temperatures, complaints and medicines. Infection control audits had taken place on a quarterly basis. The quality of care plans and care records was audited on a six monthly basis and we saw that these had been updated where required. We noted that the audits had not identified our concern about the fact that risk assessments were not always in place in respect of potential risk associated with long term physical and mental health conditions. The registered manager told us this was because such risks had not been identified in relation to people's current identified needs and that they would ensure that future audits would be designed to ensure that all potential risk was monitored.

The records of audits contained action plans where required and included information about how actions had been addressed. For example, we saw that the fire alarm system had been replaced in July 2016 as a result of concerns identified during an audit. The provider also undertook monthly monitoring visits to the home and we saw that these were up to date with no outstanding actions.

Satisfaction surveys took place annually. Surveys of the views of people living at the home and their family members had taken place during 2016. We saw that satisfaction levels were high. Family members had commented that, "Care is very good," and, "We feel comfortable and welcomed."

Daily 'handover' meetings took place at the beginning and end of each staff shift. These were designed to ensure that information was passed on to the incoming staff, and that discussions about how to address any concerns about people's needs took place. The home's communication book and diary showed that important information was recorded. Staff members were required to read these at the start of each working

shift.

We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.