

Home Group Limited

# Watergate House (office)

## Inspection report

1-83 Watergate Court  
Consett Road  
Gateshead  
NE11 0DG

Tel: 07843632036  
Website: [www.homegroup.org.uk](http://www.homegroup.org.uk)

Date of inspection visit:  
07 December 2022

Date of publication:  
24 January 2023

### 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

### About the service

Watergate House (Office), also known as Watergate Court, is a specialist 'extra care' housing facility where people live in flats in a single purpose-built building. At the time of our inspection there were 31 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicines were managed safely, however the administration records were not always completed correctly. Some 'as and when required' medicines documents were not in line with best practice. The management team were implementing processes to improve medicines management. We have made a recommendation about this.

People were safe from the risk of abuse. Risks were assessed and regularly reviewed when people's needs changed.

The provider employed sufficient staff, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals. Staff wore PPE to keep people safe and infection control measures were in place.

Care records were person-centred and focused on promoting people's independence. People said they were treated with dignity and respect during personal care and always asked for their consent.

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.

Feedback from relatives and people was generally positive. Staff said felt well supported by the management team. People and relatives were involved in their care decisions.

Quality assurance checks were carried out to ensure people were receiving safe and good quality care. Feedback from staff and people had been listened to. Lessons had been learnt from incidents, however they were not always well documented.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 November 2021 and this is the first inspection.

#### Why we inspected

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

#### Recommendations

We have made a recommendation in relation to the management of medicines. Further information can be read in the full report below.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Watergate House (office)

## 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.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team and safeguarding team for their feedback about 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 4 people and 6 relatives about their experience of the care provided. We spoke with 4 support workers, the registered manager and deputy manager during the site visit. We reviewed a range of records including 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We contacted two visiting healthcare professionals via email.



# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were administered safely, however some areas of medicines record keeping was not in-line with best practice guidance.
- Medicine administration records were in place but there were errors on some records. This meant people were at risk of receiving an incorrect dose of medicine. We found no evidence to suggest people had been harmed by this.
- Medicines audits were taking place and had identified issues in medicines records, however the same errors continued to occur from time to time.
- Some records for 'as and when required' medicines were not in-line with best practice guidance.
- The management team had put a number of processes in place to improve medicines management. This included a new system for ensuring there was sufficient medicines in stock. One relative said, "[Person] was without morphine for a couple of days due to errors in ordering the next lot of medicine, but the registered manager said there is a new system in place, and we haven't had a problem since."
- The registered manager confirmed that action was being taken to improve medicines administration in the future. This includes electronic medicines records and enhanced checks on staff administering medicines.

We recommend that the provider improves the medicine administration process to bring it in-line with best practice guidance and to ensure people receive their medicines safely.

### Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. The provider had policies and procedures in place to keep people safe. One person said, "Yes, I feel safe with the carers."
- Safeguarding concerns were recorded, reported and investigated. Staff were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. Staff had completed safeguarding training.
- Another person said, "I feel safe here." A relative said, "I think it is safe care. I often visit my parents there and there's a good system in place to support them."

### Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risks were assessed, and actions were put in place to keep people safe. Care documents included information about risks to people and how they should be managed. This included risks around catheter care and skin integrity.

- Systems and processes were in place to learn lessons from events. However, not all opportunities to learn from incidents had been taken. There had been minor incidents where action could have been taken to prevent them reoccurring, but this opportunity had not been taken. We found no evidence of people being impacted by this. Where lessons had been learnt, staff were informed about new processes, or how to avoid similar incidents occurring.

#### Staffing and recruitment

- Staff had been recruited safely and there were enough suitably trained staff to provide support to people. Staff had all necessary pre-employment checks in place including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider was actively recruiting new staff to vacancies. Where agency staff were being used the registered manager was block booking staff, so they were familiar with the processes and people using the service.

#### Preventing and controlling infection

- People were protected from the risk of infection. A relative said, " Staff always seem to wear masks."
- Staff had completed infection control training. PPE was available throughout the building and care staff were supporting the building staff with enhanced cleaning.



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

- People were involved in assessing their needs and deciding how their care was provided. People's relatives and health care professionals were involved when needed. People's social, religious and cultural preferences were included in their care documents. Care was delivered appropriately; feedback was positive from people, relatives and staff.
- One person said, "I was asked how I wanted to take my showers and they've always met with my choices and requests."
- People were supported to eat and drink enough. One relative said, "Staff always check whether [person] wants breakfast."

Staff support: induction, training, skills and experience

- Staff were appropriately trained and received on-going support. New staff received a detailed induction and regular refresher training was carried out. One staff member said, "The training was a mixture of face to face and online. We did extra training to be able to support someone with a PEG [feeding tube]."
- There was mixed feedback about how well staff knew the people they cared for. A relative said, "I feel that staff are more able to cope with the elderly rather than people living with dementia." However, a person said, "Carers arrive with a smile and get on with what needs doing. It's usually a good routine."

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

- Staff worked effectively with other agencies. People were referred to services such as occupational therapy in a timely manner. One relative said, "The district nurse and occupational therapist have attended [person's] needs since moving in."

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. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- At the time of the inspection no one was subject to DoLs.
- The provider was working within the principles of the MCA. Staff had received training in MCA and were aware of how to care for people appropriately.

# 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 supported in a caring way. Staff respected people's diversity. One relative said, "The staff have experience of working in this type of environment and they seem to have recruited well." Another relative said, "The staff are compassionate, caring, friendly people."
- The cultural needs of people were respected. Information about people's lives was included in their care records. Staff generally knew people well, although when agency staff were used some people felt they were less caring and more task focused. One relative said, "Staff are inconsistent in their approach to care."
- A relative said, "Carers follow dad's care plan and my dad likes the care and camaraderie with his carers ... He only wants to be cared for by females and this has been accommodated."

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

- People were supported to make choices about their care. Care records included lots of detail about people's aspirations and how they wished to be cared for. People's relatives were involved when needed.
- One relative said, "I have been involved in care planning." A person said, "I was involved in developing my care plan."
- The registered manager explained that communications on understanding what extra care facilities provide was on-going due to some confusion from people's relatives about this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Care records supported this, with many people's aspirations being to maintain or increase their levels of independence.
- One person said, "Staff help me shower, they encourage me to do as much as I can myself, then they take over, obviously with my consent."
- Staff were able to explain the importance of promoting people's independence and how they did this.

# 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

- Care was personalised to meet people's needs and preferences. Detailed support plans were in place to enable staff to provide person-centred care. One person said, "The carers have reviewed my care plan ... they engage well with me and we've never had any problems."
- Support plans included information in relation to people's choices, for example one person's specific preferences on how they were moved from their bed to wheelchair.

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. Materials were made available for people in various formats including languages other than English and in large print.

Improving care quality in response to complaints or concerns

- Complaints and concerns were dealt with appropriately. A complaints policy was in place and any complaints received had been dealt with in accordance with the policy. The registered manager was passionate about improving the service following comments from people and their relatives.
- One person said, "I have never needed to complain." A relative said, "I made a complaint to [the registered manager] recently. The same issue has not happened again, so they seem to have learnt from it."

End of life care and support

- There was no one receiving end of life support at the time of the inspection. Records were in place to care for people how they wished to be cared for at the end of their life. There were care documents available to be put in place should they be needed.

# 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

- The provider had created a positive, supportive culture focused on providing person-centred care and worked in partnership with other healthcare professionals.
- A staff member spoke passionately about a person-centred approach to care and said, "I dislike staff referring to food delivered via PEG as 'a feed', it is 'a meal' and I call staff out for using the wrong term."
- People felt they had achieved good outcomes. One person said, "I've got a lot of my life back after they supported me with healing my pressure sores."

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

- Staff and management understood their roles. Staff were proud to work for the service. One relative said, "I think that this home is well managed - you know who to go to for what."
- The provider had appropriate quality monitoring systems and processes in place. The registered manager carried out audits and acted on the findings to ensure people continued to receive good quality care.
- The registered manager was taking action to improve issues identified in relation to medicines administration.
- The registered manager was aware of the requirements under the duty of candour. People and their relatives were kept informed of issues when needed. Statutory notifications had been submitted to CQC in-line with requirements.

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

- The management team engaged with people and staff to gather their views. Quality assurance surveys were carried out with people and their relatives to ensure the care they received was appropriate and effective.
- Care records included detail about people's equality characteristics and the impact of these on how they wished to be cared for. One person wished only to be cared for by female carers which was accommodated.
- A relative said, "There have been residents' meetings to reflect their views."

Continuous learning and improving care

- Improvements had been taking place based on lessons learned. The registered manager was candid

about the service being new and still in the process of developing so there had been lots of opportunity for improvements.

- An action plan was in place which addressed areas for improvement including medicines.
- Not all lessons learnt had been documented, although the registered manager and staff demonstrated how improvements had been put in place following incidents. The registered manager gave assurances that the recording of lessons learnt would be improved.

#### Working in partnership with others

- The staff worked effectively with visiting healthcare professionals. One healthcare professional said, "[Staff] treat all tenants as adults and not 'old people', [people] are treated with great respect and their opinion is always valid."
- People were supported to access healthcare services in a timely manner. A healthcare professional said, "[The registered manager] contacts me immediately if she has concerns about any person using the service."