Home Group Limited

Home Group

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We last inspected Home Group in October 2016. At that inspection we rated the service good. At this inspection we found the service was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008. We rated the service requires improvement.

Home Group operates from an office in Newcastle upon Tyne. The service provides personal care for adults with learning disabilities, or who have needs relating to their mental health, either in their own home or within supported tenancies. Supported tenancies enable people with physical or learning disabilities, or who have other care and support needs, to live in their own home. The service also provides person care to older people living in their own flats. At the time of the inspection there were 65 people in receipt of a service.

Home Group is not regulated to provide accommodation which meant we did not inspect people's premises.

This inspection took place on 19 and 21 February 2019, with further phone calls with relatives and external professionals on 22 February 2019.

The service had two registered managers in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered managers had suitable experience relevant to the needs of people who used the service. One, who managed the learning disability service, had been in place for several years. The other, who managed the care of older people, had been in post for less than a year and acknowledged there remained some improvements to make.

Oversight and auditing of older people's care records was not effective and some records were outdated or inaccurate. These included medicines records and risk assessment records.

Auditing and oversight of care regarding the learning disability service was comprehensive and well planned. Medicines management and risk management was also well planned in this area.

Corporate support was in place for the registered managers but this was at the time of inspection more focussed on the learning disability service. Older people's care and support was managed more in isolation by a registered manager and limited support staff.

There were no concerns raised by external agencies regarding the safety of the service. Whilst some records required improvements, staff understood the risks people faced, and how they helped people reduce those

risks.

Appropriate staff training was in place, specific to the needs of people who used the service.

People who used the service and their relatives were extremely complimentary about how staff cared for them and supported them to live their lives as they wanted.

People were treated with dignity and respect. Their individualities and preferences were supported. These were well documented in some detailed care records.

Person-centred planning needed to improve for older people who used the service.

People's healthcare needs were well met through liaison with external healthcare professionals. This was clearly reviewed and documented.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. In the learning disability service, people were comprehensively involved in the planning of their care and the running of the service.

The registered managers had ensured the culture was open, positive and welcoming of challenges from people who used the service. Staff were passionate about their roles and shared the ethos of the service, which was centred around enabling people's independence.

We found the provider in breach of one regulation relating to governance. Further information is in the detailed findings below.

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

The service has deteriorated to requires improvement.

Records relating to people's medicines and the risks they faced were not always up to date or accurate.

Staff understood the risks people faced well and helped them stay safe.

Staffing levels were good. Safeguarding procedures were well understood and appropriately communicated to staff and people who used the service.

Is the service effective?

Good

The service remains good.

Staff worked well with external professionals to ensure people's health needs were well monitored.

People experienced a good range of quality of life and health outcomes.

Training was appropriate to people's needs and well planned.

Is the service caring?

Good

The service remains good.

Staff were passionate about their roles and about providing high levels of care and support.

People confirmed they were supported consistently by staff who knew them well.

People were involved in the running of the service.

Is the service responsive?

Good

The service remains good.

People were supported to maintain and experience new

meaningful pursuits and interests.

Independence was respected and enabled by staff with good local knowledge.

The provide had embraced new technologies and was able to demonstrate how this may support people's needs further in future.

Is the service well-led?

Requires Improvement

The service has deteriorated to requires improvement.

Auditing and oversight of some of the service was not yet effective. Best practice was not always implemented.

Staff felt well supported and the culture was open and inclusive.

People were involved in the running of the service and gave positive feedback about how the service was run.

Home Group

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.

We visited the service on 19 and 21 February 2019 and the inspection was announced. Because staff and people were often out in the local community, we gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection.

During the inspection we spoke with eight people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with 10 members of staff: the two registered managers, the area manager, one care support manager, one training officer, and five support workers. We looked at eight people's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems and meeting minutes. Following the inspection we contacted two external social care professionals and two family members.

Requires Improvement

Is the service safe?

Our findings

Steps to minimise risks had not been taken and medicines were not always well managed. The registered manager responsible for the care and support of older people living in their own flats had introduced monthly checks of medicines records and more comprehensive 6-monthly audits. At the time of inspection we found these audits had not proved effective in identifying some areas where practice improvements were required. For instance, one person was prescribed a topical (cream) medicine but there was no clear record in their file regarding how and where this should be applied. All other medicines had a detailed description to help staff. The registered manager agreed to review this file as a priority.

Where people were prescribed medicines 'when required', this information was not always clear in their records, contrary to good practice guidance issued by the National Institute for Health and Care Excellence (NICE). This meant new staff may not have access to accurate medicines administration information, potentially putting people at risk. Whilst these issues had not had an impact on people using the service because staff knowledge was comprehensive, they did demonstrate that the current oversight of medicines practice and procedures required review to ensure it was effective.

Risks people faced were not always well documented and planned for. For instance, one person was at risk of falls but this was not explained in any detail in the person's care records. Likewise, another person required specific help with personal care, as their independence fluctuated, but this was not explained in their care plan. As such, new staff dependent on this information would not know about some of the risks people faced and how to prevent them. The registered manager responsible told us they had already planned to bring in a more general risk screening document to assess everyone's level of risk, and was able to give some examples of how they already helped reduce the risks people faced. They acknowledged that the care records in their current form did not do enough to set out what risks people faced and how staff should protect them.

They were able to show us that they had audited each person's care plan and had identified areas for improvement in each care file. Staff we spoke with were also able to clearly articulate the risks people faced, and how they supported people to minimise these risks. Records did not however accurately reflect this.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people in the learning disability service were more comprehensively considered, documented and acted on. This was always with the full involvement of people and from a perspective of not restricting anyone's freedom to try new things. These documents were highly person-centred, for instance with clear guidance on how long a person wanted staff to wait before using the established missing persons' protocol. The registered manager responsible had successfully embedded a positive approach to risk management.

They also ensured medicines were managed in line with good practice as issued by the National Institute for Health and Care Excellence (NICE). Information was detailed, accurate and up to date.

Accidents and incidents were documented and analysed for patterns by the registered managers, to establish if practices could be improved or lessons learned. We reviewed these incidents/accidents and found appropriate actions had been taken in response, for instance arranging additional training for one member of staff.

Safeguarding training was in place and all staff were aware of their safeguarding responsibilities. Managers were on call outside of office hours, should staff have concerns. The registered managers ensured staff were appropriately trained in other areas relating to people's safety, for instance fire safety and moving and handling.

People we spoke with told us, "There are always lots of staff about and they're lovely," "I am very confident and very independent now. They have looked out for me." Relatives gave similar positive comments about staff ability to keep people safe, for instance, "They always prompt her and make sure she never misses her medication," and, "It's a safe, secure space, but friendly too."

External professionals we spoke with confirmed the registered managers had ensured people who used the service were made safe and that they had no ongoing concerns. Where incidents occurred, these had been suitably analysed to see if lessons could be learned.

Pre-employment checks continued, for example Disclosure and Barring Service checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults.

Appropriate infection control policies and equipment were in place and staff confirmed they had all the necessary personal protective equipment they required. People were appropriately supported to maintain the cleanliness of their own homes.

Staffing levels were appropriate to the needs of people who used the service and the rota was well planned, meaning people were not at risk of neglect.

Good

Is the service effective?

Our findings

Staff demonstrated a strong understanding of people's healthcare needs. People benefitted from the training staff had undertaken or through input from external healthcare professionals. People who used the service consistently expressed how good they felt staff were at their jobs. One relative told us, "There are two or three that have really got to know him and he couldn't ask for better support."

The registered managers ensured staff had a range of relevant training to meet people's needs. This was specific to the needs of people and varied dependent on people's needs, but was well planned. For instance, Positive Behaviour Support (PBS) training was well embedded in the part of the service supporting people who may experience particular anxieties. PBS is a means of improving a person's quality of life through detailed planning based on their known behaviours.

People were fully involved in the planning and review of their own care. Their needs had been assessed prior to using the service and were reviewed regularly. Relatives confirmed they were invited to regular reviews of care and encouraged to contribute.

The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found both registered managers and staff demonstrated a good knowledge of the principles of the MCA. We found no instances of inappropriate restrictions on people's liberty. Where one person required the use of a lap strap on their wheelchair to keep them safe, but they were unable to consent to this decision, a best interests decision was appropriately documented.

We observed numerous interactions whereby staff asked people for their consent and gave them choices during day to day interactions. People's consent was evident in care planning documentation.

People were supported to eat healthily. For instance, one person had an extremely detailed plan about what support they required from staff and what they did not want staff to do – this ensured they were in control of deciding what level of independence they were comfortable with, and also that staff understood. One relative told us, "They really used to struggle with meals but they encourage her and it's really picked up." Older people living in their own flats on one site had access to a number of shared accessible kitchens but the majority of people chose to have their meals made for them by staff. These kitchens provided ample opportunity to support people to regain or build independence with day to day tasks. As yet, this had not happened but the registered manager acknowledged it was an area they wanted to develop.

Staff liaised well with external healthcare professionals to ensure people got the support they needed to

have healthier lives. This included community practitioner nurses, occupational therapy and the speech and language therapy team. One external professional told us, "Most people have a consistent staff team in place. Staff are communicative and cooperative."

Where people had a learning disability and/or autism, the registered manager ensured their health needs were supported in line with established best practice. This included, having a Wellness Recovery Action Plan (WRAP) in place and a Hospital Passport. WRAP is a way of monitoring people's wellbeing and ensuring prompt actions are in place if there is a decline. Hospital passports ensure people's needs are clear for hospital staff should they need to attend. Disability Distress Assessment (DISDAT) tools were in place. DISDAT ensures a range of ways people may communicate their discomfort or anxiety are clearly documented and can be accessed by staff and external processionals.

Where we identified areas of best practice not yet utilised in the support of older people living in their own flats, the registered manager was responsive to this information.

Do not attempt cardiopulmonary resuscitation (DNACPR) orders were kept prominently at the front of care files and were up to date.

Good

Is the service caring?

Our findings

We observed people being treated with respect and dignity throughout the inspection. People who used the service and relatives confirmed this was always the case. One person said, "They are lovely. They can't do enough. They don't know how good they are – will you tell them?" We fed this back to the relevant staff member. This was representative of the feedback we received, both about staff supporting people in the learning disability service to live more independently, and staff supporting older people in their flats. Another person said, "They are absolutely marvellous, I love them," whilst relatives said, "They've got to know them really well, I've been really impressed," and, "They have been amazing."

People's independence was encouraged and supported on a daily basis. This was the case across all aspects of the service. Relatives told us, for example, "They make sure he gets out and about and meets people. He's doing so much more now." One person told us, "I go shopping a lot and go to the computer game bar." People were supported to build on their skills and experiences, examples being attending social skills groups and coaching others in sports. People were encouraged to be a part of their wider community and to contribute in ways they found meaningful. For instance, a number of people volunteered to help decorate the central railway station at Christmas, then plant flowers later in the year. This encouragement to play a part in the wider community meant the risk of social isolation was reduced.

The registered managers and staff ensured the individualities that made people different were not used as barriers to their independence. With regard to the learning disability service, we saw each person had contributed to the detailed planning of how to make goals achievable and realising them. There were excellent examples of people pursuing their own aspirations, for instance leisure activities, seeking employment and following their faith. Goal planning was less well embedded with regard to older people who used the service. The registered manager told us they wanted to use the on-site facilities more to ensure people could regain their independence. We did find examples of this happening, although it required better planning. One person told us, "Without them I wouldn't be back on my feet." One external professional told us, "People remain in control of their lives as much as they can, with staff offering just enough support and focussing on improving outcomes."

People's differences were respected and their protected characteristics upheld. The nine protected characteristics, as set out in the 2010 Equality Act are age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. One external professional we spoke with described how well staff had enabled a person to explore their own individuality. They said, "The staff have been very supportive of [person], giving them space to explore identity issues. They support them to make their own decisions whilst also encouraging them to recognise the positive elements of their relationship with their family."

People's encouragement and opportunity to express their own views was extremely well planned and considered by one registered manager. They ensured there were a range of mediums by which people with learning disabilities were engaged in the care planning process, and to feel part of the organisation. This included attendance at job interviews, work placement at the service, involvement in person-led 'Customer

Promise Service Assessments.' These put auditing and governance in the hands of people who used the service, who visited the provider's other services and contributed to change where they though it necessary. As with other aspects of the service, the support for older people living in their own flats, whilst clearly informed by people's views, was not as well developed as the processes long established for supporting people with a learning disability. The registered manager was able to talk about their plans for future involvement, such as more meetings involving people. At the time of inspection we noted there was a strong communal feel and people interacted enthusiastically with each other and with staff.

Staff communicated well with people who used the service. Communications strategies were set out in people's care planning and staff adhered to these plans.

Good

Is the service responsive?

Our findings

The provider had been supporting people with a learning disability in their own homes for several years. In these instances, person-centred care planning was extremely detailed and responsive. People had a 'My Support Plan', which set out clear goals, like and dislikes. People were evidently involved in all aspects of their care planning and, in most cases, in the documentation of it. For instance, through creating photobooks of their activities and plans. These albums gave people an opportunity to celebrate their achievements and also help further plan towards them using visual media.

People were encouraged to participate in the use of new technologies to help improve the support they received and the independence they sought. For instance, the provider had trialled an in-home touch pad screen which gave people the option to upload their own photos, play games and monitor their weight. People had been using this application to successfully monitor their weight and help maintain a healthy lifestyle. There were further uses planned, such as the use of moving and handling videos, accessible to staff at people's homes, which would give a person-specific visual display of how they needed and wanted to be supported with, for example, a hoist. The provider had in place a bespoke training suite which a number of staff told us they were looking forward to using this year. This suite also had the potential to improve the readiness of staff supporting older people who may require more help with their mobility. The suite had in place a bedroom area as well as bathroom area to replicate real care situations.

One person told us, "They let me get on with my life. They help me in a lot of ways. I am my own person though." One external professional told us, "Home Group are able to flex and change levels of support in place to reflect changes and fluctuations in needs of people they support."

More work was required to ensure care planning documentation in place to support older people was person-centred. Whilst functional with regard to day to day tasks, the current documentation did not give staff significant background information about people and their interests. The registered manager was able to demonstrate they had identified this through audits of care files and had meetings planned with keyworkers to ensure this documentation improved.

All care planning documents we saw included information provided by health and/or social care professionals and those who knew people best.

For the majority of people who used the service, planning end of life care was not a priority and this was respected, although people were asked about their preferences during assessments. Where the service supported older people, the registered manager had learned lessons from the impact on staff of supporting one person at the end of their life. This included providing additional emotional training for staff. Updated end of life care training was also planned.

Complaints had been limited but were all comprehensively dealt with. The service used an information management system where all complaints were logged and analysed to assess whether there were patterns or trends. The database system did not always lend itself to easy access to this information and the

registered managers told us the provider was in the process of revamping the database they used. Complaints information was easily accessible in a range of formats. All people we spoke with confirmed they were confident they could raise a concern and knew how to do so. One person told us, "When I wasn't very happy I went straight to the top. They sorted it out; nipped it in the bud."

The service ensured information such as complaints and safeguarding information, was available via a range of means. This included easy-read documents to support people's involvement in surveys and consultations. This meant the service acted in line with the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

Requires Improvement

Is the service well-led?

Our findings

Auditing arrangements were in place but had not always identified areas requiring improvement. This led to potential risks in the areas of risk management and medicines management. Oversight was not sufficient to identify and improve areas of practice that were not always safe. The registered manager responsible for the care of older people hoped this could be addressed through a review of their own roles and what should be delegated. Auditing arrangements for the learning disability service were well established and effective. There was a focus on ensuring auditing had service improvement as a goal and that people who used the service were involved.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were two registered managers in place. The registered manager who ran the learning disability service had been in the role for several years and had brought in a range of areas of best practice. They had ensured the culture was one of open and inclusive conversations with people who used the service and involving people as fully as possible at every stage. There were excellent examples of people achieving positive quality of life and wellbeing outcomes. This was down to well-planned support delivered by dedicated and passionate support staff.

The registered manager of the provider's support for older people living in their own flats had been with the provider less than a year. They acknowledged some of the documentation in place was a "work in progress." Whilst they were well supported by another manager who had some experience of the service, they did not have a deputy in place, nor any agreed supernumerary time in which to make the necessary improvements. They had inherited care planning paperwork from a previous provider. They had made some improvements and identified the need for others, but this could have been done at a more timely pace had the provider put in place more support for them. The registered manager told us the provider was considering putting in place more senior support at the time of the inspection.

At the time of inspection the provider was planning to register the older people's side of the service as a separate location. It was evident during the inspection that there was not a lot of overlap between the older person's side of the service and the longer-established learning disability service. This was acknowledged by the area manager at the time of inspection but had yet to be fully addressed. For instance, whilst care planning documentation regarding people with learning disabilities and their aspirations may not always simply transfer to the needs of older people, there were several instances of best practice that could have been shared and potentially used.

External feedback was extremely positive about all aspects of the service. One external social care professional said, "Home Group have a good management structure and despite few changes in the last few months, they were able to work with good consistency and communication throughout the changes."

Families were equally positive, with one relative saying, "I've been amazed. The set-up is really geared towards people staying independent but having communal spaces too. The manager is great and has kept us informed at every stage."

The atmosphere in the central office was buoyant with staff and people who used the service sharing common goals. Local links were in place and continued to be built on by staff at the service, who had strong local knowledge.

Staff told us, "The manager is great – they are committed and always listen." Another said, "They came in and kept things ticking over where it was needed and changed things where it needed it. We've changed for the better."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured all care records were up to date and accurate; auditing processes in place had not effectively remedied poor record keeping.