

# Candour Care Services (Homeside) Limited

## Homeside

### Inspection report

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Date of inspection visit:  
11 July 2017

Date of publication:  
01 August 2017

### 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

Homeside is a care home for seven people living with learning disabilities and autistic spectrum conditions. There were seven people accommodated at the home at the time of this inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People indicated that they felt safe living at Homeside. Risks to people's safety and wellbeing were appropriately assessed, planned for and managed. There were sufficient numbers of skilled and experienced staff to provide people with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively. People received appropriate support to maintain healthy nutrition and hydration. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Staff supported people in the least restrictive way possible.

People were treated with kindness by staff who respected their privacy and upheld their dignity.

People and their relatives were given the opportunity to feed back on the service and their views were acted on. People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests. People's relatives told us they knew how to raise a complaint and were confident they would be listened to if they wished to make a complaint.

The provider and registered manager operated an open, transparent and inclusive service. People's relatives, staff members and external health and social care professionals were invited to contribute their views which were taken into account in shaping the way the service operated. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Homeside

## 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 checked 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.

This comprehensive inspection was carried out by one inspector on 11 July 2017 and was unannounced.

The provider completed a Provider Information Return (PIR) and submitted this to us on 30 May 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the course of this inspection we spoke with three care staff, the registered manager and the provider. People who used the service were not able to share their views with us about how the service performed. Subsequent to the inspection site visit we spoke with relatives of two people who used the service by telephone to obtain their views on the service provided.

We reviewed two people's care records, two staff personnel files and records relating to the management 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.

## Is the service safe?

### Our findings

People's body language and demeanour indicated to us that they felt safe living at Homeside. A relative of a person who used the service commented, "I feel that [person] is safe at Homeside, the building is secure and there are always plenty of staff available." Another relative told us that people who used the service had no awareness of their own safety so the keypad locks on external doors gave them peace of mind that people were safe.

People were supported by staff who demonstrated that they understood how to keep people in their care safe. This included how to recognise and report abuse. A staff member told us, "People are safe, this is because staff are well trained."

Risks to people's safety and wellbeing were identified and control measures were put in place to reduce these risks. The service was proactive in reducing the risks to people. For example, one person became anxious and distressed when there was a lot of noise. There was a considerable amount of noise in the home resulting from the activities and behaviours of other people who used the service. To help counteract this an additional door had been installed in the person's room to create a hallway to help reduce the impact of the household noises. The staff and registered manager were able to report that these measures had a positive impact on the person.

We observed that there were sufficient staff available to meet people's needs. The registered manager told that agency staff were not required to cover for sickness or holidays as there was a bank of staff available to provide cover.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by suitably trained staff who had their competency assessed. We checked a random sample of boxed medicines and found, whilst they had been safely administered to people at the correct time, improvements were required in relation to record keeping. The registered manager and provider were able to provide us with the assurance that this would be immediately rectified.

## Is the service effective?

### Our findings

People were supported by appropriately skilled and knowledgeable staff. A relative told us, "The staff team are great, they are so skilled at what they do. When a new person joins the staff team they receive a lot of training and are well mentored."

Staff received the training and support they needed to carry out their role effectively. Staff told us that they were offered the opportunity to request training, discuss career progression and set objectives and goals for the coming year. Staff received appropriate supervision and appraisal which focused on encouraging and supporting good practice. A staff member told us, "The [registered] manager is very supportive both on a personal level and work wise, always happy to help." A further staff member commented, "I do feel listened to and valued, it doesn't feel like coming into a work place."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been submitted to the local authority and some were pending authorisation at this time. Discussions with staff and observations demonstrated they understood MCA and DoLS and how this applied to the people they supported. Staff supported people to make decisions where they were able.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Records showed that people's weights were stable and staff were able to tell us about individual's specific support needs to maintain a healthy weight.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals as needed. Appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists. A person's relative told us, "They really look after [person's] health needs, the slightest worry and they call the doctor."

## Is the service caring?

### Our findings

People's relatives told us that staff were kind and caring towards the people who used the service. One relative said about the staff, "They are brilliant, just like a second family. [Person] really loves them all."

Staff and the registered manager interacted with people in a respectful and considerate way. For example, reassuring a person who was waiting to go out in the minibus and was exhibiting signs of escalating anxiety. Staff showed interest in the people they supported and we observed that people were comforted by their presence.

Where people were unable to participate in the planning of their care, we noted that their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf.

People's privacy was respected by staff. One relative told us that a person had a tendency to remove their clothing from time to time and had no awareness of privacy. The staff team had obscured the windows in the person's room so that light still entered but the person's dignity was maintained.

Staff told us of many ways that people's relatives were encouraged to be involved with their lives. For example, people's relatives had been invited to birthday parties, barbecues, Christmas parties, coffee mornings and an Easter egg hunt. Staff said, "There is much more inclusion now which is really great for the people who use the service and their families."

## Is the service responsive?

### Our findings

It was evident from our observations and discussion with staff members that they knew people well and understood their complex physical and mental health needs. A relative told us that staff provided good support for their family member who did not communicate verbally. They said that the staff could interpret the person's body language which helped reduce the person's frustration and agitation.

People's care records contained detailed information about their physical, psychological and spiritual needs which enabled staff to provide people with the support they needed. The registered manager was able to demonstrate that the care and support people received had a positive impact on their wellbeing. For example, one person had not been able to integrate with other people living at Homeside because their anxieties and reactions to others had resulted in some behaviours that challenged. However, with repeated and consistent encouragement from staff the person was now able to make daily visits into the main house and attend weekly events such as barbecues. This demonstrated that people received support to positive effect.

Records showed that people were supported to engage in meaningful activity personalised to their own needs and preferences to avoid the risk of under stimulation. These included visiting family members at home, going out and about for car journeys, watching DVDs and watching TV. During the course of the inspection we saw a person engaged in completing a jigsaw puzzle and noted that other people were supported to go out in the minibus. We saw that a person with very complex needs and high dependency had been supported to attend a family wedding with a group of staff members in attendance to help ensure the person's safety and well-being.

The registered manager reported that they had not received any complaints in relation to the care and support of the people who used the service at Homeside. However, they were able to share a compliment they had received from a relative who did not live locally to the service but received a regular update about the health, welfare and achievements of their relative.

People's relatives told us they felt able to feedback their views on the service and were encouraged to do so.



## Is the service well-led?

### Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff told us they were happy in their roles and felt respected by the registered manager and the provider. One staff member said, "The [registered] manager is very good, they are everywhere." Another staff member said, "the provider is not scared of spending money for the benefit of people, the training is exceptional."

Relatives of people who used the service had nothing but praise for the registered manager and the way the service was managed. One relative told us, "The management of the home is excellent, absolutely brilliant." Another relative said, "Nothing is too much trouble for the management, we [parents] get invited to family events, the parents get together, it is really good."

The registered manager promoted a positive, transparent and inclusive culture within the service. They actively sought feedback from people using the service, staff and external health and social care professionals.

The provider had a regular programme of audits to assess the quality of the service. Subject matter champions from another service operated by the provider undertook audits within the home in such areas as health and safety, medicines, food hygiene and care plans. Additionally the provider's quality team undertook a rolling programme of audits in line with CQC domains (Safe, effective, caring, responsive and well-led). Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, a health and safety audit undertaken in June 2017 had identified a shortfall in recording an incident. We noted that this had been discussed at a following staff meeting to help ensure that lessons learned were shared with the whole team.

The provider promoted a positive, transparent and inclusive culture within the service. For example, there were 'away days' for the staff group where they were able to get together away from the service to reflect what they did well and what could be improved for the benefit of the people who used the service.