

Home Group Limited

West Midlands and Wiltshire PBS Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

West Midlands and Wiltshire PBS Service is a supported living service for autistic people and people with learning disabilities. People had their own individual houses/bungalows with staff on site, providing 24 hour care and support. At the time of the inspection, the service had 4 properties and there were 5 people using the service. All the properties were in keeping with neighbouring properties with access to local amenities and transport.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People's support focused on them having opportunities to gain new skills and become more independent. People were encouraged to take part in activities they wanted to. Staff communicated with people in ways that met their needs. People led meaningful lives which promoted their choice, control and independence. Support was person-centred, appropriate and inclusive. People were supported safely with their medicines. People's nutritional needs were being met. There were comprehensive systems in place to assess, monitor and improve the quality of care being provided.

Right Care:

People received kind and compassionate care. Staff respected and protected people's privacy and dignity and understood and responded to people's individual needs. The service had processes in place to report abuse and keep people safe. Staff were aware of their legal responsibilities in reporting abuse. Identified risks to people were assessed and reviewed regularly to minimise the risk of potential harm. Staff had received appropriate training to support them effectively in their role. The service had enough, safely recruited, staff to meet people's needs. People were encouraged to be involved in developing their support and care plans; that were reviewed regularly and reflected peoples' choices and promoted their wellbeing.

Right Culture:

People received good quality care and were supported by staff who understood their strengths. Staff knew people well and were responsive to their needs. People and their families were supported and encouraged to work with staff to develop the service, ensuring it remained focused on the person's needs. Staff spoke passionately about the people they supported. The service's ethos was 'Transforming Care' with the aim to improve the lives of people living with a learning disability and/or autistic people.

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.

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

Rating at last inspection:

This service was first registered with us on 25 August 2020 and this is the first inspection.

Why we inspected

We received concerns in relation to a closed culture. A closed culture is a poor culture in a health or care service that increases the risk of harm to people. As this was also the service's first inspection since it's registration, we reviewed all the key questions, is the service Safe, Effective, Caring, Responsive and Well-led.

We found no evidence during this inspection that people were at risk of harm from this concern.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

West Midlands and Wiltshire PBS Service

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 comprised of 1 inspector.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a short period notice of the inspection because some of the people using it could not consent to a

home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this to enable our visit to people's homes.

Inspection activity started on 1 December 2022 and ended on 7 December 2022. We met with the registered manager on 1 December 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 5 relatives of people who used the service, 6 care staff and the registered manager. Where people were unable to communicate verbally, we spent time observing staff interactions with people. We reviewed a range of records including 3 people's care plans, risk assessments and medicines. We also reviewed recruitment processes, supervision and training information, auditing processes and other documentary evidence that supported the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of their legal responsibilities to report suspected abuse. Relatives spoke highly of the staff supporting their family members. One relative told us, "[Person] is definitely kept safe (at home), they [staff] work with [person] and the service has surpassed our expectations."
- The provider had processes in place to support staff to whistle-blow and to raise safeguarding concerns. One staff member told us, "Any incidents or injury or any unexplained bruising, we always use body maps. We access all procedures on-line, where we can look up everything we need. I also did external safeguarding training last week with the local authority. We can report (incidents and safeguarding's) to the local authority but normally we report on our own systems and that is sent through to the manager."
- We saw investigations into safeguarding allegations had been thoroughly reviewed. The families we spoke with had been involved throughout the investigative process. Where there were any areas for improvements identified, this information was shared with staff during team meetings and individual supervision (meetings with the manager).

Assessing risk, safety monitoring and management

- Individual risks to people's health and safety were identified. Staff were provided with guidance on how to mitigate the risks. For example, health conditions such as seizures. One relative told us, "[Person] started having seizures for the first time and I know staff have completed their seizures training."
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One relative said, "[Person] had never been to have their hair cut because it was just too much for them but they recently had their first visit and look at them now, [person] is just amazing. In previous placements we've had to fit around the placement but that is not the case here. Everyone works together."

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. However, there was a high use of agency staff in some geographical areas. The registered manager explained the service tried to make sure the same agency staff were block booked in advance to maintain some consistency for people. One relative said, "I know there has been lots of things with recruiting staff. On one occasion [person] was distressed. There was a male agency staff sat at the dining table and [person] didn't know who he was or why he was there. The service introduced a laminate script for agency staff and they are using it now and it works well." This system helped to mitigate the anxiety felt by people when agency staff were used.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff

were employed. These comprised requesting references from previous employers and 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 providers make safer recruitment decisions.

- Where possible people and their relatives were involved in the recruitment of permanent staff. One relative told us, "It's lovely being part of interviewing and everyone seems to agree on the candidates."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed regularly in line with these principles.
- Staff made sure people received information about medicines in a way they could understand. Appropriate protocols were in place for medicines prescribed on an 'as and when' basis.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines audits were in place and any identified actions were implemented promptly.

Preventing and controlling infection

- The provider had good infection prevention and control policies and practice in place.
- The registered manager ensured good standards of cleanliness and hygiene were maintained throughout the properties.
- All staff had received training in infection prevention and control and safe use of personal protective equipment.

Learning lessons when things go wrong

- Accidents and incidents were recorded on the provider's systems. This information was reviewed and monitored for any patterns or trends. Appropriate action was taken to minimise risk of future reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs had been assessed prior to them joining the service and took account of people's protected characteristics, such as their human rights and communication requirements. The assessment was completed by the registered manager and involved the person and their relatives.
- Care and support was provided in line with people's care plans. This included people's communication needs and positive behaviour support plans. We saw people and staff communicated effectively using people's preferred methods of communication. One relative told us, "They [staff] do a lot of story picture boards and visual clues and [person] can sign and give their choices. [Person] has quite a lot of autonomy."
- Staff supported people focusing on improving their quality of life. One staff member said, "I like the fact we work closely with people in the community. It's a rewarding job. I enjoy working closely with colleagues it is a nice experience lots of comradery."

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills. All staff completed the Care Certificate. The Care Certificate formed part of the induction process and is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "The training here is really good and above and beyond any other company I have ever worked for."
- The registered manager and the management team had clear oversight of the training needs of all staff. There were processes in place monitoring the training staff had received and training to be completed. Records we looked at showed training included learning disability and autism, safeguarding, positive behaviour support, fire safety, medication administration and infection control.
- Staff told us they felt supported by the registered manager and management team through supervision and team meetings.

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

- People's dietary needs were considered and appropriately assessed. Staff knew how to support people safely with their specific nutritional needs.
- Staff encouraged people to maintain a healthy lifestyle. This included supporting people to make healthy food choices. One relative said, "Staff are trying to encourage [person] in healthy choices and there is work being done, it's early days. [Person] is food shopping for themselves and it is a challenge trying to encourage healthy eating."
- On the day of inspection we saw one person was supported by staff to do their own local food shopping.

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

- Staff worked closely with other agencies to ensure people received the care they needed. Records we look at showed people had received input from healthcare professionals such as community health team and the GP.
- People's health and care needs were regularly reviewed. Prompt and appropriate referrals were made to health and social care professionals to ensure people were supported appropriately. One relative told us, "I visit regularly but I am always kept informed of any changes to [person] care needs."
- People were supported to attend appointments to receive treatment or check-ups.

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

- All the relatives spoken with told us they were happy with the design and decoration of their family member's home. One relative said, "It's a massive change for [person] as well as us and it's been perfect, they [the provider] found this brilliant bungalow and I've been lucky to get [person] into this service."
- During our inspection we found the premises had been adapted specifically for autistic people. For example, the windows were sound proofed as noise can be a trigger for some people and can cause anxiety and upset.

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.

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- The registered manager and staff we spoke with demonstrated a good understanding of issues around consent and capacity.
- Staff actively supported people to make their own decisions. One staff member said, "A person's capacity is their ability to make their own decisions. We should always assume a client has capacity, unless proven otherwise, everyone has a right to make their own decisions. Just because someone may have a condition that can affect their cognitive abilities it doesn't mean that they lack capacity. Unless there is good evidence to prove otherwise, everyone must be presumed to have capacity."
- During our inspection we saw staff offer choices to people and seek their consent before supporting them.

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

- Staff had built relationships with people and where people were not well matched with their care staff, the management team would look to address this. Staff spoke about people with genuine interest and affection. One staff member told us, "It is a good place to work, we are now in a position we can say that everyone has settled in, it's still a new service and staff are finding their feet and [person] has a brilliant relationship with everyone."
- Staff engaged with people in a respectful, kind and caring manner. We saw two people appeared happy and settled with their care staff. For example, people were smiling and taking care staff by the hand to show them what they wanted from the kitchen. Relatives we spoke with confirmed they felt staff were caring. Comments included, "Support staff are brilliant," "Homegroup [the provider] have given [person] the life they deserve and 'hats off' to them."
- Staff had completed equality, diversity and inclusion training to support their understanding of how to respect people's individual rights and needs.

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

- We saw care plans were regularly reviewed. People and their relatives were involved in making decisions and planning their care and risk assessments. One relative told us, "I have a weekly discussion with the team leader and one of the manager's, if I have any issues, I just pick the phone up to one of the managers. They are very good. [Person] gets the option to dip in and out when they want to. I know the manager does visit and the deputy manager visit from time and makes a point of having time with [person] and asking them if there is anything they want to talk about and ask questions; they're really good at that."
- People were supported to make choices by staff who used alternative communication methods such as use of signing to support speech. Pictorial communication including picture cards and white boards. Staff also observed body language as a means of communication.
- Staff supported people to maintain links with those that were important to them. All the relatives we spoke with told us they visited their family member regularly with no restrictions.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. The provider followed best practice standards to ensure people's privacy and dignity was respected and supported people with the choice to maintain their tenancy.
- We observed staff treating people with respect and consideration and encouraged people's independence. One relative told us, "[Person] is doing a lot more here than ever, it has made such big

difference to them. This service is tailored for [person]."

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care from staff that used recognised models of care and support for people with a learning disability and/or autistic people. This meant people received proactive and co-ordinated support in line with their communication needs and care plans. A relative said, "I am very involved in [person's] care, they [staff] contact me regularly with any updates."
- Information about people's life history and preferences was recorded. Staff used the information in the care plans to help to get to know people and build positive relationships. Staff we spoke with knew people well and their likes, dislikes and interests.
- Staff ensured people were protected from exposure to any environmental factors they could find stressful. For example, the provider ensured all repairs and adaptations to peoples' properties were promptly attended to. This meant people felt safe and comfortable in their home.
- Staff we spoke with told us the care plans provided them with enough information to enable them to meet people's needs.

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 care staff, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the requirement of the AIS. People had individual communication plans that detailed effective and preferred methods of communication. For example, story boards and pictures to help support people when they needed to attend appointments. This helped people know what was likely to happen during the appointment.
- We saw examples of pictures being used to enable people to make choices. This included photographs, use of signing, gestures and symbols which helped people know who would be supporting them during the day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff supported people to access local community facilities such as going swimming, cycling or walking.
- Care plans contained information about what activities people liked to do. People were able to take part

in activities and lived their lives how they wanted. Photos around the home showed that people participated in a number of activities.

- People's relatives were supported to keep in touch with their family member.

Improving care quality in response to complaints or concerns

- The provider had one outstanding complaint at the time of the inspection and was in the process of investigating it. We saw there was a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.
- Previous complaints had been investigated and action taken to address any issues or concerns and any learning points shared with staff members.

End of life care and support

- At the time of the inspection, the service did not support people with end of life care. The registered manager told us if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were appropriately trained.

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 service focused on providing person-centred care that took in account people's individual needs and preferences. Staff supported people to maintain their well-being and deliver person-centred care. Processes were in place to ensure people's care was regularly reviewed and any changes or improvements were promptly acted upon. This meant people had their needs met and staff promoted positive outcomes.
- Most relatives told us the service was well-led and were complimentary about the registered manager. However, one relative said, "There is a lack of direct management (in this geographical area) and I would like to see more face to face meetings with the managers and in my opinion there is a lack of oversight. The staff on the floor however are brilliant." Another relative told us, "I think [person] is being looked after and this has been from the first day, it's the professionalism I was impressed with. The service is caring not cold and heartless (compared to other experiences) and [person] is more than just a number."
- The majority of the staff were positive about working for the service and felt supported in their role. A staff member told us, "[Registered manager] and [deputy manager] are brilliant, there's a few little bits that need picking up on, niggling bits but overall, I would recommend working here (for the provider)." Another staff member said, "My team leader is absolutely fantastic and I can approach them about anything at any time. Regards to the management I think they are approachable but also think communication could be much better."
- We shared the feedback (with consent) with the registered manager. They told us they would address the concerns of the staff members.

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

- The registered manager understood their responsibility under the duty of candour. They knew the importance of being open, honest and when to apologise, investigate and respond when things had gone wrong.
- Policies and procedures were in place to promote safe, effective care for people. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information to support them in their role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.
- Staff performance was monitored through supervision and spot checks on staff practice. This meant there was oversight by the management team to make sure a high standard of quality of care was provided to people.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.

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

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete surveys. This enabled the provider to learn from feedback and find ways to continuously develop and improve the service.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
- Staff received regular supervision and there were regular staff meetings. Staff told us they were happy working at the service.

Continuous learning and improving care; Working in partnership with others

- Internal action plans were in place and addressed any identified shortfalls within the service. The registered manager monitored progress through the plan, to improve and maintain people's care and support.
- The management team and staff received continuous training to ensure their learning, skills and knowledge were up to date to support people.
- The registered manager and staff understood the importance and benefits of working alongside people, their relatives and health and social care professionals. This ensured people's specific needs were being met. Feedback from one health professional stated, "I've observed staff supporting [person] with a 'person centred' approach. They [staff] appear to know [person] well. The atmosphere when I visit is warm and friendly. The service have regular meetings to discuss issues."