Care Quality Commission

Candour Care Services (Homeside) Limited

Homeside

Inspection report

6 Great North Road
Welwyn
Hertfordshire
AL6 0PL

Tel: 01438716442
Website: www.candourcare.com/

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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

The inspection took place on 01 March 2016 and was unannounced.

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.

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.

People who lived at Homeside were not able to share their views with us however, all relatives we spoke with gave us positive and complimentary feedback about service and said that they had no concerns about the care and support their family members received.

People had detailed support plans in place to help staff understand how people liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a range of opportunities for engagement and stimulation. There were sufficient numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the registered manager to continuously maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

The atmosphere in the home was welcoming and there was a respectful interaction between staff and people who used the service. People's relatives were encouraged to be involved in developing people's support plans and to visit the home at any time. People were actively supported to maintain family relationships.

The provider had made arrangements to support people and their families to raise concerns. The registered manager and provider promoted a positive culture within the home that was transparent and inclusive. The provider had robust systems to continuously check the quality of the service provided. Staff were encouraged to develop their skills and knowledge and felt valued.

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.

Staff knew how to recognise abusive practice and were confident of the reporting mechanisms.

There were sufficient staff members available to meet people's needs safely.

People were supported by a staff team who had been safely recruited.

People's medicines were managed appropriately. A minor concern was noted during the inspection however, control mechanisms were introduced immediately to address this.

The environment was clean, fresh and well maintained.

Is the service effective?

Good

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent by various means before providing care and support.

People were supported to enjoy a healthy diet and individual dietary requirements were supported.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

Staff and management had a good understanding of people's

needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were supported and encouraged to engage in a range of activities within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well-led.

People's relatives and external professionals had confidence in the provider, staff and the management team.

The provider had clear and practical arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Care Quality Commission

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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 01 March 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 inspection we spoke with the provider, the registered manager and three support staff. People who used the service were not able to share their views with us however; subsequent to the inspection visit we made contact with relatives of three people who used the service to obtain their feedback on how people were supported to live their lives. We received feedback from professionals involved with the service including representatives of the local authority care management team, a consultant psychiatrist, an occupational therapist and a music therapist.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People's relatives told us that people were safe living at Homeside. One relative said, "There always seems to be a good ratio of staff to people. Many of the staff have been there a long time and this helps to bring [Person] security, comfort and consistency."

A professional therapist involved with the support of people living at Homeside told us, "I do feel that residents are safe and all the staff I have met behave in a very professional and thoughtful manner. They support the person I work with extremely well and always seem able to pay attention to their needs in a client centred way, but are very aware of safety in relation to other residents and me." A psychiatrist involved with the support of people who use the service told us, "During my several encounters with the home I did not have any concerns regarding patient care or safety. I always found staff to be on top of things, showing good observations, reporting their concerns early enough, attentive in following care plans, very much risk aware and creative in offering and managing structured day activities."

We spoke with staff about protecting people from the risks of abuse. All the staff we spoke with were confidently able to describe what constituted abuse and told us the actions they would take to escalate any concerns they had. Staff confirmed that they received regular training to refresh their skills and knowledge in this area. The provider had whistle blowing and safeguarding policies and procedures in place and the registered manager demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. There was information available in the main office of the home as to how and where to report any safeguarding matters.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred for example the local learning disability team. Staff received appropriate training and information on how to ensure people were safe and protected. For example, staff had completed training to support people who displayed behaviour that could be perceived as challenging to others. This helped to keep people safe.

Risks to people's safety and wellbeing in everyday life were assessed. These varied from the risk of sustaining injuries as a result of behaviours that may challenge others and the risks associated with using the kitchen to the risks associated with eating out in public and a person having a lack of road safety awareness. Risks to people's health and well-being had been identified and management plans were available in the care records. These included risks of choking, risks related to people going out into the community, risks of people absconding and no sense of road safety and risks that related to health conditions such as epilepsy. All staff we spoke with were aware of the risks to people's health and well-being. There was clear guidance for staff to follow to remove or reduce the level of risk to people. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks as much as possible.

People's engagement and stimulation opportunities were not curtailed by risk assessments. The registered manager told us, "We want to minimise risk but at the same time maximise potential. We do this by taking small steps towards the main goal." This varied from person to person, for example, one person with

extremely complex needs had been supported to make a cup of tea for the first time. We were told of another person who had previously required support of four staff outside the home. The number of staff required to provide support had now reduced to three and the registered manager told us that the team was working to reduce staff support further. They said this had the effect of improving the person's quality and experience of life.

Staff told us there were sufficient numbers of staff on duty to keep people safe. There were seven staff on duty during the day to support the needs of the seven people who used the service. Staff were visible throughout our inspection and we noted that they had time to sit and support people, as well as engaged people in activities. Records clearly detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, people received support from additional staff when they went out to restaurants or pubs.

The registered manager told us that if extra staff were needed to keep people safe or to undertake activities outside the home they had the autonomy to provide this. At night, there were two waking staff members and support was available from the on- site sister services in the event of an emergency. The registered manager also told us that the directors lived locally, so were able to assist in a crisis. The staff team were able to work across any of the provider's three homes on the site which meant that there was no need to employ agency staff to cover for sickness or annual leave. This was a benefit for the people who used the service and the registered manager told us, "This means consistency for people with no strangers coming into their home." There was a low turnover of staff which benefited the people who used the service as they received care and support from a consistent staff team that knew them well.

The provider operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at Homeside. We discussed with the provider about obtaining people's complete working histories as part of the application process. Staff confirmed that pre-employment checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks [DBS] had been made and satisfactory references had been obtained to help ensure staff were safe to work with vulnerable adults.

People's medicines were not always managed safely. People had risk assessments and clear protocols in place for the administration of epilepsy medicines, as required medicines and emergency medicines. There was a record of staff signatures, and there were care plans for medicines that were prescribed on as needed basis. However, we checked quantities of boxed medicines that were not included in the pharmacy supplied blister packs and found that one person's medicines did not tally with the medicines administration record (MAR). The registered manager immediately undertook an investigation and concluded that a person's medicine had not been administered as prescribed. Following the inspection the provider told us what immediate action had been taken to address this issue. This included keeping a running record of boxed medicines so that staff checked the number of tablets remaining each time they were administered. This reassured us that although it was an area that required improvement, appropriate steps had been taken to ensure they worked in accordance with regulation.

The environment was clean, fresh, spacious and well maintained throughout providing a safe environment for the people who lived there.

Good

Is the service effective?

Our findings

Relatives of people who used the service told us they were very satisfied with the support people received. One relative said, "[Person] is very well cared for, [person] loves the food, the staff are all very good at cooking interestingly enough."

People were supported by knowledgeable, skilled staff who effectively met their needs. Training records showed staff had completed appropriate training to effectively meet the needs of people. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. Staff confirmed they had received appropriate training to support people in the service and told us that they were supported to take training above and beyond their role.

Staff told us that they had received annual appraisals and had regular supervision with a line manager. Staff told us that supervision sessions covered issues such as their performance, their training needs, lead roles they were responsible for and areas of the home's performance that were good or required improvement. A staff member said, "We have monthly supervisions where we talk about how we can improve our skills to make people's lives better."

Regular team meetings were held to enable the staff team to highlight areas where more support was needed and to encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the registered manager was always available for advice or support. One staff member said, "[Manager] asks us all if we have any suggestions to make. If we want to say something we can just come to [Manager] and say."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions and choices had been assessed and was being reviewed at this time to ensure that specific areas of people's decision making were individually assessed. People were encouraged to make choices on many areas of their lives as much as they were able. This included in such areas as the activities they wanted to take part in and about the food they wanted to eat. The registered manager told us that some people could communicate their choice by use of basic Makaton which is a language programme using signs and symbols. Choice could be offered to others by use of photographs and where this was not possible best interest decisions were made on people's behalf. People's relatives, local authority social workers, people's key workers and the registered manager were involved in making best interest decisions for people who lacked capacity.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in

order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection the registered manager had submitted deprivation of liberty applications to the local authority for six people who used the service and a further application was in the process of being completed. Four applications had been authorised and two were pending approval at this time.

People were supported to enjoy a healthy and nutritious diet. A relative told us, "[Person] has a very strict diet, they take great care to make his meals as appetising as they can." Menus had been developed based on healthy eating options with help from people's families telling staff about people's likes and dislikes. We noted there were two choices each day and staff asked people their choices by using picture prompts. The provider had appointed a nutrition champion and their role was to encourage people to eat healthily. People's specific dietary needs and choices were met. For example, one person only liked dry food so they were did not have any sauces or gravy. Another person had a health condition which inhibited the intake of certain foods, they were provided with alternative meals when needed. We were told that a further person really liked less than healthy foods such as burgers, nuggets and onion rings. The registered manager said, "We try to find a balance between their wishes and a healthy diet." Records showed that staff routinely monitored people's weight and any concerns were managed with support from an external dietician.

People who used the service had previously lived in institutional environments and therefore had ingrained set routines. For example, two people always went to go to bed straight after their evening meal because this had been their previous life pattern. The registered manager told us that they had moved the evening meal to a little later and tried to encourage some evening activities such as going shopping for personal items for people in a bid to relax their strict routines and to convey to them that they had choice in their lives.

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant professional. Records showed that the staff team worked closely with various health professionals including mental health teams, speech and language therapists, the GP and various consultants. Records showed that the GP had been part of a person's health review which had involved the person's relatives and the staff team. This helped to ensure people's health was effectively managed.

Good

Is the service caring?

Our findings

People were supported and cared for by kind and caring staff. A relative told us, "[Person] is very happy where they are, the staff like and likes the staff, it works." Another relative told us, "We have always found that the staff are caring, they know the people well and their likes and dislikes. They understand his needs very well."
A social care professional involved with the service told us, "I find the staff are valued and they in turn stay in post a long time which gives consistency of care and they take pride in the caring they give."

People received support from a staff team that clearly understood their individual needs. Due to people's complex needs we were not able to spend time with them because we wished to avoid causing them any unnecessary distress or anxiety. Staff explained that there were strategies for them to employ should people display behaviours that put other people at risk. For example, for one person the strategy was to engage them in conversation and non-verbal communication such as a smile or gentle touch.

People's relatives supported them with making decisions choices about their everyday lives. Advocacy services were requested where people did not have family representation or needed additional support. This helped ensure the views and needs of people were documented and taken into account when care or treatment was planned.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. The service had a dedicated mini bus and driver which meant that staff were able to support people to go home and spend time with their families.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on entry doors to people's private space. People were supported to dress appropriately for their age and according to their liking. A staff member told us, "Giving people choice is a way of respecting their dignity. You can't treat everyone the same, we are all different."

Staff showed concern for people's wellbeing and responded to people's needs, for example when people started to become anxious they received prompt support from staff. We were told about one person who had experienced anxiety when out with staff and other people in the minibus. The person had been concerned that the minibus would leave for home without them. To reduce the person's anxiety they were given the minibus key to look after when they were out. This gave the person the confidence that the bus could not leave without them.

People's private and confidential records were stored securely in a lockable cupboard in the registered manager's locked office. All staff had keys in order to be able to access the records at any time they needed to refer to them.

Good

Is the service responsive?

Our findings

People's relatives told us that the staff and management team kept them up to date with people's health needs and any issues affecting their well-being. Relatives also told us that they were involved in people's ongoing reviews to help ensure that the support strategies in place continued to meet their needs. One relative told us, "I like that they try to encourage people to be as independent as they possibly can be."

A health professional involved with supporting the people who used the service told us that the staff and management team were responsive to people's changing needs and to professional advice. They said, "They have been willing to implement recommendations and are adaptable and flexible to change the environment to continue to meet changing needs of the clients." They went on to say, "I felt the team worked very well together to support a group of people who have extremely complex needs."

People's individual needs were assessed prior to their admission to the home and a more in depth care plan was developed as they settled in. Care plans were personalised to the individual and provided clear guidance for staff to follow. For example, one care plan stated, "If I want something or some help I might stand near you but you might have to guess what I want as I find it difficult to make my needs known."

Each person had an activity planner that helped to ensure they were continuously engaged either inside or outside the home. The registered manager told us that these were all currently under review to see if it was possible to make the activities provided more meaningful and to have a purpose. There were group activities arranged such as trips out to local venues, music therapy sessions were available and people were supported to visit their relatives at home and enjoy evening meals at the local pub. People's relatives told us that people enjoyed a programme of activities that were suitable to their needs.

People were supported to develop their social skills, shopping skills and interpersonal skills to help ensure they were not socially isolated or restricted due to their individual needs, For example, people were encouraged to walk with staff to the shop regularly to purchase bread and milk and personal items. Staff told us that people were involved with gardening in the summer months, growing vegetables and herbs to be used in cooking their meals.

People were encouraged to do activities that supported their mental and physical fitness. For example, some people were supported to use a hydrotherapy pool and others were encouraged to go swimming and for regular walks. People were also encouraged with activities of daily living, which included household tasks such as their personal laundry and shopping. The registered manager told us that one person found satisfaction in managing the household recycling.

There were many opportunities for social interaction within the home. For example, we were told of an annual barbecue that took place each summer and Christmas parties that people's families had attended.

The provider had a policy and procedure available to support people to raise any concerns. The registered manager was able to clearly describe the actions they would take to investigate any concerns raised with

them. However, family members we spoke with told us that they have not got, and have never had, any concerns or complaints about the care and support provided at Homeside.

Good

Is the service well-led?

Our findings

People's relatives and health and social care professionals all spoke positively about the registered manager. A relative told us, "The manager is on top of things, everything is just as we would want for [Person] at this time."

Homeside was well led and managed effectively. The provider and registered manager had clear values which included offering choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected. The registered manager told us that the service ethos was open and transparent and that the company ethos was shared with prospective applicants during the interview process.

The registered manager had an active role within the home and demonstrated a good knowledge of the people and the staff team. There were clear lines of responsibility and accountability within the management structure. For example, the home had a deputy manager and senior staff who provided support to staff on a day to day basis. Staff spoke highly of the support they received from the management team.

During our inspection we spoke with the registered manager, senior support workers and support staff. They all demonstrated that they knew the details of the care provided to the people which showed they had regular contact with the people who used the service.

Staff told us that they were proud of the company they worked for. One person said, "Since I joined this company I have really enjoyed it, staff stay for many years, this shows that it is good." They went on to say, "The manager is open, we can always talk with [Manager], all staff have a good opinion of [Manager]." Another staff member told us that they had respect for the registered manager. They said, "If you need help or support with anything you just ask, even if [manager] is not here we can just ring."

The registered manager told us that, although they had only been in post since August 2015 they were impressed with the overall management of the provider's services. They told us, "I am impressed by Candour. The provider leads by example, they are available, approachable and open to suggestions to improve the service. The provider is not governed by money and will not cut corners; their message is about providing best care."

Regular staff meetings were held to support staff to comment on how the service was run. Staff told us that the meetings involved open and transparent discussions about the service and gave them the opportunity to look at current practice. Daily shift handovers in the morning, the afternoon and evening helped to ensure that all staff had up-to-date information they needed to support people safely.

The registered manager was able to cite examples where staff had raised suggestions that had been embraced into daily practice. For example, when people went out for meals in public, it could sometimes be problematic to facilitate handwashing if people became anxious. Staff had suggested using antibacterial

hand gels to assist in this instance, this had been put into practice and proved to be effective. This showed that staff were encouraged to make suggestions and that they were listened to.

The registered manager received monthly supervision from one of the company directors and spoke of the networking opportunities and training they enjoyed. The registered manager was in the process of undertaking a national vocational qualification in management; this was funded by the provider.

The provider had developed a senior management strategic team that met quarterly to explore actions arising from incidents in the past quarter and the responses that had been made to these. The senior management team also had an 'away day' once a year to review the service progression and development.

The registered manager told us of forthcoming plans in place to improve the service. These included a front porch to enhance the entrance to the home and to provide a place to hang coats and plans to extend the dining room to create a larger and more user-friendly space. We were also told of plans to develop the grounds of the home installing a basketball hoop, a cycle path, to replace the trampoline and install some swings to create an outside area for people to use and enjoy.

Staff members were allocated lead roles in such areas as quality champion, health and safety, food hygiene, fire safety, medicines, first aid, infection control, finances, vehicle care, maintenance, furniture, décor, utilities laundry, nutrition and activities. This meant that individuals had the responsibility for monitoring these areas and escalating any issues to the registered manager. Staff told us that this made them feel that they were invested in the way the home performed.

There was a clear and practical audit system which meant the provider had an overview of all aspects of the service delivery. The provider's audit assessed areas across the five key questions that CQC inspects against. (Safe, effective, caring, responsive and well led). For example an audit undertaken on in August 2015 looked at 40 different areas to establish whether the service provided for people was safe. These included such areas as staffing levels, medicine practice and fire awareness. The audit had identified that a lock was required on a cabinet where cleaning products were stored. The resulting action plan documented that immediate action had been taken. This is showed that the provider's quality monitoring systems were effective in identifying areas that required improvement.

The provider had a range of systems in place to assess the quality of the service provided in the home. The registered manager told us that the provider's 'quality champion' undertook monthly quality monitoring visits. These involved audits of such areas as finances, medicines, care plans, environment and reviews the service performance against the regulations. We reviewed records of these audits and noted that action plans were developed to address any shortfalls identified. We noted that identified actions had been completed or were underway within agreed timescales for completion.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.