Home Group Limited

Nicholas House

Inspection report

Nicholas House
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

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.

About the service
Nicholas House is a supported living service providing personal care to up to eight people. The service provides support to people with a learning disability and autism. At the time of our inspection there were three people using the service.

Nicholas House is one building with eight flats. Within the building there is an office for management and staff. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence

Staff did not always support people with their medicines to achieve the best possible health outcome. The provider did not ensure they had robust systems in place to manage medicines, however this was actioned immediately during the inspection.

People were supported by staff to pursue their interests and were starting to look at goals for individuals.

People were supported to have maximum choice and control of their lives and staff attempted to support people in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice.

Staff adhered to safe practices when wearing personal protective equipment (PPE).

People had access to specialist health and social care support. Staff supported people to have an active role in maintaining their own health and wellbeing.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People had care plans and risk assessments; however, these were not always clear and coordinated.

People did not always have enough appropriately skilled staff to meet people's needs and to keep them safe.

Staff were able to communicate with people and were able to describe how certain expressions may mean something to that individual. However, there were care plans that indicated people may benefit from additional communication tools and this was not used at the time of the inspection.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff were starting to understand, and responded to, people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's quality of support was not always enhanced by the quality assurance system the provider had in place. Actions were not always documented, and it was unclear if actions were completed. This had an impact on people's care.
People did not always have risk assessments in place, to identify risks people faced and how staff should manage these. Staff were not always knowledgeable about the content of these risk assessments.

People were supported by staff who understood best practice in relation to supporting people with a learning disability. However, there were areas of improvement needed in relation to training and ensuring staff had the right skills.

The service had a recent change in management. Staff acknowledged this had helped improve the service and the support they received.

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 registered with us on 10 November 2021 and this is the first inspection.

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service died. The information shared with CQC about the incident indicated potential concerns about the safety of people. This inspection examined those risks. The local authority and police investigated these concerns and concluded there was no neglect with regards to the death.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
We have identified breaches in relation to safe management of medicines and risk, lack of staff training and quality assurance systems this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Nicholas House

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
This inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in Nicholas House 'supported living' setting, 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post, however the manager was going through the application process.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and two relatives about their experience of the care provided. As well as speaking with people we observed staff interactions and people's body language whilst in their home. We reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People were not always supported to receive their medicines safely. There had been a number of errors due to not having effective processes in place. For example, untrained staff were writing onto a medicine administration record, in some circumstances these were not documented correctly. There was not a clear checking system at the point of starting the medicine cycle, which meant there were instances where people received medicines outside the prescriber's instruction.

● The manager took immediate action and requested printed medicine administration records to be supplied by the local pharmacy.

● People's medicine care plans did not always reflect up to date information. For example, we found that one person had their medicines covertly and although this decision had been made by the GP, this was not clearly documented in the care plans for staff to be aware of how to support the person and the rationale behind this. Another person's care plan detailed medicines that the person was not prescribed which could cause confusion to staff.

● Staff ensured people's behaviour was not controlled by excessive use of medicines. Staff understood the need for when the medicines for people's anxiety maybe given. Although staff did reflect that in the past, they may have not been clear about the guidance and given PRN (as and when required medicines) without truly understanding the person or how to support them to reduce their anxiety without use of PRN.

Assessing risk, safety monitoring and management

● People's risk assessments were not always clear or coordinated with the information stated in the care plans. There were examples where we saw risks had been identified but risk management strategies were not clear or did not indicate how to support the person. For example, a care plan said a person needed physical intervention when being supported during an emergency, however this did not give any detail as to why and how staff would support this person. This meant staff may misunderstand the support the person needed to manage these risks safely.

● People had evacuation plans in the event of a fire, however we found that not all people and staff had been involved in fire evacuations since the service opened.

People were not supported to manage risk and medicines safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had access to health professionals who were employed by the provider. This meant that there were dedicated professionals to review any risks and discuss the best way to manage these. The senior manager said, "We have a forum where we monitor weekly with health professionals. Looking at long term themes

and trends. Having a diverse group of people around the table to help challenge each person's thinking is a good thing."
● Staff had formal and informal discussions, sharing information about risks. Incidents were analysed and it was noted that after people had moved into Nicholas House and settled in, there was a reduction in incidents.

Staffing and recruitment
● The provider had systems in place to recruit and induct staff. However, there was mixed views from staff as they felt this could be developed further to allow new staff to have the right skills to start their role. One staff member said, "There needs to be more inductions and people need to know what they are doing. They are a lot of people coming and going."
● The manager acknowledged that there was a difficulty in recruiting staff, but also developing a consistent staff team which had an impact on people's care. One relative said, "The staffing is an issue, they need to do something to keep the staff. Staff come and go, my [family member] gets used to them and then they leave. I feel concerned as I do not know if they have a full understand of what [family member] needs."
● The manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Disclosure and barring service (DBS) checks and satisfactory references had been obtained for all staff before they worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● The manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
● People were supported by staff who had training on how to recognise and report abuse and they knew how to apply it. The service worked well with other agencies to do so.
● Relatives felt their family member was safe. One relative said, "I do not worry about them and trust them all. Where restrictions are in place there are only sensible ones. To keep people safe. I feel [family member] is safe here."

Preventing and controlling infection
● The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. There were systems in place to keep the premises clean and hygienic.
● Staff used personal protective equipment (PPE) effectively and safely.
● People were able to see their relatives or friends if they wanted to and there were no restrictions on this.
● The provider made sure that infection outbreaks could be effectively prevented or managed. Plans were in place to alert other agencies to concerns affecting people's health and wellbeing.
● The infection prevention and control policy were up to date.

Learning lessons when things go wrong
● Lessons were learnt following incidents. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. One staff member said, "I do get informed of accidents, incidents and events."
● The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had the relevant training. We found not all staff had training for epilepsy, positive behaviour support and communication tools. We found a number of examples where untrained staff were supporting people who required staff to have these skills.
- The provider did not ensure they met best practice when supporting people with learning disability and autism. Not all staff as a part of their training programme had training in learning disability and autism. The provider stated this was not something that they expected staff to complete. The provider said this was something they were looking to change in the next two months.
- Staff did not always feel they had adequate skills or training to support people. One staff member said, "At the moment, I don't feel that our staffing levels and competence of staff is enough to meet all customer's safety." Another staff member said, "With regard to my training and skills. I believe I have the right skillset and sufficient training, but this can always be improved upon."

The provider failed to ensure staff were adequately trained. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team acknowledged they needed to upskill the staff team and had plans to develop personalised training to allow staff to build their expertise based on people's support needs. This included the introducing of checking staff competency to ensure they understood and applied training and best practice.

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

- People had care and support plans in place, however there was a disparity in the quality of records across different people's care plans. Some of which were very descriptive, and others needed further development to ensure these were strength-based and reflected how to support the person with their needs and aspirations.
- We observed interactions with people and staff that did not reflect what was in people's care plans. This meant people were not being supported in a consistent way, which was important to them.
- Staff completed functional assessments for people who needed them and took the time to understand what made people anxious or angry.
- Relatives felt they were able to contribute in shaping their family members support. One relative said, "I am involved in [family member] care. Staff will keep me updated and I am involved in the care plan."

We recommend the care plans reflect up to date information to ensure staff are supporting people in a consistent way.

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 make 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.

● The service ensured that any best interest decision was discussed as part of a multi-disciplinary approach. However, where day to day decision were made in people's best interest where they did not have capacity this was not well documented. For example, the use of covert medicines, restriction of the use of electronics and snack times.
● For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.
● Staff knew about people's capacity to make decisions through verbal or non-verbal means and how the mental capacity act was something they need to understand as part of their role. One staff member said, "It's effect on my work entails getting to know people who can make decisions and approach them when appropriate.
Supporting people to eat and drink enough to maintain a balanced diet
● People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. We observed people having access to food.
● Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Multi-disciplinary team professionals were involved in support plans to improve a person's care. Different health and social care professionals worked together as a team to benefit people. The provider had good links with health professionals in house and outside professionals to ensure that where risks arose these were discussed, and management plans were put in place.
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
● Relatives felt the service was proactive in ensuring people had access to services when they needed them. One relative said, "I feel confident about [family member's] safety and that [family members] is being well looked after with their health and welfare. They are spot on."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People living at Nicholas House had moved into the service over the last eight months. During this time staff continued to build relationships with people and where people were not well matched with their designated support worker, the management team would look to change this.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. For example, the provider ensured they worked closely with the housing provider to make adaptions to the persons flat, so they felt safe and were able to feel comfortable.
- Staff members showed warmth and respect when interacting with people. One staff member said, "It is my calling and passion to support people with learning disabilities to achieve their optimal potential and live fulfilled independent lives."

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

- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with those that were important to them. One relative said, "I see [family member] all the time."

Respecting and promoting people's privacy, dignity and independence

- People were starting to have the opportunity to try new experiences, develop new skills and gain independence. For example, one person had learnt how to do household tasks "I do my own bed and do the washing up."
- 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.

Good

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.

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

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. In one circumstance the care plan indicated a person used signs, symbols and speech, however we observed that this was not happening. Further discussions were needed to see if this was something that the person would benefit from.
- Other people had access to information in formats they could understand. For example, there were visual structures, photos and other visual cues such as the use of social stories which is a social tool that supports people to have a meaningful exchange of information. This helped people know what was likely to happen during the day and who would be supporting them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- Staff supported people through recognised models of care for people with a learning disability or autistic people. However, we identified that some staff needed further training to support people effectively.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. One relative said, "I am involved in care plans and we still have monthly meetings to set up goals, to see if they are achieved."
- People were supported with their sexual orientation without feeling discriminated against and started to explore their right to meaningful relationships.

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 and staff understood what was important them. One person said, "I like living here, I love tractors and I play football."
- People were encouraged and motivated by staff to reach their goals and aspirations. This continuously developing as the staff got to know the people they supported. Staff ensured they made adjustments so people could participate in things they enjoyed doing without putting the person at risk.

Improving care quality in response to complaints or concerns

● People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative said, "If I have had any concerns, I have been able to talk about them and it has been dealt with."

● The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager and provider had failed to ensure the quality assurance systems were reliable and effective. For example, they did not pick up the shortfalls in the staff skills and training, as well as medicine management. They had not identified the gaps in the care plans and risk assessments as well as the overall improvements to the culture of the service.
- The management team did not consistently capture actions to introduce improvements. These were either not identified or lacked detail as to if these had been completed. The manager acknowledged this and spoke about steps they were taking to improve the quality audits and action plans.
- Staff and relatives gave mixed views about the responsiveness of the management team. Some felt that the managers were approachable and listened and others felt communication needed to improve.
- Since the service had opened, staff reflected on the management team changes and how the service was developing. One staff member said, "Nicholas House is a fairly new service where customers are still transitioning to. The challenge that we have faced is with recruitment, but under the circumstances I think we have done well and have recruited staff that have interests of our customers at heart."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and manager acknowledged they had further development to instil a culture of care, in which they provide people with skilled staff who truly valued and enable them to develop and flourish.
- The manager started to establish a culture that valued reflection, learning and improvement. However, staff felt there was not always an open culture where they were able to offer their thoughts or opinions due to fear of what might happen as a result. One staff member said, "I know the manager is trying but I feel people around them are not letting it happen. If you complain they are going to make things difficult. You have to deal with it yourself."
- Staff gave us mixed views about how they felt respected and supported by their line management. One staff member said, "My belief is that most staff are trying their absolute hardest to provide high level care and have the best interest of the people we support at heart. However, there is a very strong feeling of not having adequate guidance to enable us to do this." Whilst another staff member said, "The management team are very approachable and helpful. The management team have been very supportive and helpful with anything I need support on."

The culture of the service did not promote high-quality care and support. Quality assurance systems were

not robust enough to demonstrate the service was effectively managed. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- The manager apologised to people, and those important to them, when things went wrong.
- The provider spoke about continuously evaluating the support they provided to people to ensure it met best practice. They also spoke about continuously developing their knowledge and vision of the business to ensure they continue to deliver care that meets the right support, right care, right culture guidance.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The manager had team meetings where they started to gain views of staff and have discussions about the service.

Working in partnership with others

- The manager gave examples of how they had regular input from other professions to achieve good outcomes for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not supported to manage risk and medicines safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The culture of the service did not promote high-quality care and support. Quality assurance systems were not robust enough to demonstrate the service was effectively managed. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff were adequately trained. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.