

Home Group Limited

Homeside Lodge

Inspection report

Homeside Lodge
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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

Homeside Lodge provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

People felt comfortable, at home and were safeguarded from the risks of abuse by staff who understood their safeguarding responsibilities. Safeguarding policies and procedures were in place, whilst training was supported by ongoing competence assessments and regular items in staff meetings and newsletters.

The registered manager had made a number of changes to improve medicines safety. They and the provider closely monitored any errors and put in place strategies to continue to improve practice in this area. Reflecting on lessons learned was an established part of the culture.

COVID-19 protocols and risk assessments were in place and staff received appropriate training and ample PPE. The registered manager had acted on advice from infection prevention and control specialists.

People's relatives were impressed with the dedication, competence and knowledge of staff, as were external professionals who had worked with them. People interacted comfortably with staff, who demonstrated a good knowledge of their preferences.

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.

Relatives told us staff were caring, kind and often went out of their way to ensure people felt safe and supported. People and their relatives were involved in the care planning and review process. Care plans were person-centred and people took a lead in compiling them where they wanted.

The culture was open and supportive. Agency usage was low as staff supported each other when there were unexpected absences. Staff felt their opinions were valued and they were engaged in the running of the service. People were actively encouraged to play a part in recruitment for example suggesting interview questions or joining the interview panel.

There were systems in place to assess, monitor and improve the quality of care being provided. These included checks and audits by on site staff, oversight by regional quality assurance staff, and person-led reviews of how people found their experience at Homeside Lodge.

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 on 10 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Homeside Lodge

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in their own flats in an extra care setting.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the provider 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and a range of professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service in person. We telephoned three people who used the service and five relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records. We spoke with the registered manager, client services manager and a support worker.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted six staff and seven health and social care professionals. We reviewed training information, policies, surveys, newsletters, and quality assurance records.

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 for 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 safeguarded from the risk of abuse. The registered manager ensured staff understood their safeguarding responsibilities, through initial and refresher training, competence checks, and regular topics at team meetings.
- People felt safe. They told us having staff available at any time made them feel safer and showed us how they used wristband alarms to call for staff if needed. One person said, "They always ask how I am, if they can do anything for me and I feel 100% safe." Another said, "They're very kind and I feel very safe."
- Staff demonstrated a good knowledge of risks and associated actions in place. Care plans clearly set out the key areas of risk people might need help to reduce.

Staffing and recruitment

- Staffing levels met people's needs. People consistently told us they always got help from staff when they needed it. One person said, "There are always staff around. They also pop in to see if I'm okay and if I need a cuppa. I can have help anytime I need it." The provider had recently improved their initial needs assessment to be more detailed, to help ensure they always had the right staffing levels.
- Staff were safely recruited via a range of pre-employment checks, including DBS and references. This reduced the risks of unsuitable people working with vulnerable people.

Using medicines safely

- Medicines were administered by staff who had received appropriate training and competency checks. The registered manager had introduced a range of additional checks and processes since some errors earlier in the year. They acknowledged there were still improvements to be made in terms of the accuracy of record keeping but were able to demonstrate a range of ongoing measures in place to make these improvements.
- The registered manager and client services manager completed regular audits of medicines records and there were competency assessments in place. The registered manager planned to make further improvements with the support of the provider's clinical lead and a staff-led medicines champion.
- People received their medicines as prescribed. Where 'when required' medicines were prescribed, there were detailed protocols in place.

Preventing and controlling infection

- Staff had received appropriate training and access to current guidance. The registered manager had worked well with external agencies to ensure they were applying national guidance.
- There was ample PPE. People understood the reasons for additional safety measures in place and felt reassured by the service's response to the COVID-19 pandemic.

Learning lessons when things go wrong

- The management team reviewed specific incidents and accidents to establish if lessons could be learned. There was a monthly lessons learned bulletin, shared with all staff, which identified any key changes or messages learned from safety incidents. Formal staff meetings and additional huddles (three times daily) ensured lessons could be shared, learned and acted upon by staff.
- The culture was an open one. Staff confirmed they could raise concerns if they needed to, in a safe environment. One said, "I feel very supported to raise a concern and I am encouraged to do so if I feel someone is at harm."

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's needs were assessed prior to moving to the service to ensure they could be met. The registered manager worked closely with people, relatives and external professionals to ensure care plans were effective and in line with people's needs. People and their relatives gave positive feedback about how they were involved in the assessment process, and on an ongoing basis via reviews. One person said, "They are bob on. The lasses are always filling in their notes. I know how hard it is doing all that work but they never stop and, yes, they always ask me if I need anything else. We go through what I need and I'm happy." One relative said, "They keep us fully informed."
- Where people's needs changed staff shared this information through 'huddle' meetings with other shifts and through up to date and accurate completion of records.
- The registered manager was aware of CQC and other guidance. They were well supported by a provider who ensured staff were aware of any relevant changes in legislation or guidance.

Staff support: induction, training, skills and experience

- Staff were well trained and supported to ensure they were competent and confident in their roles. One staff member said, "I cannot fault the training offered as I find it very useful to my job role. We are offered a huge range of training courses and if we feel we want to learn something not offered we can request this."
- Staff regularly completed refresher training. This included core topics such as safeguarding and areas specific to people's individual needs. Staff meetings, newsletters, emails and onsite management ensured staff were up to date with training.
- Care co-ordinator staff had backgrounds in care and all continued to provide people with support on a regular basis. This meant they had a good understanding of people's needs, and the demands on staff, when they were scheduling rotas.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked well with a range of external professionals to make sure people received person-centred care. One social care professional told us, "Staff always take time to get to know new and existing customers. If there have been any changes or concerns, staff keep me informed."
- Important information was accessible and up to date, such as Emergency Health Care Plans. This meant there was clear guidance in place should someone's needs change quickly.
- Staff ensured people had timely access to healthcare services to maintain their health and wellbeing. Staff sought, and acted on, advice from healthcare specialists. This included dietitians, nurses and occupational

therapy.

- People experienced good health outcomes thanks to staff support. One person said, "I've had Covid. I didn't think I was going to make it but, thanks to the staff, I did."
- Care plans gave staff clear information about people's dietary preferences (and allergies) and staff were aware of these. We observed people being offered a range of choices throughout our visit.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought and obtained in line with the principles of the MCA.
- Staff presumed people could consent and worked well with people to understand and act on their choices. When people could not give consent in a specific area staff actively considered people's best interests and involved the right people in these considerations.

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 were treated with dignity, respect and patience. One person said, "The staff are part of my family." Staff respected the important roles and relationships of relatives and built bonds with them. One relative said, "They are kind and caring and they're kind to us relatives too. They build relationships." Another said, "Am I happy with the service? Yes, indeed and what's more, my mother's happy. She loves her carers to bits."
- Staff turnover was relatively low and people told us they got to know staff and had favourites. People told us they were introduced to staff in advance of any care calls. One relative said, "They do try to keep the same staff."
- Staff were knowledgeable about the people they supported and committed to them receiving high quality care.
- People's equality and diversity needs were respectfully considered and met. The provider had in place processes and systems that had regard to people's religious and cultural backgrounds.

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

- People and relatives confirmed they were always involved about decisions regarding their care. One person said, "I am treated with respect and as a person in my own right. This is my home." One relative said, "They do listen and are attentive."
- The registered manager, client services manager and other staff understood the importance of rapport between people and staff supporting them. Rotas factored in these considerations. We observed numerous positive, upbeat interactions between people and staff supporting them. One person said, "We have a laugh and a joke and they make you feel really comfortable."
- Staff respected people's choices and encouraged them to be independent. For instance, through engagement with employee of the month choices, deciding on what to call the new cinema room, and through using suggestion boxes. People had the opportunity to interview prospective new staff. One person told us they were "Really chuffed" when they met a new member of staff they had interviewed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, respect, warmth and patience. People felt confident to make new friends and explore their independence, which staff encouraged and helped enable. One person told us, "I really like Saturdays. We go for a walk, have a couple of drinks then come back and watch the football together. The walk back is sometimes slower than the walk there!" One relative said, "They get along great and it feels like they're an extended part of the family."
- People's confidential information was stored securely.

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.

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's social needs were well met. The registered manager and staff enabled and encouraged people to meet others and to take part in various events and activities. Staff were on site and able to engage meaningfully with people as well as support them with their personal care needs.
- People had formed positive bonds with other people who used the service and staff. One person said, "We get together and always have lunch. We're very friendly." Another said, "There are some lovely people here and it's nice to do new things." One relative said, "Mam is seeing more people now than she did when she was at home."
- People enjoyed getting out and about with staff, for instance to go shopping.

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

- Care plans were person-centred and detailed. People received care from staff who gave them choices and control. One person said, "I'm in control. There's no question there. I am my own person." People's care plans were detailed and accessible for staff and visiting professionals.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had in place a range of means of ensuring information was accessible. Information was available in a range of formats to help people understand current guidance. Assessments of people's needs included clear guidance on communication needs, which staff understood. The registered manager understood people's needs with regard to sensory loss and had put in place support. The client services manager was working with another of the provider's services to ensure their best practice regarding pictorial guidance could be used at the service.

Improving care quality in response to complaints or concerns

- There were comprehensive policies in place and an effective system for managing complaints, engaging with complainants and learning from incidents.
- People told us they were happy to raise any issues with staff who supported them, and knew who the registered manager was if they needed to escalate anything. Relatives confirmed the registered manager responded positively and helpfully to any concerns raised. No one we spoke with had any complaints. One person said, "I've got no complaints. If something wasn't right they would sort it out."

End of Life Care

- Staff had received appropriate training to ensure they were able to support people at the end of their lives. Staff worked well with external clinicians to ensure, where people were clear this was their home and they did not want to go to hospital, they could be supported to remain at the service and be as comfortable as possible.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, and; How the provider understands and acts on their duty of candour responsibility

- The registered manager had been at the service since it registered in 2020. They demonstrated a strong understanding of past challenges, how they had overcome them as a team, and where the strengths of the service lay. Staff said, "Since [registered manager] came in they have made so many positive changes," and, "Management are always open to new ideas." Relatives confirmed the registered manager was approachable and had resolved any queries they had raised. One said, "It's very well managed. They are very professional."
- Staff felt supported in their roles and one told us, "Staff are asked for opinion's and suggestions on what we can do to improve the service." There were clear lines of accountability. The registered manager understood their responsibilities regarding the duty of candour and were open with families.
- The registered manager understood their obligations in relation to notifying CQC of significant events which occurred.

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

- The registered manager had worked hard to instil a culture that was based on openness and learning when things didn't go to plan. They continued to try a range of methods to make improvements when they identified improvements were needed. People, relatives, staff and external professionals all agreed on the positive changes at the service in the past eighteen months, despite the pressures of the pandemic.
- Staff respected the people they supported and their colleagues. They shared the goals of the organisation and people's individual goals; they helped people achieve these where practicable (for instance, going to the shops more, getting back into hobbies they used to like). Staff had worked hard during the pandemic to ensure people felt safe and received a continuity of care.

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

- Feedback was used to monitor and improve the service. This included suggestions boxes, nominations for employees of the month, meetings and surveys. People had engaged with these processes and provided ongoing feedback, which the registered manager and provider had acted on.
- Staff were well supported and positive about the registered manager. They confirmed regular staff meetings, competency assessments and supervisions gave them opportunities to raise queries. These also

ensure the registered manager continued to share important messages with staff.

- The provider had systems in place to monitor, assess and improve the quality of service. The registered manager and other staff undertook checks and audits on site. There was also regular remote and onsite support from the provider's regional quality assurance team. This ensured care planning was up to date, person-centred, and risks were minimised.

Working in partnership with others

- The registered manager and other staff worked well with other health and social care professionals. They had formed a range of mutually positive relationships and worked openly with external professionals. External professionals said, "Staff are always friendly, approachable and knowledgeable," and, "[Registered manager] and the team are always on hand to discuss any changes."