

# Home Group Limited

# Gainford House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gainford House provides personal care to people living in their own apartment on a purpose built site in Hartlepool. At the time of our inspection there were 10 people living with a learning disability and/or a mental health related condition receiving a regulated activity from the service.

Not everyone using Gainford House receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' which includes help with washing, dressing and eating.

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

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. .

People were safeguarded from the risks of abuse by staff who were trained in safeguarding and were able to raise concerns. People's personal risks were well managed. Medicines were managed in a safe manner. Staff supported people to keep their apartments and communal areas clean.

Staffing was provided by a well trained and supported team that met the needs of people using the service. Recruitment procedures were robust.

Records relating to people's support were in a period of transition to a new format but they clearly stated how people wished their support to be provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture in some of the individual supported living services.

### Right support:

- People we spoke with told us they were enabled to learn new skills by staff who motivated and supported them.
- Professionals and relatives we spoke with told us they were very happy with the support provided. One relative told us, "[Name] has come on leaps and bounds, [Name] is a different person now."

### Right Care

- People were given choices by staff and were supported to pursue their individual likes and interests.

People were treated with dignity and respect.

- People told us they were helped and encouraged to maintain relationships that were important to them, whether this was friends, family or other professionals or services that supported them.

Right culture:

- The registered manager of the service demonstrated they had the right values and ethos to lead a supported living service. They were enabled to do this with a robust system of audits and quality checks.
- People and staff we spoke with said that managers were always available, were supportive and listened to them.

Based on our review of the key questions of safe, effective, caring, responsive and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 24/05/2019 and this is the first inspection.

Why we inspected

We carried out a comprehensive inspection to give this service a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Gainford House

## Detailed findings

### Background to this 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.

#### The inspection

This was a comprehensive inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of one inspector.

#### Service and service type

Gainford House provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means the registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was an unannounced inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from partner agencies and healthcare professionals. These included the local authority's contracts and commissioning services.

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.

#### During the inspection

We spoke with two people using the service in their own apartments and met with two other people in communal areas of the service. We spoke with registered manager, deputy manager and three members of support staff. We also spoke with a visiting social worker.

We carried out checks on the environment and equipment. We reviewed a range of records including audits carried out by senior staff. We looked at the governance arrangements for the safe handling of medicines including the provider's policy and audits. We looked at medicine's records for two people and care records for two people. We also viewed staff records relating to recruitment and staff training and supervision records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to safety, care records, quality and staffing which the registered manager sent to us electronically. We spoke with a relative and a healthcare professional by telephone to gain their views of the service.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were managed safely, both records and storage were correct.
- Support plans and risk assessments were up to date and reflected people's current needs regarding medicines.
- Guidance on when to administer 'when required' medicines was person-centred. 'When required' medicines are given as the need arises, for example to relieve pain or reduce distressed behaviour.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

### Staffing and recruitment

- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks. Disclosure and Barring Service Checks were recorded accurately.
- There were enough staff to meet people's needs safely.
- Staff we spoke with told us the recruitment process were robust yet supportive and induction processes were thorough.

### Learning lessons when things go wrong

- Accidents and incidents were analysed appropriately to ensure there were effective processes to ensure lessons were learnt.
- Information was shared across the service and wider organisation and shared via staff email to support learning and promote good practice.

### Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and well managed. People's support plans included risk assessments about current individual care needs and the control measures needed to reduce such risks.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.
- Staff and people using the service were knowledgeable about infection control and the wearing of PPE. We saw people were given information about COVID-19 in a way they could understand.

# 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

- Detailed assessments of people's needs and preferences were carried out to ensure appropriate support was in place.
- People, relatives and external professionals were involved in assessments to help ensure people's voices were heard. One external professional said, "Any changes or amendments to people's support plan is shared with us."

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills needed to support people effectively. One new staff member said they had learnt so much from online shared learning with colleagues across the country.
- Newly recruited staff had to complete the provider's induction programme before they could support people. This included completing training and observing experienced members of staff.
- Regular supervision and appraisal meetings took place, which staff said they found supportive.

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

- Staff worked closely and effectively with external professionals to promote people's health and wellbeing. One external professional told us, "The communication is fantastic with the service either via email or phone."
- People and a relative told us staff supported people to access healthcare services and support.
- We discussed with the management team the difficulty they had to sometimes gain support from the local GP practice. They were taking this forward in a proactive partnership approach.

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

- People received effective support with eating and drinking. One person told us, "I do my own shopping, the staff help me with cooking and I love mince and dumplings!"

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to ensure people's support was delivered in line with the principles of the MCA and with appropriate legal authority.
- People told us their decisions were respected.

# 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 spoke positively about the support they received from staff. We saw that people were encouraged to personalise their apartments and to live their lives in the ways that they wished.
- Staff had professional but close and friendly relationships with people. We listened and watched interactions which were always respectful but fun.
- Staff valued people as individuals and supported them to lead the lives they wanted. A relative told us, "[Name] has come on leaps and bounds since they have lived there, it is amazing what they are doing now."
- People were supported to develop and maintain relationships of importance to them.

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

- People were supported to express their views and make their voices heard to ensure they received the support they wanted. One person said, "The staff are always around and you can talk to them about anything."
- Feedback was regularly sought from people and relatives to ensure they were happy with their care and support.
- Advocacy support was put in place where needed. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- People were supported to set and achieve goals for what they wanted to achieve in life. One person told us, "My family said I wouldn't last here five minutes, and here I am several months down the line and doing great."
- People were supported to maintain and promote their independence and lead the lives they wanted. An external professional told us, "They promote independence - I feel they gauge it so they work alongside people to maintain and develop their skills."

# Is the service responsive?

## Our findings

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

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

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

- Staff were responsive to people's needs.
- People's support plans and individual risk assessments were up to date, reflected their current needs, and detailed how they wished to be supported. However, it was not always clear from records whether these had been consistently reviewed and the provider needs to consider how staff are aware of areas people did not want documenting.
- Support plans were in the process of being moved to a different style and the registered manager agreed that any feedback would be incorporated within this.
- Assessments of people's care and support needs before they were admitted to the service reflected people's protected characteristics as detailed in the Equality Act 2010.

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.

- Care and support records outlined people's communication needs, and information was made available to people in the most accessible format for them.
- One person liked to have his information visually so photos were used with them to show how they had scored how well they were working towards a goal.

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

- The communal areas of the service had been equipped with a wide range of activities people could join in with if they wished.
- People were actively supported to be involved in their local community; One person had won a volunteer of the year award for their work with Miles for Men charity. Seven service users regularly volunteered walking Guide Dogs for the Blind.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate, learn from and respond to complaints.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and

procedures were in place to provide this should it be needed.

# 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; continuous learning and improving care

- The service had good quality monitoring systems in place which meant there was good oversight of the service. Potential areas for improvement were identified and acted on in a timely manner.
- The registered manager said they were well supported by the provider. The deputy manager and registered manager were observed to work well together and staff and people we spoke with confirmed this.
- A visiting professional told us, "The communication is great and all the staff seem really happy."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team promoted a positive culture which achieved good outcomes for people.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service and were well supported both personally and professionally.
- Feedback was sought from people and relatives and acted upon. One person we spoke with said, "We have regular welfare checks with the staff and we can talk about anything at all, if something is bothering you."

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

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Working in partnership with others

- People benefitted from the partnership working with other professionals.
- One professional we spoke with said, "It has done so well for a new service, my client has come in in leaps and bounds."