Home Group Limited

Home Group

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

We carried out an inspection of Home Group on 7 and 15 July and 9 August 2016. The inspection was announced. This was to ensure there would be someone present to assist us. We last inspected Home Group in September 2014 and found the service was meeting the legal requirements in force at that time.

Home Group operates from an office in Newcastle upon Tyne. The service provides personal care for adults with learning disabilities, or who have needs relating to their mental health, either in their own home or within supported tenancies. Supported tenancies enable people with physical or learning disabilities, or who have other care and support needs, to live in their own home. Rented properties are often adapted to meet the tenants' needs. Supported tenancies are often shared by a small group. Staff are based in the property to provide support to tenants with their daily needs, for all or part of the day. At the time of the inspection there were 22 people in receipt of a service. Personal care was provided to people across the Newcastle area.

The service had a registered manager in post. 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 told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. Alerts were dealt with appropriately, which helped to keep people safe. Incidents and allegations were notified to the local safeguarding team and the provider worked positively with statutory agencies, such as the police, local authority and CQC.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. There were sufficient staff employed to ensure continuity of care and the reliability of the service. Staff managed medicines safely.

Staff had completed relevant training for their role and they were well supported by their supervisors and managers. Training included care and safety related topics and further topics were planned. Care professionals commented on the skills of staff and the effectiveness of the service in meeting people's needs

Staff obtained people's consent before providing care. Staff were aware of people's nutritional needs and made sure they were supported with meal preparation, eating and drinking. People's health needs were identified and where appropriate, staff worked with other professionals to ensure these needs were addressed.

People spoke of staff's kind and caring approach. Staff explained clearly how people's privacy and dignity were maintained.

Assessments of people's care needs were obtained before services were started. Care plans had been developed which were person-centred and had sufficient detail to guide care practice. Staff understood people's needs and people and their relatives expressed satisfaction with the care provided.

Events requiring notification had been reported to CQC. Records were organised and easily retrieved.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. People's views were sought through annual surveys, meetings, care review arrangements and the complaints process. Action had been taken, or was planned, where the need for improvement was identified.

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.

People told us they felt safe and secure with the service they received. Staff were recruited safely and deployed in sufficient numbers to ensure people's needs were met safely.

There were systems in place to manage risks. Safeguarding matters were reported internally and notified to external organisations, such as the council's safeguarding adults' team and CQC.

People's medicines were safely managed and staff undertook assessments to be deemed competent to manage medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably trained and well supported.

Staff ensured they obtained people's consent to care.

Support was provided with food and drink appropriate to people's needs and choices.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude of staff. People were cared for by staff who they were comfortable and familiar with.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This

helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Good

The service had a registered manager in post. People using the service, their relatives and staff were positive about the registered manager. There were clear values underpinning the service which were focussed on providing person centred care.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

Home Group

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 checked whether the provider was meeting 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 for the service under the Care Act 2014.

This inspection was announced and took place on 7 and 15 July and 9 August 2016. We also contacted a sample of people who used the service, their relatives and staff by telephone. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in at the office. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received completed questionnaires from people who used the service, their relatives and staff. We reviewed the questionnaire data and other information we held about the service as part of our inspection. This included 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 sought information from the local authority who commissioned (paid for) the service and the local safeguarding adults team.

During the inspection we spoke with eight people who used the service, six relatives and eight staff including the registered manager.

We looked at a sample of records including four people's care plans and other associated documentation, medication records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and they had confidence with the staff provided. One person told us, "They look after me really well. They are nice staff and I am very safe here." Another person said, "I feel safe with them. They are my friends." People's relatives expressed similar views, with one stating, "They are all decent people and they are all very good. My relative is very safe with them. They recognise when my relative is getting stressed and they are very good at calming her down so that she doesn't get too upset which is when she could hurt herself." A similar view expressed to us was, "My relative is very safe with the carers. He has a better life than I do and they really care about him."

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. Staff were familiar with the provider's safeguarding adults procedures and told us they had been trained in abuse awareness. This was confirmed by the training records we looked at. Staff told us about other safety related training they had attended recently and explained the measures they would take to keep people safe and who they would report their concerns to. For example, one staff member explained, "I know (service user) really well and am very familiar with the care plan and particular needs. I do look out for things in the house as well, like a bit of flooring that's come loose. Then I will let the office know I'm concerned."

All staff expressed confidence that safeguarding and health and safety concerns would be dealt with promptly and effectively by their managers. Staff explained there was also out of hours 'on-call' support, with one commenting to us, "It's reassuring to know there's someone on the end of the phone." Practical arrangements were also in place to reduce the risk of financial abuse. A staff member talked us through the safeguards put in place and we looked through the documentation and receipts staff were required to maintain. These records balanced appropriately and were audited periodically by line managers.

To support safeguarding training there were clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the two alerts CQC had received in the last year had been reported promptly to the local safeguarding adults' team and had been handled in a way to keep people safe. Reportable incidents were notified to CQC and the relevant local safeguarding team.

Arrangements were in place for identifying and managing risks. Staff had recorded in care plans any risks to people's safety and wellbeing. This included areas such as bathing, self-neglect, household security and fire safety. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence and safety as much as possible. Examples included supporting people with medicines, maintaining a safe home environment and accessing public transport.

Staff explained how they helped support individuals in a safe manner, for example when helping people with distressed behaviours and those described as 'challenging'. Staff confirmed they received suitable training and records verified this. Staff explained how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed. Staff were clear about how they would deal with foreseeable emergencies, such as people having accidents in their home.

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

People using the service said the service was reliable. Staff indicated there were sufficient staff available to meet people's needs. A relative expressed concern about what they perceived as the increased use of agency staff. We were told by them that the 'core' staff group was in place and one person said, "I think the agency staff are really just extra pairs of hands." This area of concern had already been identified by the provider and they were actively recruiting new staff to act as a relief staffing pool.

Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. Where relevant, staff had also received specific training for medicines used in an emergency. One staff member said, "We get medicines training of a superior quality." They continued by telling us, "There are regular medicines audits." Staff were clear what to do should an error occur, and also explained about the medicines they used to respond to medical emergencies.

Before people received a service, staff completed an assessment of key needs. This included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. We looked at a sample of medicine administration records and saw no omissions or other recording errors.

Good

Is the service effective?

Our findings

People using the service told us they felt staff were well trained and knew what they were doing. They were happy with the staffs approach and made positive comments about the competence and abilities of staff. A relative said to us, "My relative can become stressed but the carers know them well and they recognise the warning signs so they make them have a break." Another relative stressed the importance of staff consistency in meeting their relative's needs, stating, "My relative can get agitated if it's somebody (staff member) they don't recognise but there is a core staff group and they understand them and manage their moods really well." People told us they received the support they needed with both their health needs and with practical activities. A relative described how staff were helping a person manage their diet to enable them to enjoy activities they had previously taken part in.

New staff had undergone an induction programme when they started work with the service. The provider told us, and training records confirmed, that new staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff were expected to complete induction training and had the opportunity to shadow more experienced workers until they were confident in their role.

All staff were expected to undertake core training at regular intervals and were trained in a way to help them meet people's needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. They expressed the view that training was good. A staff member told us, "That's one of the reasons I wanted to work here. They are really keen on training and development. I get good feedback on a regular basis and that helps with morale as well." Another said, "Training, it's good. You book yourself on the on-line training. There's mandatory and other training – it's a very diverse range." A further comment was, "I've done training on safeguarding and MCA (Mental Capacity Act). There have been workshops for staff in regard to service users' specific needs."

Staff told us they were provided with periodic supervision and they were well supported by the management team. One staff member said, "Support and supervision is very good; they take on board what you say and act on it." Another told us, "They're always at the end of the phone; they're caring and supportive." Records confirmed staff had received formal supervision meetings on a periodic basis; with those staff whose records we examined having attended either two or three formal supervision meetings during the previous 12 months. Records of the meetings contained a summary of the discussion and a range of work, professional development and care related topics that had been covered These meetings gave staff the opportunity to reflect on what had gone well and focus on areas for further development. Staff also had the opportunity to discuss their work performance at formal appraisal and mid-year reviews, where training and other work objectives were set and progress monitored.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. The registered manager was fully aware of their responsibilities regarding this legislation and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. The registered manager told us information would be available where a person had a deputy appointed by the Court of Protection and they were aware of situations where a person would be deprived of their liberty by the court. This meant staff were aware of the relevant people to consult about decisions affecting people's care. On a more routine basis, people had the opportunity to attend care review meetings to discuss their care needs and other aspects of the service important to them. Discussions and decisions agreed in these meetings were reflected in people's care plans. Staff we spoke with were clear about the need to seek consent and to promote people's independence. One staff member told us, "People have an open choice and we discuss things first before decisions are made."

People's dietary needs were outlined within their care plans and staff supported people with their budgeting, food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area. The provider was not using a recognised nutritional assessment tool and we discussed this with the registered manager who undertook to explore the use of a framework appropriate to people's dietary and nutritional needs.

People were supported to maintain good health. People were supported to attend medical appointments where this help was needed. Staff were able to describe when they might work with other professionals, such as with psychology and psychiatric services. Each person had a health care file, where information about each person's medical needs and a record of routine and specialist appointments was maintained. This meant staff had access to relevant information to help support people's health and wellbeing.

Good

Is the service caring?

Our findings

We received positive comments about the caring approach of staff. People told us they were treated with kindness and their privacy and dignity were promoted. People's relatives told us that staff were caring towards them. One relative told us, "Their hearts are in this job. It's not just a job and a way of earning a living. They really do care about the people." Staff had created positive, caring and empowering relationships with those people they supported. They were aware of the expectations placed on them to do this. A staff member told us, "It's their home and that's always stipulated."

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. Care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach.

Arrangements were in place to monitor the approach of staff. Managers carried out observations and visited the supported tenancies to monitor people's care experiences, care practices and the ways staff communicated and interacted.

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care. For example, one staff member explained to us, "I do a weekly link work session. We discuss the previous week, how it's gone and what's to come."

People using the service and relatives acting on their behalf were supported to express their views and were actively involved in making decisions about their care, treatment and support. People were provided with information about the provider, including who to contact with any questions they might have. One relative informed us, "The care plan for my relative is very comprehensive and staff do refer to it. We have regular meetings as well so we are involved as a family. Any changes are always properly discussed."

Where people needed support from a third party to help express their opinions they were able to seek the support of an advocate. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted. Staff were aware of advocacy support that could be accessed to support people with any conflicts or issues about their care. A person who used the service confirmed with us that they attended a local self-advocacy group who helped them to speak up for themselves.

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to ensure people's confidences. The staff also told us about the practical measures they took to ensure privacy and dignity were maintained, such as knocking on doors and closing curtains and blinds when offering help with

personal care.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs, and they had regular opportunities to participate in activities. One person said, "I'm very happy. I have an allotment and I grow vegetables. I go with (staff member) to the garden centre to buy seeds and stuff for the allotment." Another commented to us, "I'm going on holiday soon to Skegness. The staff look after me. We're going shopping this afternoon and they bring me back safely. I've no worries." A further comment made to us was, "Home Group do a good job for people with support needs. There are more opportunities; client involvement, Christmas parties; it's been interesting." A relative said, "The staff are excellent. I can't praise them enough. There is everything there for (my relative). He seems to have a different activity every day. He goes swimming and plays miniature golf. He has one to ones with the carers and that has really brought him out fantastically. It's an excellent service."

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence. People were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills.

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager or service managers spent time with people using the service; finding out about their particular needs and their individual preferences. After this initial assessment there was an on-going relationship between the managers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided.

From the information outlined in people's assessments, individual care plans were developed and put in place. Care plans were clear and were designed to ensure staff had the correct information to help them maintain peoples' health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by the people using the service, their relatives and staff. Staff also confirmed that where possible people were actively involved in planning their care. One staff member told us, "People have input; we've just done the 3 monthly reviews."

Care records were written in plain English and technical terms were avoided or explained. Care plans were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their managers so a further care needs review could be carried out. The input of other care professionals had also

been reflected in individual care plans. These documents were well ordered, making them easy to use as a working document.

Staff kept regular progress notes which showed how they had promoted people's independence. The records also offered a detailed account of people's wellbeing and the care that had been provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People using the service were clear about who they would contact with any concerns they might have. There was a system in place to record, investigate and respond to complaints. A clear complaints procedure was in place, including in accessible formats. Two complaints had been received and documented since we last inspected the service. One involved a person wanting to move, which was followed up with their social worker. Another complaint was about domestic noise and this was dealt with at the service concerned. Compliments were also logged, and outlined people's positive views about the service. Examples included; "…We would also like to praise all the staff at [name's] home for their dedication and support that they show in all areas of [name's] everyday living…", "My sister lives at [service name] and is very happy there. This is all down to the wonderful team of carers who look after her. They are all dedicated to their jobs" and, "My staff are very good. They support me and help me make good choices."

Good

Is the service well-led?

Our findings

People told us they were happy with the management of the service. They told us the registered manager and other service managers were actively involved in engaging with the people using the service and monitoring the care offered. One person said, "[Name – registered manager] comes and sees how we are." People and staff said to us that the management team were very reactive to any problems and this was supported by a formal 'on-call' support arrangement. A member of staff confirmed this by telling us, "After 5pm if the manager's not available you call the 'on-call' system and duty manager."

Staff expressed positive views about the management and leadership of the service. Comments from staff included; "The managers have introduced themselves to the families", "The leadership is really good. They're just at the end of the phone" and, "I would recommend Home Group without a doubt."

At the time of the inspection there was a registered manager with day to day responsibility for the operation of the service. They were able to highlight their priorities for developing the service and were open to working with us in a co-operative and transparent way. They were clear about their requirements to send the Care Quality Commission (CQC) notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us.

The registered manager had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service. The registered manager and senior staff acted as positive role models, actively working to improve arrangements for seeking and acting on the views of people using the service and staff. For instance, they undertook consultation with people using the service and staff at events arranged at the Foyer (the provider's main office in Newcastle).

There were periodic meetings for people using the service, which aimed at allowing people to express their views about the service and other matters important to them. Topics included home décor, purchases, charges, service standards and the 'client promise'. People's views were also sought from quality surveys and at engagement events. Feedback from staff meetings highlighted follow up actions from quality checks, health and safety updates and organisational values. In support of the values of inclusion, the provider had arranged team building days and developed a 'client involvement' group. The first of these had involved an event at a local fire station, where people using the service had been able to receive practical advice about staying safe at home.

The quality of the service was monitored by several means, including on-going consultation, visits to services, formal audits and the collation of findings from other reviews; such as commissioner's reports. This was to help identify areas in need of further improvement and to incorporate the views of those using the service. In addition the service provider had signed up to a range of local and national initiatives and quality frameworks including, Investors in People, the Social Housing Equality Framework, the Social Care Commitment and Positive about Disabled People.