

Home Group Limited

# Transforming Care North

## 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

Transforming Care North is a supported living service providing personal care to people in their own home. The service provides support to people with mental health needs and a learning disability and autistic people. At the time of our inspection there were two people using the service.

Transforming Care North support people in their own homes in Leeds and Hull. Not everyone who use the service receive 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

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.

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

People were supported by staff to pursue their interests and to access the community.

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.

Staff adhered to safe practices in relation to infection prevention and control.

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 support plans and risk assessments which they were involved in writing and reviewing. These could be further developed to reflect people's goals and outcomes.

There was enough appropriately skilled staff to meet people's needs and to keep them safe.

Staff were able to communicate with people and worked with communication tools such as social stories, a pictorial story to explain a situation.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. 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 were supported by staff who understood best practice in relation to supporting people with mental health needs and a learning disability. However, there were areas of improvement needed in relation to embedding learning and psychological approaches to improve staff confidence. The service had recent management and staff turnover. The registered manager had now recruited to these posts but acknowledged there had been some leadership deficits in recent weeks.

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 29 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

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.

# Transforming Care North

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff. We did however visit the home of one person who would have difficulty in communicating with us over the telephone or using video technology.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in their own homes as a '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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to make arrangements to carry out a virtual inspection and we needed to be sure that the provider or registered manager would be available to support

the inspection.

#### 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 one person who used the service and one relative about their experience of the care provided. As well as speaking with people we observed staff interactions and people's body language whilst in one person's home. We reviewed a range of records. This included care records and medication records. We looked at two 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.

# 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. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. The information helps employers make safer recruitment decisions. One person told us, "I have been involved in the recruitment of my staff. The manager asked me if I could think of some questions to ask the candidates. They came back and told me their responses so I could be involved in choosing the person I felt had responded best."
- There were sufficient staff deployed to meet people's current needs, but the service had experienced a recent significant turnover of staff. We raised this with the manager who told us they had now recruited and were ensuring staff were inducted fully to increase consistency of care.
- We saw staff were trained to support people when they became distressed. Most staff told us they felt confident and understood how to support people safely. The manager told us they were arranging further support from psychology services to increase staff knowledge and confidence in this area.

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

- Systems and processes were in place to safeguard people from the risk of abuse. Staff had received appropriate safeguarding training and referrals had been made to the local authority when any concerns had been raised.
- We observed in one person's home that they were happy and relaxed with the staff who supported them.

### Using medicines safely

- Medicines were stored, administered and recorded safely.
- Medicines were managed by staff who had the appropriate training and their competencies assessed. A relative said, "Staff do ensure [Name] receives their medicines when they should." One person told us how staff supported them to manage their own medicines with support.
- Thorough medicine audits were in place and were effective in identifying any issues or concerns.

### Assessing risk, safety monitoring and management

- There was a system in place to assess, monitor and manage risk.
- Risks were assessed and monitored so action could be taken if any issues were identified. People were encouraged to take positive risks in a supported and well managed way.
- The provider had a business continuity plan so people would continue to receive safe and effective care in emergency situations.

### Preventing and controlling infection

- People were protected from the risk of infection. The provider's infection prevention and control policy was up to date and procedures were in place to effectively prevent or manage infection outbreaks.
- Staff were trained in infection prevention and control and regularly tested for COVID-19.

#### 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.
- The service recorded any use of restrictions on people's freedom, and the manager reviewed use of restrictions to look for ways to reduce them.



# 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.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and received regular training.
- People and their relatives were confident the staff had the right skills to provide the care and support they needed.
- Most staff said they felt supported, and had the opportunity to speak to a manager at any time. We discussed with the registered manager some additional support at one service which they were already aware of and additional professional support had been requested and staff meetings planned.

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

- Staff carried out comprehensive assessments of people's needs and choices before they started using the service. Assessments were continually evaluated and reviewed to ensure people received the care and support that met their needs.
- When people were transitioning to the service, the service worked with other professionals to ensure a person-centred approach was used and people had the opportunity to build relationships with their new staff team and environment. Transition timescales varied depending on people's care and support needs

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 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.

- The service worked within the principles of the MCA.
- Staff received MCA training and sought consent from people prior to providing support.
- People were supported to make as many decisions as possible for themselves. One person told us, "The staff always support my choices but we have agreed that if I am unwell the staff advise me not to go out in case I end up in difficulty."

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 people remained healthy and risks were proactively managed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- One person told us, "Staff support me to access healthcare appointments and I couldn't do it without them as I've had some poor experiences."

# 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.

Respecting and promoting people's privacy, dignity and independence

- 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.
- One person told us they had developed a photo booklet with staff to show how they used equipment to help them mobilise. They said, "It means any new staff know exactly what equipment I use and how."

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

- People had moved into the service over the last year. 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 adaptations to the persons flat, so they felt safe and were able to feel comfortable.
- We saw one person appeared happy and settled in the company of their support staff and the other person who used the service told us, "We have a laugh but the staff are always professional."

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 where they chose to.
- Staff supported people to maintain links with those that were important to them. One relative said, "I am in constant touch with the service and them to me, it works well."

# 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.
- People had access to information in formats they could understand. For example, 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.

### 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 mental health needs, a learning disability or autistic people.
- One person told us, "I have a mental health safety plan and support plan that was discussed with me, my psychologist and staff. I have been fully involved in these and they are regularly reviewed with me."
- The service ensured everyone was valued and had the same access to all opportunities whatever their difference.
- As the service was still relatively new for both people using it, we discussed that support plans could be improved by the inclusion of goals and objectives set with people as they had got to know the service and their staff team.

### 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 to them.
- People were encouraged and motivated by staff to reach their goals and aspirations. One person told us, "The staff know how to distract me when my mood isn't good and encourage me to be motivated."

### Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. People and relatives knew how to raise concerns if needed. One relative told us, "Any concerns I can speak with the manager and I know she

will listen and take action."

- Previous complaints had been investigated and action taken to address people's concerns and any learning points shared with the whole staff team.

# 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 as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff supported people to achieve good outcomes and maintain their well-being. People's needs and well-being were the focus of the service and the culture reflected this.
- The majority of staff we spoke with told us they felt supported. One staff member said, "I find the staff meetings useful and I am able to voice my opinion."

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

- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.
- Staff performance was monitored, and regular audits were conducted to improve service delivery. Areas of risk were routinely assessed and mitigated.

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

- The provider and manager understood their responsibility under the duty of candour. They knew the importance of being open and honest, and when to apologise, investigate and respond.

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

- The manager positively encouraged feedback about the service. They regularly spoke with people who used the service to obtain their views.
- There were systems in place to involve people, relatives and staff in the running of the service.

Continuous learning and improving care

- The service was committed to continuous learning and improvement.
- Effective systems were in place to successfully identify areas for improvement and lessons learned. This included audits, spot checks and supervisions.
- The service continually worked on an action plan and were open and honest about the need to embed improvements.

Working in partnership with others

- The service had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. This help achieve positive outcomes for people.
- One service commissioner said, "The service has been proactive and inventive with my client."