

Candour Care Services (Homeside) Limited

Homeside

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

Homeside is a residential care home providing personal care and support for seven younger adults and older people living with learning disabilities and physical or sensory impairments. Homeside accommodates seven people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to seven people. Seven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe and protected from the potential risks of abuse and avoidable harm. People were supported and encouraged to be as independent as possible following robust risk assessments. Where risks to people's health, well-being or safety were identified, staff were knowledgeable about these and knew how to respond safely. Incidents and accidents were recorded, investigated and reviewed by the management team. There were enough safely recruited, experienced, skilled and qualified staff deployed to meet people's needs. Staff supported people to take their medicines in accordance with prescriber's instructions. Staff had received infection control training.

Staff received training and refresher updates in basic core areas as well as training specific to meet the needs of the people they supported. Relatives said staff were skilled and competent. Staff felt listened to and supported by the management team. Staff supported people to eat a healthy, balanced diet. People had access to health and social care professionals relevant to their needs. Health professionals told us people received appropriate support from the service. Staff sought people's consent to the care and support they received, together with that of their relatives or external advocates where appropriate.

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.

Whilst the registered manager was not familiar with the published guidance, the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's relatives complimented the staff team for the care and support provided. Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs and personal circumstances. Relatives, where appropriate, were fully involved in the planning and reviews of people's care and support.

People received personalised care and support that took account of their preferences and personal circumstances. Staff helped and supported people to develop the skills and confidence necessary for them to live as independently as they could. People enjoyed a varied social life according to their personal preferences with the encouragement and support of staff.

The provider had a robust quality assurance process which meant that shortfalls in performance were swiftly identified and addressed in a timely manner. The staff and management team were clear about the provider's values and the purpose of the services provided. People's relatives were positive about how the service was managed and the management team.

The provider routinely distributed quality survey forms to people's relatives, the staff team and health professionals. Health and social care professionals told us that the staff and management team were responsive to any comments and suggestions and were committed to working collaboratively with people, their families, specialists and professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Homeside

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

This inspection was undertaken by two inspectors.

Service and service type

Homeside is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People who used the service were not able to share their views with us. We spoke with four members of staff

including the provider, registered manager and two support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included two people's care records and multiple medication records. We looked at a sample of staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with relatives of four people by telephone to gain their feedback about the care and support provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities. The registered manager had reported any safeguarding concerns to the relevant agencies appropriately.
- People were not able to give us feedback about whether they felt safe however, our observations showed people were confident to approach and engage with staff and management.
- People's relatives told us they felt that the care and support people received was safe. One relative said, "[Person] has been there for a long time now, the staff know them so well and there are very few staff changes, not like other places. That is why I feel [Person] is safe there."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. This included in basic core areas such as personal care as well as for holidays, activities in the community and trips away from home. Staff told us about the risks associated with people's health and how these were managed.
- People had individual personal evacuations plans for in the event of an emergency such as fire. Staff had a clear understanding of the actions they would take to promote people's safety in the event of such an emergency. The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- Staff told us there were enough staff deployed to provide safe and effective care for people. The service did not use any agency staff. The provider operated two other care services next door to Homeside and the staff team had been trained to be able to provide cover at all three services for staff sickness or annual leave.
- Staff told us of training they had received, both in the basic core areas as well as specific training delivered to support them in meeting people's complex needs.
- Relatives told us there were enough skilled and experienced staff available to support people safely and meet their needs.
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. These included satisfactory references and background checks with the Disclosure and Barring Service before staff were employed by the service.

Using medicines safely

- People's medicines were managed safely, stored securely and administered as required. Medicine administration records were clear and accurate. Medicines prescribed on an 'as required' basis were supported by clear protocols to guide staff.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed following the training and at regular intervals afterwards to confirm staff had a good understanding in this area.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them. The service was clean and fresh.

Learning lessons when things go wrong

- The registered manager took appropriate actions to investigate any incidents and learning was shared with the staff team at handovers and team meetings. Risk assessments and care plans were updated after accidents and incidents to help ensure that any measures introduced were effective.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before care delivery started the registered manager undertook assessments to establish if people's needs could be fully met. Person centredness started at the pre-admission stage. For example, staff had worked with the person at their family home for a significant period prior to them moving into Homeside. This had been effective as staff had gained the person's trust and confidence.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People's relatives said they were satisfied and confident that people received the care and support they needed.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively, they completed a robust induction programme at the start of their employment. New staff told us they shadowed experienced staff until they, and the management team, were satisfied they were sufficiently competent to work alone.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for support.

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

- People's nutritional needs were met. Where people were at risk of weight loss, staff took appropriate action to monitor and prompt people to eat sufficient amounts.
- People's individual dietary needs such as allergies or food intolerances were known and understood by staff and catered for. One person had a specialist diet, staff explained to us how they made the person's meal look the same as everyone else's so the person didn't feel discriminated against.

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

- Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interests.
- Information was appropriately shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other specialist equipment people needed for their safety and wellbeing.
- The registered manager told us the environment was scheduled for some painting and decorating to help ensure it was well maintained and comfortable for people. We discussed that the service had an institutional feel and lacked homely touches. The registered manager acknowledged this and agreed to review the refurbishment plans.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

- Mental capacity assessments were carried out to establish if people had the capacity to make decisions affecting their health and wellbeing.
- Decisions made on behalf of people who lacked capacity were taken following a best interest process. This involved relatives and health and social care professionals to ensure the care people received was in their best interest.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's relatives told us staff were kind and caring. One relative said, "We have always found the staff to be caring and understanding." Another relative said, "It feels like a family home, the staff treat people as individuals."
- Staff had a good understanding of people's needs and preferences. We observed staff were responsive to people's needs and demonstrated kindness towards people they supported.
- The staff team took care to reduce people's anxiety and stress. For example, when a person had been admitted to hospital for emergency surgery, the staff team took turns in supporting them 24 hours a day. This meant the person had familiar faces around them which helped keep them calm.

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

- Staff supported people to make as many decisions and choices about their care as possible. This involved a variety of communication methods including gestures and pictures. They observed people's likes and dislikes and their behaviours to understand what people wanted.
- Staff involved health and social care professionals in people's care so that any decisions would be made in people's best interest.
- Relatives said staff always kept them up to date with any changes in people's needs. One relative said, "Staff always keep in contact with me to let me know what is going on with [person's] care."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people's doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms were homely spaces that reflected people's individual personalities.
- Records were stored securely, and staff understood the importance of respecting people's private and confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's care plans were detailed about people's likes, dislikes and preferences. People received care that was individualised because staff knew and understood people well. People's care plans were developed with personalised information about how people communicated, their behaviour triggers and what action staff should take to de-escalate any stress and anxiety.
- People's care plans were kept under regular review to ensure they reflected up to date guidance to support staff in providing consistent personalised care and support.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported to maintain family relationships where appropriate and had been supported to attend family events. For example, a person had attended a relative's surprise birthday party. The person faced personal challenges when they were in company however they had been able to enjoy a communal meal and had enjoyed spending quality time with their family members. Another person was supported to be part of a family member's wedding.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities away from the service including music therapy, going for walks, using the hydrotherapy pool and going on holidays.
- The service embraced the principles of Active Support. This is a way of enabling people with learning disabilities to engage more in their daily lives changing the style of support from 'caring for' to 'working with.' It promotes independence and supports people to take an active part in their own lives. For example, we saw a person who had previously chosen to isolate themselves returning the serving trolley back to the kitchen after lunch. Staff said this was something new for the person that had been achieved through active support.
- A person who had lived with complex needs and significant challenges in their life had been introduced to going out and about regularly. For example, the person had been supported to spend a day at the seaside and regularly went out in their local community. This was a big achievement for the person as they had previously chosen to isolate themselves in their own room. The person also engaged in domestic activities to promote their independence such as doing their laundry with support of staff.

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.

- Each person had information their care plan describing the way they communicated. Staff used a variety of methods people preferred to ensure they could effectively communicate and get people involved in their care. For example, we saw people engage with staff through eye movements and body language.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.
- People's relatives were encouraged to share any concerns and complaints with staff or members of management. One relative said, "I have not had to raise a complaint but would be very confident to approach [Registered Manager] if needed."
- People who used the service didn't have the capacity to raise concerns formally. A 'grumbles' form had been created for staff to log if a person indicated they were not happy about any aspect of their care and support. These forms were escalated to the registered manager to review and take any action necessary to investigate further or to make improvements.

End of life care and support

- People's end of life preferences and choices were recorded. However, this was mainly about whether the person was to be resuscitated in the event of heart failure and whether the person was to remain at the service as opposed to going into hospital when their health deteriorated. We discussed with the registered manager that the end of life care plans would benefit from further development. This was to include person centred guidance for staff about what comfort and reassurance people would need as they neared end of life and how their emotional and spiritual needs would be met.
- No end of life care was being delivered at the time of this inspection. The registered manager was aware of what was required to support people with end of life care, when needed, and reported that staff training was scheduled in this area.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People were at the heart of the service and the staff and management team continually strived to provide the best care and support they could.
- The management team ensured action was taken to reduce people's anxieties and stress. For example, the registered manager noted one person became anxious and distressed because another person often attempted to open their bedroom door. The provider installed a new door with a locking mechanism which had the effect of immediately removing this concern for the person.
- The management team used innovative thinking to help meet people's needs. For example, a person moved into a larger flat attached to the next-door service also operated by the provider. However, to ensure familiarity and consistency for the person, it was agreed that it would be in the person's best interests to be supported by staff from Homeside that the person knew and trusted.
- Relatives felt the service was well-managed and they gave us positive feedback about the registered manager. One relative said, "It is well managed. [Registered manager] is a very good and caring manager." Staff were happy in their role and told us they felt valued and their contributions were appreciated. Staff praised the registered manager for being supportive and always available to help.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed to help ensure the quality of the service was maintained. Action plans for any identified shortfalls were developed by the registered manager. Audits included care plans and risk assessments, medicines, incidents, accidents and health and safety. Where actions were identified these were clearly recorded and followed up to ensure actions had been taken.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles. Staff meetings were held to support communication about how the service functioned and to cascade information. Staff understood what was expected of them to ensure good standards of care were always maintained.
- The provider was committed to continuous learning and improvement. They had robust quality monitoring systems to assess and monitor the service provided. The registered manager and provider shared a passion for delivering safe and effective care that empowered and enabled people to grow and develop.

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

- People's relatives and other stakeholders had opportunities to regularly give feedback about the care and support provided for people living at Homeside. An annual quality assurance survey was distributed to all relevant parties to explore people's feedback about the service. Staff kept in close contact with people's relatives to give them the opportunity to communicate their opinions, ideas and contribute to their family member's care.

Working in partnership with others

- The service worked closely with a range of health and social care professionals involved in people's care and support.
- Local authorities that commissioned the service also inspected it regularly. This ensured checks were made that people consistently received the support they required and expected.