The Regard Partnership Limited

Highdowns Residential Home

Inspection report

Highdowns Residential Home
Highdowns, Blackrock
Camborne
Cornwall
TR14 9PD

Tel: 01209832261
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19 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Highdowns Residential Home on 9 January and 19 January 2016, the inspection was unannounced. The service was last inspected in April 2014, and we had no concerns at that time.

Highdowns provides care and accommodation for up to 13 people. At the time of the inspection thirteen people were living at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Highdowns is part of the Regard Partnership group which provides services to people living with a learning disability. The service is made up of five properties on the same site located on the outskirts of Camborne.

Overall the premises were well maintained and, pleasant. However, we saw that cleaning schedules in the main house had not been consistently followed or reviewed to ensure standards of cleanliness remained high; this was also the case in communal bathrooms where we found overflowing bins. We saw a number of pieces of old furniture had been stacked at the back of the property. The registered manager arranged for this to be removed.

The service had a main house (which accommodated six people), a cottage (which accommodated four people) and three separate independent units. Two people agreed for us to see their living areas in the independent units. These units comprised of a bedroom, lounge/kitchen and private bathroom area. We saw that their living areas were decorated to reflect people's personal tastes.

Recruitment practices helped ensure staff working in the service were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse. They were clear about how to report any concerns and were confident that any allegations made would be appropriately investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet people's needs and keep them safe.

Staff monitored people's behaviour and routines in order to help ensure people's needs were not negatively impacting on others. Families and other professionals were involved in regular discussions about how best to support people. The registered manager told us they were continually assessing people's needs to check these were still being met.

People's individual abilities and strengths were recognised and respected. People received as much support as they needed but were encouraged to be independent wherever possible. There was a key worker system in place. Key workers had oversight of each individual's plan of care. Staff took a flexible approach to support, according to the needs of the individual. People approached staff for assistance and reassurance as they needed it and staff responded with understanding and good humour.

The registered manager had a clear understanding of the Mental Capacity Act 2005, and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. However, the legal requirement to inform CQC about the granting of a Deprivation of Liberty application for a person, by completion of a notification, had not been sent.

Information was presented in easy to read formats to aid people's understanding. Support plans contained one page profiles and simple text was supplemented with pictures. Communication tools were available and staff supported people to use these to plan their days.

The registered manager took an active role within the service. However, we found that lines of accountability and responsibility within the management structure were not clear. For example, cleaning tasks that had been delegated to help ensure the smooth and efficient running of the service had not been completed or reviewed.
We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Cleaning schedules in the main house had not been consistently followed or reviewed to ensure standards of cleanliness remained high.

Staff had received safeguarding training and were confident about reporting any concerns.

Support plans contained clear guidance for staff on how to minimise any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe and people were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Relatives and professionals told us staff were kind and caring.

People's preferred methods of communication were recognised and respected.

Staff recognised the importance of family and personal relationships and supported people to maintain them.

Is the service responsive?

Good

The service was responsive. Support plans were detailed, informative and updated regularly to reflect people's changing needs.

People had access to a range of activities that reflected their personal interests.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were unclear lines of responsibility and accountability within the service.

Notifications to the Care Quality Commission regarding approval of applications for Deprivation of Liberty Safeguards (DoLS) had not been made. This is a legal requirement.

The system of quality assurance checks in place was not robust.

Highdowns Residential Home

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 was planned to check whether the provider is 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 took place on 9 and 19 January 2016 and was unannounced. The inspection was carried out by one inspector on the 9 January and two inspectors on 19 January 2016.

Before the inspection we requested and were provided with a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the people living at Highdowns and observed staff interactions with people. We spoke with the registered manager, The Regard Partenership's head of operations and three support workers. Following the inspection visit we contacted two relatives to hear their views of the service. We also contacted two external healthcare professionals.

We looked at the care records for three individuals, people's Medicine Administration Records (MAR), staff rotas, two staff files and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Some people living at Highdowns had limited verbal communication. We spent time talking with people and observed the support provided to them. The positive interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. People approached staff for assistance and reassurance throughout the day. Relatives told us they believed their family members to be safe. An external professional told us; "I definitely consider this to be a safe and caring service."

Standards of cleanliness and infection control procedures in the kitchen were not robust. Cleaning schedules had not been consistently followed and this had resulted in areas of the kitchen not being adequately cleaned such as the kitchen floor. We requested documentation that evidenced appropriate safety checks in the kitchen and were told by a senior staff member that this was not available.

We found storage of left-over foods which had been covered with cling film and were piled on top of each other without any date to inform staff when it had been refrigerated. This meant staff were potentially unclear about how long food had been stored in the fridge and this food could therefore go past the date at which it should be used or disposed of. We spoke with senior staff about standards of hygiene and were told, "We have a rota which people can choose to follow or completely disregard. Often bins are overlooked and there have been cases where staff should have done certain things and haven't done them." This was upheld by comments in the communication diary which stated that standards of cleaning in one person's bathroom were unacceptable. We saw a hygiene bin was over flowing, a toilet pedestal was cracked and the pull cords for lights in toilets and bathrooms were unhygienic. This meant the service did not have robust infection control measures in place.

This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager or deputy manager and were confident they would be followed up appropriately. Flyers and posters in the office displayed details of the procedures to follow if they suspected abuse. These included contact details for the local safeguarding team. Staff had also received training in equality and diversity.

Highdowns offers support to people with highly complex needs. Some people could become distressed or anxious at times leading to them behaving in a way which could be difficult for staff to manage. Staff described the actions they would take in these circumstances. They told us they did not need to restrain people and were able to either distract the person or calm them using verbal prompts. All staff had received training in Positive Behaviour Management (PBM). Support plans contained guidelines describing how staff could support people to avoid them becoming agitated. For example, one person benefited from staff engaging them in singing songs to distract them from their anxiety. We also saw staff actively involved people in tasks such as making regular hot drinks. This helped the person to focus on positive behaviours,

which helped them feel involved and for which they received positive feedback from others who lived at the service as well as staff. Descriptions of people's behaviours or outward signs of rising anxiety were on record to help enable staff to de-escalate situations and help keep people calm.

Support plans contained detailed information to guide staff about the actions to take to help minimise any identified risks to people. This information was contained in the relevant section of the plan. Some people could become distressed and agitated at times. The support plans identified what was likely to trigger anxiety and how staff would recognise it. For example, one person could become anxious and agitated if they had to wait overly long before going out on an arranged trip.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On both days of the inspection, people were supported to go out on planned activities attend health appointments and take part in daily chores and routines. Rotas for the previous three weeks showed the minimum staffing levels were consistently met. Professionals with experience of the service told us, "In my opinion there seem to be enough staff available. I think service users are safe, well supported and are able to do what they want to do."

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example, Disclosure and Barring Service checks (DBS). We spoke with the registered manager who told us seven newly recruited staff members were awaiting a DBS check. New staff were unable to begin induction training before appropriate checks and references had been received. This meant people were protected from the risk of being supported by staff who did not have the appropriate level of skills or knowledge.

People's medicines were managed safely and stored securely. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. Some people had medicines available to use when needed (PRN). Staff could administer these when people's behaviour was becoming difficult to manage. On the front of individual MARs there was information for staff to guide them as to when PRN medicines should be administered to help ensure a consistent approach. For example, 'Severe agitation for longer than 20 minutes.' Staff were able to tell us in what circumstances PRN medicines could be given and the safeguards surrounding this. For example, a member of staff told us; "We need to contact on-call and they will double check when it was last given." All the staff team were trained to administer medicines.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. For example, one person's health needs had required the use of an air flow mattress to protect their skin from any pressure damage. This was quickly arranged and put in place. Relatives told us they believed staff were familiar with their family members' needs. One commented; "The key worker is very good. We have a lot of confidence they understand [person's name] needs." An external professional commented; "The staff have training in supporting the service user with their complex behaviour at a particularly vulnerable time."

New staff were required to undertake an induction process consisting of a mix of training, shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. We met with a new employee who was just completing the induction period. They told us it had been a useful process and colleagues had been supportive and available for any advice at all times.

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One staff member told us the trainer supplying face to face training was; "Brilliant". The registered manager told us they were about to undertake a training course to enable them to deliver certain training, such as manual handling techniques, to staff.

Staff received regular supervision from the registered manager or deputy manager. Staff told us they felt well supported and were able to seek additional help and advice from the registered manager or deputy manager whenever necessary. The registered manager received support and supervision from the organisation's locality manager.

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 saw the minutes of best interest meetings for one person. As the person's needs increased Highdowns had developed strong and on-going multi-professional relationships with a range of involved professionals, commissioners and advocates who met regularly to ensure the person's needs were being met and their placement at Highdowns remained in their best interests.

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. The application procedures for this in care homes and hospitals are 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 were being met. Mental capacity assessments and best interest meetings had taken place where appropriate and

were recorded as required. Where DoLSs authorisations had expired the management team had applied for them to be renewed to ensure people were not unlawfully deprived of their liberty.

The registered manager demonstrated a good knowledge of their responsibilities under the MCA and an understanding of the main principles of the Act. For example, there had been discussions with external health care professionals about the complexity of care required for one person. The registered manager showed us how healthcare professionals, commissioners, relatives and Highdowns management had worked together to develop a care package to meet the needs of a person. Regular best interest meetings were held and documented to help ensure the decision was the right one for the person.

Daily records confirmed people were supported to make everyday decisions about things such as when they wanted to get up, what they wanted to eat and how they wanted to occupy their day. An external professional told us, "I have seen evidence of [person's name] making choices about areas of their life where they can make decisions such as how they decorate their room and what clothes they buy etc." People were supported to be involved in planning menus, shopping for food and preparing meals. Staff were aware of people's individual likes and dislikes and took these into account. Some people were able to take responsibility for keeping their living space clean and buying and preparing their own food. Other people needed more support in this area, which was provided. This demonstrated staff recognised individual's strengths and abilities and were able to adjust the level of support accordingly.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Health files contained information about past appointments and any action taken as a result. We saw evidence that people's medicines were reviewed regularly and people had access to annual health checks. One person's health needs were being regularly monitored and the service worked with other healthcare professionals to try and ensure this was done effectively. A relative told us their family member attended regular health checks and saw the GP whenever necessary.

The interior of the building was mostly well maintained and decorated. Two people agreed to show us their rooms which were decorated to suit their personal taste. On the first day of inspection we saw one person's room had damage to walls and a door and was in need of decoration. Staff explained that plans were in place to complete the work but this needed to be done with the support and agreement of the person whose room it was. This was important because otherwise the person became anxious. On the second day of inspection we were proudly shown the room by the person who lived there. It had been repaired and fully decorated to reflect their taste.

We saw a number of pieces of old furniture had been stacked insecurely at the back of the property. The registered manager arranged for this to be removed.

People had access to outdoor spaces. The service is situated on a working farm and some people took an active part in helping out with the animals and work that was needed. One person told us how much they loved working on the farm, "I've been up on the farm today looking after the ducks and chickens".

Good

Is the service caring?

Our findings

We observed staff interacting with people and saw people were treated kindly and respectfully. . One person had a sight impairment staff were consistently encouraging when supporting this person's independence around the service. Relatives told us they were happy with the service provided. Comments included; "[Person] is very well cared for. They live a life we couldn't have hoped for really. We are very happy with Highdowns". External healthcare professionals told us they thought staff were caring. Comments included; "I have never had any reason not to consider this to be a safe and caring service" and "I have always found the staff to be caring and supportive of the people they support."

People were involved in decisions about their care and the running of the service. Easy read questionnaires had been developed to gather people's views and establish their satisfaction with how they were supported. Easy read information uses limited text supplemented with pictures and symbols. It can be a starting point for facilitating meaningful communication with people who have limited reading skills. Photographic records of how people spent their time and any new activities were kept. This meant the records were meaningful to people as well as staff.

Support plans contained information about what was important to people and their personal likes and dislikes. There was also important information about people's past, interests and relationships. This meant staff were able to learn about the person and gain an understanding of who they were as a person.

Staff recognised the importance of family relationships and friendships and supported people to maintain them. One person regularly spent time at their family home and we saw this person's close family relations were welcomed into Highdowns. They told us they were, "Very comfortable" when spending time at the service. The manager or deputy manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines. Another relative told us, "I am kept up to date with any changes to [person's] routine. I am here several times a week and sometimes I'll call and check in as well".

People's privacy and dignity was respected. Staff knocked on people's doors and waited to be invited in. Bedrooms reflected people's personal preferences. One person who lived in their own independent unit, told us how much they enjoyed musical instruments and we saw they had many instruments as part of the décor in their home. Another person had very limited furnishings due to the complexity of their health needs. However, we saw how caring and responsive staff were to this person needs. A core staff team had developed a close bond, built up over a period of time, with the person. It was clear staff understood and acted in the best interests of the person. People were supported to be independent and develop daily living skills according to their needs, for example, some people did their own laundry while others were supported by the staff to do their laundry.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests. The service had a number of pets including two cats, a house rabbit and two outdoor rabbits. People told us how much they enjoyed having pets.

Some support plans did not contain clear and detailed information to inform staff about how best to support people. For example, one file stated staff should use 'distraction techniques' but gave no further guidance about what these techniques were. We also found more than one copy of the same information on file in the two support plans we looked at. This meant it was difficult to find information easily in the files. In one case there was a hospital letter which had the second page missing. Overall support plans were not clear. The registered manager acknowledged that care plans required work and said the plans would be reviewed to ensure the contents were clear.

There was information in support plans about what might lead people to becoming distressed or anxious. For example, "[Person] becomes attached to particular staff members and then can be anxious when that person isn't there". Understanding this allowed staff to develop behavioural strategies for helping to minimise the person's anxiety. People and their families were involved in the development of support plans and review meetings were held regularly. An external healthcare professional commented; "Reviews at Highdowns are an opportunity to get everyone involved with [person's name] care together and are always appropriately run".

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being.

The atmosphere at Highdowns was mainly calm which benefited the needs of people living there. However, one person could be very vocal at times and we witnessed this during the inspection. We discussed this with management and staff who told us this did not seem to have a negative effect on others. The registered manager told us they were monitoring the relationships between people living at Highdowns on a regular basis. We saw staff responded quickly and kindly to the person and offered reassurance both verbally and by diverting the person into different activities. The registered manager told us the person was out of the service for most of the day at a placement. This meant there were long periods of time when the house was quieter. The registered manager and deputy manager told us the person was generally settled during the night. Management had emphasised to night staff the importance of recording any disturbances so they could identify if people's needs were beginning to impact negatively on others. This demonstrated action was being taken to monitor any discomfort or distress to people so that it could be addressed in a timely fashion. People were supported to take part in a range of activities which reflected their personal interests. For example, one person was keen to work in the local community as a volunteer. This had been arranged and the person told us how much they enjoyed their work at a local supermarket where they had met many friends. Staff told us the person enjoyed this and the work gave them a sense of pride and involvement in their local community. Relatives of the person told us, "Highdowns have been very good in finding activities

for [person's name] which he enjoys doing".

During the inspection people were in and out of the service taking part in planned appointments and leisure activities. For example, shopping, medical appointments and walks out. Highdowns was a 10 to 15 minute walk from the nearby village with a local pub and facilities such as shops, restaurants and a chemist. We saw people from outside the service regularly come into the buildings. The village had good public transport links and people often caught a local train or bus to visit other areas of the county. For example, one person caught public transport to their job. The registered manager told us people were well known in the community as they often used local amenities.

We saw people were able to occupy themselves within the service. One person enjoyed puzzles and there was a selection to choose from. People had their own televisions and music collections in their rooms. There was plenty of space in shared areas of the building so people could spend time on their own or with others as they chose.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. Relatives told us they would be confident to raise any concerns they had with the registered manager or deputy manager but had not had needed to. People we spoke with who used the service told us they were aware of how they could make a complaint should they need to do so. People told us they could speak to the staff about any issues and all said the registered manager was approachable should they have any concerns. We saw the complaints leaflet was on display so people had free access to it at any time. This leaflet was presented in pictorial and written format and explained what the complainant needed to do, and what process would be followed, if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

There was a mixed reaction from staff members about whether the service was well led. Most staff said they felt the service was well managed and the registered manager led by example. Some staff were positive about the management of the service. However, the staff were less positive. One staff member explained that delegation of tasks to staff and checking that things had been done was not consistent. From conversations with senior staff it was confirmed that role responsibility and accountability was an area across the staff team that required improvement.

Notifications to the Care Quality Commission regarding approval of an application for a Deprivation of Liberty Safeguard (DoLS) had not been made. This is a legal requirement.

People who used the service, their representatives, and staff were asked for their views about the quality of care and treatment provided. This was done by the use of a quality assurance questionnaire, informally by talking to people, involving family members and professionals in review meetings and by discussions in staff and house meetings. Areas identified as needing improvement were acted on. It was also clear in care records that people's views were sought in the care planning review process. Staff told us they spoke to people individually about any matters relating to the service.

The registered manager received regular supervision from the provider's locality manager who visited Highdowns at least twice a month. They also attended monthly managers meetings and felt well supported and kept up to date with any changes via a system of emails and regular meetings. In addition they said they had very good peer support from other managers in the group.

People were supported by key workers who had oversight of their support plan and responsibility for organising any external health appointments. People talked positively about their relationships with their key workers. It was clear this role was important to people who used the service because it provided a focal point for discussions about their lives and a sense of shared accountability for making sure things that had been agreed were carried out.

Staff told us there was an on-going programme of training and they considered the training enabled them to be competent and confident in their work. The training included topics such as safeguarding, whistle blowing and medication.

Quarterly audits on areas such as infection control and quality checks on support plans were carried out by the management. The registered manager told us any highlighted issues or areas requiring improvement would result in an action plan with a defined time frame. The registered manager also had responsibility for producing a monthly compliance report. We found the quality of particular processes, such as completion of cleaning schedules, in the kitchen, were not being carried out to an acceptable standard. Management did not have a clear overview of where improvements to the standards in, for example, cleaning processes could be made. Inspectors were assured such issues would be dealt with immediately

We reviewed the accidents and incidents that were recorded. Learning logs and incident sheets were completed giving detailed information when incidents and accidents occurred. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns.

Maintenance was recorded and prioritised to carry out any repairs of defects in the premises. Staff told us reported faults were acted on promptly. During the inspection a maintenance worker carried out some minor repairs which had been reported the previous week.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Poor standards of cleanliness and infection control in kitchen and bathrooms.