

# Community Integrated Care Highlands Road

## Inspection report

76 Highlands Road  
Fareham  
Hampshire  
PO15 6BZ

Tel: 01329282252  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

Date of inspection visit:  
10 March 2019

Date of publication:  
07 May 2019

### 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

Highlands Road is a residential home that provides support for up to four people who may have learning disabilities or autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People told us they were very happy living at Highlands Road. People told us they were encouraged to be independent and involved in developing their care and support plans. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

Staff demonstrated knowledge of how to safeguard adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People were supported with their health needs, this included being supported for a specific learning disability annual health check. People were referred to other health and social care professionals when required and were supported with their emotional well-being. Staff we spoke with told us they felt supported by the provider.

People told us staff were caring, supportive and kind. We observed staff to treat people in a dignified manner and people told us they were given privacy within the home. Activities were arranged for people that suited their individual interests. Staff actively explored what other activities or community groups were available locally to ensure that people had opportunities to engage in their community.

Support plans were detailed and recorded what was important to the individual. People were involved in planning their own lives and agreeing future goals. Support plans were person-centred, meaning people were at the heart of how they wanted their care and support to be provided.

Staff told us they felt well trained and supported. The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.

People, staff and professionals told us they thought the home was well led and they spoke positively about the senior support worker and the registered manager. The provider and registered manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into the local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as good and the report was published on 16 September 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remains safe.

Please see detailed findings below.

**Good** ●

### **Is the service effective?**

The service remains effective.

Please see detailed findings below.

**Good** ●

### **Is the service caring?**

The service remains caring.

Please see detailed findings below.

**Good** ●

### **Is the service responsive?**

The service remains responsive.

Please see detailed findings below.

**Good** ●

### **Is the service well-led?**

The service remains well-led

Please see detailed findings below.

**Good** ●

# Highlands Road

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One Inspector carried out the inspection.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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: Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people and a senior support worker. After the inspection we obtained feedback from two support workers and two healthcare professionals. The registered manager was not available during our inspection.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We reviewed three people's care records, their medicines records, reviewed the providers recruitment process and checked a number of the providers policies and procedures relating to dignity and respect, staff

training, support and supervision and we looked documents relating to the governance of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us that they felt safe using the service. One person said, "I feel very safe here and I like it."
- Records confirmed staff had received training in how to keep people safe. They understood the different types of abuse and knew how to report concerns.

Assessing risk, safety monitoring and management.

- Risks associated with people's care had been identified and assessed. Measures were in place to provide guidance for staff on how to manage and minimise risks. A member of staff commented, "There are individual risk assessments in place; these assessments are there to protect the people and the staff. All staff read and sign all assessments. We believe in positive risk taking so that the people we support lead happy fulfilling life styles. Risk assessments are reviewed six monthly or as and when a change is needed".
- People had risk assessments in place for things such as medicines, accessing the community, mental health and self harm.
- People had personal evacuation plans in place which were to be used in the event of an emergency such as a fire.
- Management audits took place regularly to ensure information contained in risk assessments was accurate.

Staffing and recruitment.

- People told us that there were enough staff to meet their needs. One person said, "There are three people in the house and one person is at College everyday so it's then just me, [person] and [member of staff]."
- Staffing incorporated both "core hours" shared amongst people living in the same house, and one to one hours to enable people to be supported in activities in the community or pursue their own hobbies and interests.
- If people's needs changed, the registered manager approached the funding authority for a review of people's support to make sure that they could provide enough staff to meet people's needs.

Using medicines safely.

- Medicines management systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in the administration of medicines and could describe how to do this safely.

- There was guidance for staff on how people liked to be supported with their medicines.
- There were separate protocols for 'as required' (PRN) medicines and these were personalised.

Preventing and controlling infection.

- Staff had been trained in how to prevent and control the spread of infection.
- People told us and we saw on our inspection that the houses were always clean and well maintained.

Learning lessons when things go wrong.

- We saw that accidents and incidents were recorded and monitored by the managers.
- Trends were identified and people's care plans and risk assessments were reviewed as necessary to keep people safe.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

- A member of staff commented, "We give people support to clean their room, we support them with their finances (helping them to budget their money) and filling in necessary paperwork. Support them to cook their evening meal, mainly with the timings and temperatures. We promote independence as much as we can".
- People consistently told us staff supported them to remain as independent as possible. One person said, "The staff try and encourage me to do things for myself. I go to College. I also go to the chess club and yes I do enjoy it".

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 with appropriate legal authority. 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 Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people subject to any restrictions on their liberty.
- People told us staff always asked them how they wanted to be helped and sought their consent before doing so.
- Staff were trained in the principles of the MCA and said they knew the importance of seeking people's consent before they supported them. □

Staff had the knowledge, skills and experience to support people effectively.

- Newly appointed staff received an induction which they said prepared them for their job. This included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.
- Records confirmed new staff received an induction which prepared them for their role.
- There was a programme of training for staff including courses considered mandatory for their job such as

emergency first aid, moving and handling, food safety, nutrition and hydration as well as health and safety. Completion of this training was monitored. Staff were also supported to attend other courses such as in lone working, autism and behaviours that may challenge.

- Staff received appropriate support, supervision and appraisal.

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

- A member of staff commented, "Menu planning is in place. Staff support individuals to look for healthier options. Food temperature and monitoring forms are in place. People generally make their own drinks although staff do make sure that they are drinking enough".
- People told us they were supported to develop their cooking skills. One person said, "I am trying to learn more about cooking with staff helping me".

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked well with other agencies who also supported people. These included health and social care agencies such as social services, GPs and community teams and mental health services.

Supporting people to live healthier lives, access healthcare services and support.

- A member of staff commented, "People are supported to have regular dental check ups, they also have two yearly optician appointments unless more is needed. They also have annual health checks at the Doctors" and "All relevant paperwork is in place and all healthcare appointments are logged".
- Each person had a 'Hospital Passport' with details of their health care needs which could be passed to any medical staff.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with dignity and respect. One person said, "Yes I think the staff respect me".
- Our observations of staff interactions with people showed that they were treated with kindness, compassion, dignity and respect. For example, we consistently observed the senior support worker asking people for their permission to view files and for us to enter the kitchen area.

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

- Staff supported people to be involved in and agree decisions about their care.
- People's communication needs were recorded in care plans. Staff knew people well and understood when they wanted help with and which communication strategies worked best.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.
- Advocacy services had been used to support people. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence.

- Staff spoke with pride about their jobs. Staff were particularly proud about their achievements, where they had made a positive difference to people's lives. For example, they had supported several people to gain confidence, learn new skills and become less anxious.
- People were supported by staff who understood the importance of respecting people's privacy and dignity.
- All records containing information about people living in the home were kept locked when not in use to maintain confidentiality.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were encouraged to have as much involvement as possible in drawing up their support plan and when reviewing it. One person said, "If I want to look at my paperwork and give my views I can. I have done it before".
- People were encouraged to keep in touch with friends and family. One person said, "I meet up with my brother and we go to lots of different places". Pictures on walls in the home demonstrated people had an active social life and regularly visited different cities and areas of interest.
- We saw people and staff being treated fairly and equally. The provider told us they had policies and procedures in place to ensure they met their responsibilities under the Equality Act.
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. Records relating to the care and support people required were in an accessible format. One person said, "This is a list which has the food menu on it. We also have one for our jobs in the house".

Improving care quality in response to complaints or concerns.

- A member of staff commented, "We have an open door policy and our people we support can talk to us as when they want or need. Any concerns are dealt with straight away and logged".
- People knew how to make a complaint and they were confident their complaints would be listened to and acted upon.
- The complaints procedure was also discussed with people and team meetings. Minutes showed the complaints procedure had been explained and people had been encouraged to speak out and reassured their complaints would be listened to. One person said, "Unless you can fix the bus service I have no complaints and I am happy here".

End of life care and support.

- At the time of our inspection no one was receiving end of life care.
- The provider had suitable arrangements in place should someone need end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- The previous inspection rating was on display and notifications had been submitted to us, as required by law.
- There was a clear staff structure throughout the home and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- There were systems in place to monitor the safety and the quality of the service. Audits were completed on a regular basis and where shortfalls were identified, these were addressed in an action plan.
- A member of staff commented, "Our home manager is in every week checking files and working on the continuous improvement file. Our senior is in charge of the monthly management report and he oversees the every day running of the home. Our senior has on many occasion gone the extra mile, he has come in on days off to take people we support to appointments".

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

- The provider regularly sought the views of people, their relatives and visiting healthcare professionals and the feedback had been used to continuously improve the service.
- People could provide feedback on the running of the service during, care reviews and whilst they were being supported in the home. A member of staff said, "It's a very relaxed house. We talk all the time and if

anything needs sorting we get it dealt with there and then".

- Staff attended regular meetings which they found helpful. We saw from the records that these focussed on communicating the needs of individual service users as well as discussing concerns and issues relating to improving the service.

Continuous learning and improving care.

- The senior support worker described how one person was part of the provider's quality assurance improvement team. They said, "[Person] travels to various places to do inspections and get feedback". The person said, "I enjoy it and it makes a difference".

Working in partnership with others.

- A member of staff commented, "We have meetings with social services and other health care professionals. We report incidences. We inform agencies and send reviews".
- Care review records and correspondence demonstrated staff worked in partnership with external organisations.