

Hightown Housing Association Limited

Hightown House

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

Hightown House is a domiciliary care service based in Hemel Hempstead providing personal care and support services to adults living in their own homes across Hertfordshire, Buckinghamshire and Berkshire. Not everyone who used the service received 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. At the time of this inspection 176 people were receiving the regulated activity of Personal Care.

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. 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 outcomes

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 risks and knew how to respond safely. 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. Incidents and accidents were recorded, investigated and reviewed by the management team.

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 told us they 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.

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. People and their relatives, where appropriate, were fully involved in the planning and reviews of their care and support. People were supported to access advocacy services to obtain independent advice and guidance relevant to their needs.

People received personalised care and support that took account of their preferences and personal circumstances. Staff told us the provider encouraged them to explore any aids to enable better communication with people. Staff helped and supported people to develop the skills and confidence necessary for them to live independently in their own homes. People enjoyed a varied and active social life according to their personal preferences with the encouragement and support of staff. Staff and management routinely sought and learnt from people's experiences, concerns and complaints in a positive and responsive way.

At the previous inspection in 2016 we had found that local level audits had not always been completed and had not always identified areas of concern. At this inspection we found significant work had been undertaken to develop workflows for every aspect of the business which meant that shortfalls in performance were swiftly identified and addressed in a timely manner. The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values. People's relatives were positive about how the service was managed and the management team.

The registered manager and scheme managers were knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. The provider routinely distributed quality survey forms to people, staff, relatives 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 29 September 2016)

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?

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.

Hightown House

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

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with relatives of thirteen people who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, scheme managers and

support workers.

We reviewed a range of records. This included a sample of four people's care 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.

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 two professionals who regularly visit the service.

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

- People's relatives said people were safe and well protected from the potential risks of abuse and avoidable harm. One relative said, "I do believe [person] is completely safe. They are not the easiest person by any means, but staff manage to encourage them to do what must be done to keep safe and well."
- Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. They knew how to raise concerns, both internally and outside of the provider's organisation, and how to report concerns by whistle blowing if necessary.
- Where concerns had been raised they were documented and investigated in accordance with the provider's safeguarding procedures and protocols and measures had been put in place to mitigate the risks and help keep people safe.

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process. For example, people going out without staff members to support them, people cooking with support of staff and people being supported to learn to manage their finances independently.
- Where potential risks to people's health, well-being or safety were identified, they were assessed and reviewed to take account of people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- The staff team received fire awareness training and practice evacuations took place to help ensure staff and people knew how to make their way to safe zones as quickly as possible. Fire safety equipment was made available including evacuation chairs and slides as needed. The registered manager reported that the fire service had been involved in reviewing risk assessments around fire.

Staffing and recruitment

- Safe and effective recruitment practices helped to ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet people's care and support needs. People were encouraged to be involved in the recruitment process interviewing prospective candidates and giving feedback about who the service employed to provide them with care and support. We were told of instances where this had proved invaluable in helping to select the right candidates.
- There were enough suitably experienced, skilled and qualified permanent staff deployed to meet people's individual support needs. Significant work had been undertaken since the previous inspection by the provider's recruitment team to effectively reduce the use of external agency staff. The team had successfully recruited a team of bank staff to cover for sickness and other absences. The benefit to people was clear in that they received their care and support from people known to them and who understood their individual needs and preferences.

- People and their relatives were positive about the numbers of staff available. One relative told us, "There are enough staff, [person] gets what they need when they need it."
- Staff said there were enough staff available to meet people's individual needs and support them safely. One staff member said, "We are very fortunate in that we have a good pool of staff. The staff are excellent, a very dedicated team."

Using medicines safely

- People's medicines were stored, managed and disposed of safely and they were provided with safe and appropriate levels of support. Staff were trained and supported people to take their medicines at the right time and in accordance with the prescriber's instructions and had their competencies checked by senior colleagues.
- The support provided for people with their medicines was dependent on their individual abilities. Some people needed more support than others in this area. People's relatives said they were confident that staff provided good support for people to take their medicines.

Preventing and controlling infection

- Staff had received infection control training.
- People were supported by staff to maintain the cleanliness of their individual flats and protected time was put aside for this each week.

Learning lessons when things go wrong

- Incidents and accidents were recorded, investigated and reviewed by the management team. This helped to ensure that appropriate steps were taken to identify, monitor and reduce risks to people's safety. Staff told us that following a serious incident additional training was provided for staff members and the provider monitoring systems were made more robust to help prevent recurrence.
- The registered manager reported, "Lessons learned, and best practice guidelines are disseminated through our management and meetings structure." The provider had developed 'Risk is everybody's business workshops' to help increase the quality of risk management whilst supporting people to be as independent as possible. The registered manager said, "It is a fine line balancing choice with risk."

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

- Staff assessed, and documented people's needs and preferences in respect of their physical, mental and social needs and the care provided was based on this assessment.
- People's outcomes were good. The provider had identified an objective to reach a point where people were empowered to live their lives with more independence and less reliance on staff support. This was being achieved by embracing assistive technology such as sensor mats and alarms. For example, one person had their waking night staff provision reduced as a direct result of assistive technology which was monitored remotely to confirm the person's safety was being promoted.
- Staff used nationally recognised tools to assess the risks of pressure ulcers, nutritional risks and falls risks. Care interventions, such as re-positioning to help prevent pressure ulcers, were completed consistently when needed.
- Information on best practice guidance was available for staff to access as needed.

Staff support: induction, training, skills and experience

- People's relatives said they felt staff were skilled and competent. One relative said, "The staff team are all lovely, they are skilled, knowledgeable and caring. The staff team have to manage some very difficult behaviours from individuals, but they are amazing."
- Staff received training and refresher updates in a wide range of subjects relevant to their roles including basic core areas such as moving and handling, safe administration of medicines, fire and food safety, infection control and safeguarding vulnerable people. Specific training was also provided as needed which was tailored to the individual needs of the people supported.
- Newly recruited staff completed an induction programme and did not work unsupervised until assessed as competent to provide care and support in practice. Senior staff carried out routine competency assessments to help ensure the staff team remained competent in their roles, for example with moving and handling and supporting people with their medicines.
- Staff had regular meetings with managers and senior colleagues to discuss and review their personal development, performance and issues that were important to them. Staff told us they felt listened to and supported.

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

- Staff were knowledgeable about people's nutritional needs, supported them to eat a healthy balanced diet wherever possible and had access to detailed guidance about their specific dietary needs and personal preferences. For example, one person had been supported with a Healthy Living initiative. The person had successfully lost significant weight in two months by making better and informed food choices. Staff at the

location focused on walking for fitness and not taking the scheme vehicle for short trips.

- The levels of support provided varied to reflect people's individual needs and abilities. Some people needed very little support whereas others required help to plan menus, shop for ingredients and prepare meals. One living environment had introduced "taste for pleasure" sessions for people who received their nutritional intake via a percutaneous endoscopic gastrostomy tube (PEG) into their stomach. The 'taste of pleasure' sessions enabled people to experience the taste of different foods in their mouths.

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

- People had access to a wide range of health and social care professionals relevant to their needs, including GP's, dentists, psychiatrists, social workers, district nurses, podiatrists, opticians, chiropodists, dementia and epilepsy care specialists and speech and language therapists.
- Staff had good relationships with external professionals who had contact with the service. Health professionals told us they were confident that people received appropriate support from the service.
- People's relatives gave us positive feedback about how staff proactively liaised with external professionals for the benefit of people who used the service. One relative said, "The staff team keep me informed of any changes or health concerns and work closely with an independent advocate to help ensure [person] gets the right support they need at the right time."

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff members sought people's consent to the care and support they received, together with that of their relatives or external advocates where appropriate.

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 were positive about the quality of care provided by the staff and managers who supported them. People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "I think it is a really lovely place, they (staff) really care and look after people as individuals."
- People were satisfied with the service they received. A person who had received help and support to move onto independent living had written in a card for staff, 'Thank you so much for all the help you've given me over the past couple years and for the support given with moving on. It has been an absolute pleasure living here with memories I will treasure forever. Thank you so much for everything.'
- Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours. We were told of a person who had been admitted to hospital for a surgical procedure. The local manager and staff team arranged for staff to support the person 24 hours a day for the duration of their hospital stay. The person's relative said, "It moved me to see how hard the staff team worked and went the extra mile to help [person] get out of the hospital back to his home as soon as possible."

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

- People and their relatives, where appropriate, were fully involved in the planning and reviews of their care and support. One relative said, "We have been involved in developing [person's] care plans, in fact recently we have been involved in developing an end of life care plan." Another relative told us, "We visit regularly and staff always take the time to chat with us about anything that has happened since our last visit including outings, activities, health appointments etc."
- Staff involved people as much as possible in regular reviews of their care plans. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs.
- People were supported to access advocacy services to obtain independent advice and guidance relevant to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people whilst respecting their privacy and promoting their dignity. People told us staff made sure curtains and doors were shut when personal care was being provided.
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. For example, care provided by a person of the same gender.
- Confidentiality was well maintained throughout the service and information held about people's health,

support needs and medical histories was kept secure.

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 received personalised care and support that took account of their preferences and personal circumstances. Detailed information and guidance had been developed to help staff provide consistent care and support in a person-centred way. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.
- Support plans set out how people should be supported in a way that best suited them and their needs. For example, one support plan stated, 'When [person] is happy or likes something they will communicate by making eye contact with you, smiling on interaction with familiar staff/people, laughing out loud and appearing calm and content.'

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.

- Staff gave people the information they needed to make decisions in a format they understood. For example, some people liked to look at pictures as this helped them understand information better.
- Staff told us the provider encouraged them to explore any aids to enable better communication with people. This included computer tablets and other technology to aid with communication and maximising people's independence.

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

- Staff helped and supported people to develop the skills, confidence and independence necessary for them to live in their own homes and enjoy a good quality of life that best suited them. This included support with every day activities of daily living such as cleaning, laundry, managing money to pay bills, social engagement and shopping for food.
- People enjoyed a varied and active social life according to their individual preferences with the encouragement, support and involvement of staff. For example, a person had enjoyed a trip to a film studio and two people enjoyed participating in wheelchair ice skating. A staff member said, "You can see the enjoyment they (people who use the service) get when they are out on the ice and they always have a smile on their face."
- People were supported to access interests outside of their living environment. For example, a person had a passion for buses and coaches. Staff supported the person to apply for a voluntary opportunity with a

local coach company. Another person undertook voluntary work at a Goat Centre, as they enjoyed spending time with animals.

Improving care quality in response to complaints or concerns

- Staff and management routinely listened and learnt from people's experiences, concerns and complaints in a positive and responsive way. It had been previously identified during a survey that the complaints process was not always clear for people living with a learning disability. To address this an easy read complaints guide was given to people in August 2019.
- People's relatives said they knew how to make a complaint and told us that the management responded to any concerns raised in a prompt and positive way. One relative said, "I would be very confident to raise any issues of concern with the management team should I ever need to."
- People were encouraged to complete 'have your say' forms and some used this process to raise complaints and concerns that were reviewed and dealt with by senior staff. A report compiled by the provider's Risk Review Group showed there had been a small rise in the number of complaints raised by people who used the service since the previous quarter. To address this the following actions had been agreed: Staff to be more careful of the attitude and tone of voice used when communicating with people who used the service and that agency staff must have a full induction making sure they had read people's risk assessments and support plans.

End of life care and support

- The service cared for those people who did not wish to move to a clinical setting as they approached end of life. Staff received specific training when needed and we noted that hospice services were also involved with people's end of life care and provided advice and guidance for staff as needed.
- End of life care plans were developed for people and expanded upon when health declined, and their needs escalated. An end of life care plan we viewed included guidance for staff to enable them to keep the person comfortable and pain free, to offer reassurance and to access support from a representative of the person's church.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous inspection in 2016 we had found that local level audits had not always been completed and had not always identified areas of concern. At this inspection we found significant work had been undertaken to develop workflows for every aspect of the business. These workflows were clearly understood by all levels of management we spoke with. The impact of this was that any shortfalls in performance were identified in a timely manner, actions taken to address the shortfall and then learning shared around the service to help ensure the same shortfalls were not replicated elsewhere.

- People who used the service were encouraged to join 'Voicebox'. The group forms part of the provider's complaints scrutiny panel who met quarterly to review and complaints and make recommendations for service improvement. To further enhance the provider's audit system

Voicebox visits were introduced, where people were invited to visit other houses within the group and comment on the look and feel of building and the welcome received from staff. This input was fed back to local managers.

- Staff members told us they enjoyed working for the provider and felt well supported. One staff member said, "I feel we are listened to and the management team are very supportive. It is a great company to work for, I would recommend it to other people looking for this type of role and I have done so in the past."

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

- People's relatives were positive about how the service was managed and the management team.

- Local managers carried out regular checks and audits in a wide range of key areas at all sites where a service was provided. These included the management of medicines, health and safety, complaints, safeguarding, accidents and incidents, staff performance and people's support plans. Reports about performance in these areas were produced, reviewed by the registered manager and discussed at management meetings.

- The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values.

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

- Relatives said managers kept them well informed about changes to the care and support people received

where appropriate. The provider routinely distributed survey forms to people, staff members, relatives and health professionals. The provider shared the survey responses from May to July 2019. The headline feedback was as follows: 82% of respondents enjoyed living in their home. 87% of respondents felt safe in their home. 91% of respondents said staff were kind. 88% of respondents knew who to speak with regarding a complaint, or concern. 86% of respondents said staff were flexible, helping people to live to their individual routines.

- The registered manager and scheme managers were knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet the varied needs of all the people they supported.
- A relative had complimented the team saying, "I just want to let you know how much I enjoyed the two fundraising events I attended recently." They continued, "On both occasions the staff showed such dedication towards the people in their care and it was clear to see that everyone present thoroughly enjoyed themselves. I very much appreciated having the opportunity to meet the staff and residents within a social setting and to get to know them better. It as a brilliant idea to include the parents and I look forward to having more fun with you all in the future."

Continuous learning and improving care

- The views, experiences and feedback obtained from people, their relatives and professional stakeholders about how the service operated had been sought and responded to positively.
- Feedback was reviewed by the registered manager and senior representatives of the provider who also carried out unannounced visits and spot checks. The information gathered was used to identify both shortfalls and areas of good practice. Where shortfalls were identified, action plans were developed to bring about improvement and to reduce any identified risks.
- The provider and management team were invested in providing training for all levels of staff. For example, a management training program was to be launched at the end of October 2019 focusing on effective staff relationships, giving feedback, one to one supervisions and personal development.

Working in partnership with others

- Health and social care professionals told us that the staff and management team were always responsive to any comments and suggestions and were committed to working collaboratively with people, their families, specialists and professionals.
- The management team gave us examples where links had been established in the community for the benefit of people who used the service. These included membership of local disability forums, where people who lived with learning disabilities, their relatives and health professionals could meet up and discuss issues relevant to their needs.