

Highfield Scheme Limited

# Highfield Scheme Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

We carried out announced inspection of Highfield Scheme Limited on 16, 17 and 18 February 2016.

Highfield Scheme Limited is registered to provide personal care and support to people with a learning disability living in their own homes. This includes people living in shared accommodation as part of a supported living arrangement. The aim of the service is to promote each person's personal development, their independence and maximise their potential in all areas of life.

Services provided by the scheme included support to maintain people's health, social and intellectual wellbeing as well as guidance with home making skills, budgeting and life choices. The service can be available seven days a week, 24 hours per day in response to people's individually agreed care package. At the time of the inspection Highfield Scheme was providing support for 34 people.

The service was managed by a registered manager. 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.

At the last inspection on 26 June and 1 July 2014, we asked the provider to take action to make improvements in relation to ensuring people who used the service were safeguarded against the risk of abuse. Staff were not confident in raising matters of concern and had not received up to date training on safeguarding matters. Appropriate records had not been kept on safeguarding investigations and outcomes. We received an action plan from the provider indicating they would meet the relevant legal requirements by 1 December 2014. At this inspection we found sufficient action had been completed to make the required improvements.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having robust recruitment procedures for the safety and well-being of people using the service. You can see what action we told the provider to take at the back of the full version of this report.

We found some further improvements were needed to provide people with safe care and support. Therefore we have made a recommendation about ensuring risk to people's well-being and safety are properly considered. We have also recommended the service improve their practice on safely supporting people with their medicines.

We also discussed with the registered manager the value of revising the arrangements in place for re-decoration and up-grading of the properties with the landlord, people using the service and their representatives.

People we spoke with and spent time with indicated they felt safe with the service. Staff spoken with were aware of the signs and indicators of abuse. They knew what to do if they had any concerns and were confident in reporting matters. Staff had received training on safeguarding and protection.

People we spoke with told us they were satisfied with the service. They said: "It's okay," "Things are fine" and "I'm really happy."

People were supported with their healthcare needs and medical appointments and their general wellbeing was monitored. Where applicable they were supported with shopping for provisions, cooking, eating and drinking.

There were systems in place to ensure all staff received regular training and supervision. We found some training was over-due, but this matter was in hand.

We found the service was working within the principles of the MCA (Mental Capacity Act 2005). Processes were in place to support and encourage people to make their own decisions and choices.

People made positive comments about the staff team including their caring approach and attitude. One person told us, "The staff are always nice." We observed staff providing people with sensitive support and guidance with daily living needs and activities. Staff were aware of people's individual needs, backgrounds and personalities. They told us they were familiar with the content of people's care records.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, and preferences before they used the service. Each person had a support plan in place to direct staff on meeting and responding to their assessed needs. People's needs and circumstances were kept under review. People told us how they were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. Staff responded to people as individuals and promoted their rights, choices and independence.

Processes were in place to support people with any concerns or complaints. There was a formal system to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction within their support reviews. There was an 'easy read' complaints procedure for people, which provided step by step guidance on making a complaint.

We found there were management and leadership arrangements in place to promote an efficient day to day running of the service. During the inspection the registered manager expressed commitment to the ongoing improvements at the service. There were processes to monitor and develop the services provided, in consultation with the people who used them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Although people told us they felt safe, we found the provider had not always operated a robust recruitment procedure.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices could be improved.

Risks to people's wellbeing and safety were being assessed and managed. However processes were lacking in routinely screening and assessing risks associated with diet, falls and pressure ulcers.

There were enough staff available to provide people with safe care and support. Staff were trained to recognise any abuse and they knew how to report any concerns.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People told us they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training was overdue, but action had been taken on this matter.

People's health and wellbeing was monitored and they were supported to access healthcare services when appropriate.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA)

People were supported when required, to eat and drink.

**Good** 

### Is the service caring?

The service was caring.

**Good** 

People made positive comments about the caring attitude and approaches of staff. We observed friendly and respectful interactions between people using the service and staff.

People had a small team of carers providing their support.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

People were supported and cared for in a way which promoted their privacy, dignity and independence.

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

**Good** ●

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences.

People and/or their families, were involved with planning and reviewing their care and support. Some people were aware of their care and support plans and confirmed they had been agreed with them.

Processes were in place to monitor, review and respond to people's changing needs and preferences.

Arrangements were in place for people to pursue their chosen interests and lifestyle choices.

Procedures were in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

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

**Good** ●

The service was well-led.

The service had a registered manager who provided leadership and direction and was committed to the continuous improvement of the service.

The service's vision, values and philosophy of support were shared with staff and supported by the management and leadership arrangements.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

# Highfield Scheme Limited

## 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 checked 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 16, 17 and 18 February 2016. We contacted the service before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). 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 also reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we visited people in their own homes. We spent time with people and observed how they were supported. We spoke with four people when we visited them. We talked with two people who used the service at the day centre. We also spoke with six members of staff, four team managers, two team leaders and the registered manager.

Prior to the inspection we sent out a satisfaction questionnaire to nine people who used the service and nine of their relatives to seek their views on Highfield Scheme. We received responses from seven people who used the service and three relatives.

We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation. Three staff recruitment files, a sample of policies and procedures, staff training records, complaints logs and quality assurance records.

Following the inspection we had contact with the learning disability nurse practitioner team.

# Is the service safe?

## Our findings

The people we spoke with and spent time with indicated they felt safe with the service. One person said, "Things are okay, the staff treat me well." Another person commented, "I am still happy here." We reviewed the information we had received in satisfaction questionnaires. One relative commented, "[My relative] gets on well with her fellow service users and the staff, who work hard to ensure she is safe and happy." All the people who had responded to questionnaires indicated they felt the service kept people safe from harm or abuse. We spent time in the company of people who used the service and observed how they were supported and cared for. We observed staff supporting people in a sensitive and considerate manner. A nurse from the learning disability team told us, "I have not seen anything of concern."

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. Some of the required checks had been completed before staff worked at the services and these were recorded. The checks included an identification check and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

However we found full employment histories had not been obtained. This meant their work experience had not been fully considered and any gaps in employment had not been checked and clarified. This is important so appropriate background checks can be carried out. Records had not been kept to show a declared conviction had been noted, explored and any risks to people identified and managed. We noted one entry on an application form indicated the applicant had convictions, but no details had been given about this. Another staff member had not completed the section of about convictions on the application form. There was no information to show these matters had been identified and or followed up. Two written references had been obtained for each applicant. However we found a reference from a previous employer had not been chased up, which meant evidence of the staff members conduct in a previous care setting had not been obtained.

The provider had not ensured robust recruitment procedures were carried prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received information from the registered manager which indicated action had been taken to ensure there were safe recruitment processes in place. However we would expect robust recruitment processes to be in place without our intervention.

At our last inspection new found suitable arrangements were not in place to respond to and manage safeguarding concerns. During this inspection we looked at how the service protected people from abuse and the risk of abuse. We found the service ensured any safeguarding matters were effectively managed and appropriately reported, for the wellbeing and protection of people using the service. We discussed some of

the previous safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority. We found processes were in place to record and manage any incidents of abuse and neglect.

We discussed the safeguarding procedures with staff. Those spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice.

At our last inspection some staff were unsure about raising any matters of concerns with managers. At this inspection we found the registered manager had introduced some changes in management processes, to assure staff any concerns would be listened to and dealt with. One team leader said, "Everybody knows they can speak to a manager." Staff spoken with were aware of the service's 'whistleblowing' (reporting poor practice) policy and expressed confidence in reporting concerns. One said, "If I had any worries I would be very confident in speaking up. All the managers are very friendly. I think they would look into things. Whistleblowing is always discussed at staff meetings."

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Although Highfield Scheme was not providing a service to children, child protection policies and procedures were available as children may be present when support was provided for people. Staff said they had received training and guidance on safeguarding and protecting adults. We noted from the staff training records that the majority of staff had completed safeguarding training within the last 18 months. Most staff had also undertaken training in positively managing behaviours, which would help keep people safe.

Processes were in place which aimed to provide people with appropriate support with their monies. We found individual financial records were kept which reflected the amounts involved, including transactions, debits and credits. There was a system in place to check the records and monies were correct. This promoted accountability for the protection of the person using the service and staff.

We looked at the way the service managed risks. The registered manager and one team manager said health and safety 'dwellings' risk assessments had been completed on environmental matters in people's homes. However two of the team managers we spoke with indicated they were unaware of the risk assessments. Systems were in place to support people in maintaining a safe and secure environment. This included reporting matters requiring attention to the landlord. We noted some areas would benefit from improvement, for example there was a lack of suitable bedroom door locks in one setting. We discussed with the registered manager the value of revising the arrangements for general re-decoration and upgrading of the properties in consultation with the landlord, people using the service and their representatives.

Risk assessments had also been completed around safely supporting people during activities within the community. One person told us, "I am aware of crossing the road and safety skills." We found risks to individuals had been assessed and recorded in people's care records. Strategies had been defined to guide staff on how to manage and minimise these risks to people's wellbeing and safety. The strategies were sensitively written and reflected people's specific needs, behaviours and preferences. Staff spoke with indicated an awareness of the risk assessments. We noted the risk assessments were reviewed on a regular basis. This meant there were processes in place to minimize these risks and help keep people safe.

We found the service had appropriately consulted with other agencies for guidance and support, for example in relation to trips and falls, dietary needs and the prevention of pressure ulcers. However, there

was a lack of routine screening/assessing of risks associated with skin integrity, malnutrition and falls, in accordance with current recognised guidance. This meant processes were not in place to proactively identify, monitor and respond to these risks for the wellbeing and safety of people who used the service. We discussed this with the team managers, team leaders and the registered manager who agreed to take action to rectify this matter.

We found there were enough staff available at the service to provide support and keep people safe. One person said, "The staffing levels are in place." The registered manager explained the processes in place to maintain staffing levels in response to people's individual support package and contracted arrangements. Referrals were made to the local authority commissioning team if people's needs changed and the provision of staff support needed to be reviewed. We reviewed the staff rota planning system, which included teams of staff working at designated properties. There was an on-call system in place during the times when staff were on duty, which meant a member of the management team could always be contacted for support and advice. Members of staff spoken with confirmed there were sufficient numbers of staff at the service. They told us that sickness and annual leave was covered by staff working additional hours, or by using 'bank staff' and this worked well. During the inspection we observed staff were available to provide people with support and respond to people's needs.

We looked at the way the service supported people with their medicines. There were various approaches in place in response to people's individual needs, abilities and preferences. One person told us, "I sort my own medicines, sometimes they prompt me." We also observed one person being sensitively supported by staff to take their medicine. We looked at records which showed people's needs, abilities and preference to manage or be involved with their medicines had been routinely risk assessed. Records were written in a person centred way, they included, 'my medication and why I take it' and detailed guidelines to direct staff on how to provide support for people. All the MAR (medicine administration records) seen were well presented and organised, complete and up to date. There were some good specific protocols for 'when required' medicines. However we noted one recently obtained 'over the counter remedy' did not have an appropriate protocol in place and the instructions for applying eye drops for one person were lacking in detail. The team manager took action to rectify this matter during the inspection.

The team manager and team leader spoken with described the processes in place to order and manage medicines. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. We discussed with the registered manager and staff ways of enhancing people's involvement with their medicines, including collecting prescriptions and more personalised storage options. The service had medicine management policies and procedures which were available for staff reference. Staff responsible for providing people with support with medicines had completed medicine management training. There were processes in place to assesses and monitor staff competence in providing safe effective support with medicines.

Specific 'in-house' training had also been provided on providing safe care and support for people with epilepsy and individual protocols were in place for staff to follow. However, there was a lack of clarity to demonstrate the protocols were in accordance with up to date recognised practice and that training was sufficient and appropriately accredited.

Staff had access to the service's policies and procedures, which included safeguarding, risk assessments, medicines management and accident/incident procedures on their own 'pen drive'. This is a portable Universal Serial Bus (USB) memory device for storing and transferring data files from one computer to another. Written copies of policies and procedures were available in some settings.

Information in the PIR (Provider Information Return) showed plans for improvement within the next 12 months included introducing medicine incident forms, to raise staff ownership of the times when errors have occurred.

-□ We recommend that the service seek advice on nationally recognised evidence-based guidance on assessing the risk of pressure ulcers, malnutrition and falls and take action to review and update their practice accordingly.

-□ We recommend that the service consider current The National Institute for Health and Care Excellence (NICE) guidance on medicines management for people with epilepsy and take action to review and update their practice accordingly.

## Is the service effective?

### Our findings

People we spoke with indicated they were satisfied with the service. They made the following comments: "It's okay," "Things are fine" and "I'm really happy." We reviewed the information we had received in satisfaction questionnaires. The majority of the people who responded indicated they would recommend Highfield Scheme to other people. One relative commented, "I wouldn't hesitate to recommend others to use these services."

People who used the service had agreed to the support and care provided by Highfield Scheme. We found care records included signed individual service agreements which outlined the basic terms and conditions of their support package. These had been signed by the person using the service or a representative acting on their behalf. Similarly, people had also signed in agreement with their care plans. Each person had a 'decision making profile' in place. This provided detailed information on their capacity to make their own decisions and emphasised how they must be involved and consulted. One person told us, "They explain things to me." For people with limited use of words, their profile included other forms of communication. For example, taking account of their facial expressions, gestures and/or sign language.

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 the 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.

We checked whether the service was working within the principles of the MCA. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions.

The registered manager confirmed that action had been taken to liaise with the social services, in relation to Court of Protection applications. The service had policies and procedures to underpin an appropriate response to the MCA. Records and discussion showed that staff had received some training on this topic. Staff spoken with indicated an awareness of the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the registered manager or team leaders.

We looked at the way the service provided people with support with their healthcare needs. People we spoke with indicated they had received attention from healthcare professionals and that when appropriate, support was provided for routine appointments. One person said, "I get support with check-ups, at the dentist and opticians." There were 'health action plans' which included details of people's medical history, allergies and specific conditions. There were detailed plans providing instructions for staff on meeting healthcare needs. There were 'hospital passports' which included an overview of people's support and communication needs, medical histories, records of any prescribed medicines and important contact

details. These were to be used when people accessed health care services, to help ensure they received safe coordinated care. Records were kept when people accessed health care services and the outcome of the appointment. We found the monitoring of people's general health and wellbeing was included within the care plan process. This meant staff could identify any areas of concern and respond accordingly. Information in the (Provider Information Return) told us of the referrals made to involve other professional agencies, such as speech and language therapist, community nurse input, behavioural outreach support and occupational therapists. A nurse from the learning disability team told us, "They put things into practice and provide good feedback at review meetings."

We found people using the service received differing levels of support with eating and drinking. One person who used the service told us, "We take turns with shopping. Staff help with cooking. There is a menu; we decide what meals are on it. Oh yes, the food is okay." During the inspection we observed people being involved with meal choices. We noted various drinks were readily available and offered to people. Records were kept of people's individual food likes, dislikes and specific dietary needs. Information was available on supporting balanced diets. We were told menus were devised to include people's known preferences and that consideration had been given to healthy eating. One member of staff explained that fresh produce was used as much as possible. We discussed with a team manager and staff ways of devising menus to include people's preferences and nutritionally balanced options. Staff told us of the processes in place to monitor people's food and drink intake as necessary, in accordance with their assessed needs. This included supporting people to monitor their weight.

We looked at how the service trained and supported their staff. All the people responding to our questionnaire indicated they considered staff had the right skills and knowledge to provide care and support. Arrangements were in place for new staff to complete a comprehensive induction training programme. This included an introduction to the service's policies and procedures, the staff handbook, the provider's mandatory training programme and two weeks of 'shadowing' experienced staff in the community. The induction training incorporated the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. We reviewed records of staff who were at various stages of the training programme. These confirmed that suitable training was in place and that their competence and conduct was monitored and reviewed with them. People who used the service had been asked to provide feedback where possible. One staff member told us, "It was a very thorough induction."

Staff spoken with told us about the training they had received and confirmed that training and development was ongoing at the service. The registered manager explained the arrangements in place to deliver the ongoing training programme. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included: safeguarding, load management, infection control, food hygiene and first aid. We noted some refresher training, including health and safety was overdue. However the registered manager had already identified and responded to this shortfall, which was due to changes in the provision of training to an e-learning training provider.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. The majority of staff had attained a Level 2 or 3 NVQ (National Vocational Qualification) or a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and Social Care. Some were working towards this. One team leader had an NVQ level 4 and two team leaders had attained CQF diploma level 5, two had commenced this course of learning.

Staff told us they received regular one to one supervision and ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care and support of people

who used the service. We saw records of supervisions and noted the registered manager was monitoring this process. Arrangements were in place for staff to receive an appraisal of their work performance and review their training needs. We noted from training records some staff had not had an appraisal for over two years. However, information in the PIR showed plans for improvement within the next 12 months included: Continuing with staff development through training and timely staff appraisals. The introduction of performance improvement plans in order to give staff more responsibility for their own continuous development.

## Is the service caring?

### Our findings

One person spoken with said, "The staff are always nice, if I need to talk I can do. They ask if I'm okay." We reviewed the information we had received in satisfaction questionnaires. All the people who responded indicated the staff at Highfield Scheme were kind and caring. One relative wrote in a questionnaire, "I know all of the staff that deal with [my relative] and they are all brilliant. "

All the responses in questionnaires indicated that staff always treated people who used the service with respect and dignity. We spoke with one person who told us, "The staff treat me well." A relative commented in a questionnaire, "I am more than happy with the care and support that my relative receives." We observed staff speaking to people in friendly and respectful manner, involving them in routine decisions and consulting with them on their individual needs and choices. We saw staff providing people with sensitive support and guidance with daily living needs and activities. One person explained that when they were spending time in their bedroom, staff always knocked on their door.

Staff spoken with understood their role in providing people with effective care and support. One staff member explained that the service's care values and approaches were covered in the induction training programme. This included topics such as, person centred care, equality and diversity, confidentiality and choice. We noted each person's file contained a 'one page profile'. This highlighted their individual skills and abilities, matters of importance to the person and how they could best be supported.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They told us they were familiar with the content of people's care records. They gave examples of how they supported people and promoted their independence and choices. One staff member said, "Our goal is advancing people's lives, assisting them to have the best life they can." We observed people being independent as possible, doing things for themselves and assisting with household chores. We noted people's right to independence and promoting choices, was a regular theme within the care records we looked at during the inspection.

The service had a 'keyworker system', this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. The 'keyworker' also acted as a point of reference for other staff members to liaise with. The service aimed to provide people with a continuity of staff support. We found people had a small team of carers providing their support. Arrangements were made to introduce new staff to people using the service before they started to support them. Staff said they had the opportunity to read through people's care plans and risk assessment records when they visited their home. Records showed staff had read and signed in acknowledgement of the content of care plans. This was to ensure they were aware of people's needs and how they wished to be supported.

People had opportunity to express their views on the service on an ongoing basis, during group discussions, care plan reviews and the annual satisfaction questionnaire. The service had guide for people using Highfield Scheme. This included a welcome statement and an introduction to the aims of the service. There was information about the role of the 'key worker' health and safety arrangements, support with medicines

and making suggestions and complaints. There was an 'easy read' version of the guide available. We noted some of the information in guide, such as 'house policies,' related to tenancy agreements and did not fall within the remit of the services provided by Highfield Scheme. We discussed this matter with the registered manager who indicated the guide had not recently been reviewed. Following the inspection visit we received a revised version of the guide which had been amended to provide more appropriate details.

There was no specific reference to in the guide to advocacy services. However we noted there was information on these services displayed at the service's office base and the registered manager told us of an advocacy meeting which had been held for people using the service. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

Highfield Scheme had an Internet website providing further information for people about the service.

## Is the service responsive?

### Our findings

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. One person told us, "It's actually changed my life," another said, "I am happy with the support I get." We reviewed the information we had received in satisfaction questionnaires. Comments from relatives included, "On more than one occasion they have gone above and beyond their duty to help [my relative] and may have saved her life" and "[My relative] has really benefited from the support provided and has grown in confidence over the time they have been living in the shared house." Most of the people who responded in questionnaires indicated they were involved with making decisions about their care and support.

At our last inspection we found there were some established routines and practices which did not promote a person centred approach. During this inspection we spent time with people living in shared homes. One team manager explained the action taken to provide a more personalised and individual service. A staff member described how the service was now organised to respond to people as individuals. Another staff member told us, "It's a lot better, everything has improved."

We looked at the way the service assessed and planned for people's needs, choices and abilities. There had not been any new service users in the last three years; however the registered manager described the service's referral and assessment process. This would involve meeting with the person and their representatives, gathering information from various sources and completing an initial assessment. The registered manager said if the referral involved the person sharing accommodation with others, careful consideration would be given to compatibility. Arrangements would be made for people to meet and spend time with potential cohabitants. We looked at the service's assessments forms. This would provide scope for all aspects of people's needs and preferences to be considered. The registered manager said that staffing arrangements would be considered as part of the agreed care package.

The people we spoke with indicated an awareness of their care and support plans and said they had been discussed and agreed with them. One person told us, "I am involved with my PCP (person centred care plan)." We looked at five people's care and support plans and other related records. This information identified people's needs and provided in-depth guidance for staff on how to respond to them. The care and support plans included people's preferences and details about when and how they wished their support to be delivered. The plans were written in a person centred way and in an 'easy read' style to help make them more understandable to people. We noted there were some 'quick read' care plans which had been introduced to provide a concise overview of people's specific care needs for staff to refer to. We were made aware of specific circumstances relating to individuals, which were recorded in their diary records. However during the inspection a 'short term care plan' process was introduced, to more effectively respond to and manage people's identified support needs.

Staff expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they said they had access to them during the course of their work.

Records and discussions showed people's needs and circumstances were kept under review. One person told us, "My care plan is reviewed twice a year." We found there were regular reviews including monthly summaries and care plan review meetings. Records showed some people's families had been involved with reviews. Each person had their own individual diary. Records were kept of their daily living activities, their well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to specific behaviours and other needs. This enabled staff to monitor and respond to any changes in a person's needs and well-being.

We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and friends. People told us how they were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. One person told us, "I am doing enough different things, absolutely. I like going to the centre to see my friends." Another person commented, "I have just been out shopping and out for lunch." We were also told of the opportunities people were given to experience different activities. One staff member told us, "If we have an idea for a new activity it's given a chance, not dismissed."

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes. All the people completing our questionnaires indicated they were aware of the service's complaints processes and that any complaints they had raised had been responded to well. One person told us, "I am aware of how to complain, I would talk to one of the staff they would sort it out."

There was an 'easy read' complaints procedure available which provided step by step guidance on making a complaint. The procedure gave an indication of how complaints would be managed, including the expected timescales for the investigation and response. Reference was made to other organisations that may offer support with making complaints. There were complaints forms available for use. There had been four complaints at the service in the last year. We reviewed the records of the most recent complaints. Records were kept of the specific concerns raised. We found investigation plans and reports had been completed and there were details of the action taken to resolve matters. This provided an indication that all matters raised were being taken seriously and responded to.

## Is the service well-led?

### Our findings

People spoken with indicated an awareness of the overall management structure of the service. They did not express any concerns about how the service was managed or the leadership arrangements. We reviewed the information we had received in satisfaction questionnaires. All the people who responded indicated they were aware of the management team should they need to contact someone at the service. One relative wrote, "I cannot speak to highly of them and that includes management."

There was a manager in post who had been registered with the commission since 2011. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection she expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. The registered manager was qualified and experienced to manage the service.

Since our last inspection, the management team had been re-structured and action had been taken to clarify the leadership arrangements, including designated roles and lines of accountability. The registered manager had introduced structured and informal processes to enable people to discuss any concerns, share their views and make suggestions with the management team. We spoke with staff who expressed their views on the improvements at the service, including the leadership styles and general ethos. Comments from staff included, "There's a different atmosphere," "Everyone gets on well at present," and "All the managers are very friendly and approachable."

The management team in place included the registered manager, operations manager, team managers and team leaders. All had attained recognised qualifications for leadership and management in health and social care. There was also an office manager, with qualifications in business and administration, providing additional management support. Members of the management team were based at the agency office, between 9:00 and 17:00 each day during the week. There was a 24 hour on-call system for management support when staff were on duty.

The service has held Investors In People accreditation since 1998. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. There were clear lines of accountability and responsibility. Staff had been provided with job descriptions, contracts of employment and the employee handbook which outlined their roles, responsibilities and duty of care.

Highfield Scheme's vision and philosophy of care was reflected within their written material including, policies and procedures. New staff were made aware of the aims and objectives of the service during their induction training. Staff had access to the service's policies and procedures on their own 'pen drive'. This is a portable Universal Serial Bus (USB) memory device for storing and transferring data files from one computer to another. Written copies of policies and procedures were also available at the service's office base. Staff spoken with expressed an awareness of the service's policies, procedures, vision and values. Arrangements were in place for monthly staff and management team meetings. Records of meetings showed relevant work

related matters and good practice topics had been raised and discussed. Staff said they could raise and discuss any issues. One staff member told us, "Ideas are welcomed at our team meetings."

The registered manager used a range of processes to monitor the effectiveness and quality of the service provided to people. This included a self-assessment process and gaining feedback from people who used the service, staff, peer organisations and other stakeholders as part of the 'Driving Up Quality' initiative. 'Driving Up Quality' is a defined code, designed to ensure providers improve services for people with a learning disability. One person explained, "Group discussions are held (at the centre) and I have done questionnaires." The information we had received in satisfaction questionnaires told us most people had been consulted about their views of the service.

We found a consultation survey with people using the service and relatives had been carried out in November 2015. The results had been collated and evaluated. An action plan had been devised in response to the findings of the survey. This showed people's views and experience of the service had been taken into account and their suggestions for improvements considered and responded to. Responses to surveys and the resulting action plan were published on Highfield Schemes internet website. At the time of the inspection, a staff survey had been carried out and the registered manager was in the process of evaluating the responses.

The registered manager showed us the quality monitoring systems in place. Team managers provided the registered manager with a structured report on their team and a weekly basis. There were weekly and monthly audits and reviews of various processes, including medicines management, daily records, finances, complaints, accidents and incidents, staff meetings and safeguarding. We found the audit processes resulted in an action plan to address and follow up on matters identified as requiring attention. At this inspection we found more effective audits were needed on staff recruitment processes, staff training and information for people using the service. However, we noted further monitoring tools had recently been developed and were being introduced.

The service had established links with local initiatives, including 'Safety In Town,' which promoted road safety education. The provider had also signed up to 'The Social Care Commitment'. This is the adult social care sector's promise, to provide people who need care and support with high quality services.

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
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not always operated a robust recruitment procedure. (Regulation 19 (1) (2) (3)).