Community Integrated Care

Community Integrated Care (CIC) - 4 Seafarers Walk

Inspection report

4 Seafarers Walk
Sandy Point
Hayling Island
Hampshire
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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: Community Integrated care (CIC) - 4 Seafarers Walk is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 4 Seafarers Walk is registered to provide accommodation and personal care for up to four people and predominantly supports people living with a learning disability and autism.

At the time of the inspection there were three people living at the service. Best practice guidelines recommend supporting people living with a learning disability in settings that accommodate less than six people. The service model at 4 Seafarers Walk was aligned to the principles set out in Registering the Right Support. Outcomes for people using the service, reflected the principles and values of Registering the Right Support including; choice, promotion of independence and inclusion. People's support was focused on them having as many opportunities as possible, to have new experiences and to maintain their skills and independence.

People's experience of using this service:
People living at 4 Seafarers walk had limited ability to have verbal conversations with us. However, when asked if they liked living at the home, people responded with a smile or said, "Yes."

The staff demonstrated that they knew people well.

Quality assurance processes were robust and risks to people and the environment were managed safely. The service was clean and infection control audits ensured that cleaning tasks were completed and any issues were identified and acted upon quickly.

Staff recognised people's individual needs and supported them to make choices in line with legislation.

Care plans were detailed and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed. Information was available in a format they could understand.

Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy.

Staff were well trained and received regular supervision to help develop their skills and support them in their role.
Rating at last inspection: The service was rated as Requires Improvement at the last full comprehensive inspection, the report for which was published on 21 August 2018.

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

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.

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

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.

Community Integrated Care (CIC) - 4 Seafarers Walk

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: The inspection was conducted by one inspector.

Service and service type: 4 Seafarers Walk is a care home registered to accommodate up to four people who need support with personal care. 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 did not give notice of our inspection.

What we did: Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the action plan the provider sent us following the previous inspection.

During the inspection we gathered information from:
Observations of care staff and all people using the service.
Speaking with two people who used the service.
Three people's care records.
The registered manager, the service leader and the senior support worker.

Records of accidents, incidents and complaints
Records of recruitment, training and supervision.
Audits and quality assurance reports
One relative.
Three members of staff.

Good

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.

Assessing risk, safety monitoring and management:
• Risks to people had been assessed and staff had clear guidance to follow. For example, one person had an epilepsy risk assessment that had been written in consultation with a health care professional and contained essential information about identified risks and their specific needs.
• Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such moving around independently and being supported to use the kitchen.
• Technology was used to help keep people safe such as the use of monitors, which alerted staff when a person was having a seizure.
• Fire safety risks had been assessed. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
• Health and safety audits identified when action was required, and the provider ensured that work was completed in a timely way.

Preventing and controlling infection:
• There were clear infection control procedures and the service had an infection control lead. Regular audits were completed, and records showed that cleaning tasks were completed consistently.
• Staff told us they used Personal Protective Equipment (PPE), including disposable gloves and aprons, to reduce the risk of the spread of infection and we saw this being used appropriately.
• The laundry room was clean and well organised to reduce the risk of cross contamination.

Using medicines safely:
• Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
• Medicines were stored securely. Staff supported people to be involved in their own management and administration of medicines as much as possible.
• Systems for the safe administration and disposal of medicines had been reviewed and updated by the service leader since the last inspection, to make them robust.
• Staff completed training in medicines administration and their competency and knowledge was checked.

Systems and processes to safeguard people from the risk of abuse:
• Staff knew how to protect people from abuse. They knew each person well and could recognise how they expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour.
• All staff had received training in safeguarding, understood their responsibilities and told us they would

report safeguarding concerns in line with the provider's safeguarding and whistleblower procedures. One staff member said, "I would report any concerns I had to management." There was clear information about what staff should do and contact numbers for who they should report any potential abuse to. We also saw that safeguarding was on the agenda of every staff meeting and discussed at every staff member's supervision and appraisal.
• There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment:
• There were enough staff to meet people's needs. Staff and the registered manager told us staffing levels were flexible and based on people's needs. Some people required additional staff support when accessing activities in the community, and we saw staffing levels reflected these needs.
• Recruitment procedures were robust to help ensure only suitable staff were employed.
• Agency staff were used when needed, but the registered manager told us that they used regular staff who knew people and had been to the service before.

Learning lessons when things go wrong:
• Accidents and incidents were monitored using an 'event tracker' system. This system allowed staff to record incidents which were then alerted to the registered manager immediately. After each incident the registered manger told us they reviewed what had happened to see if any action was needed and if risk assessments needed updating. Records confirmed this happened.
• Any serious incidents were automatically flagged with the regional senior managers for the provider. This was to ensure that systems and actions taken could be effectively monitored. The system included asking managers to report what they had done to reduce the likelihood of the accident or incident happening again.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Comprehensive assessments had been completed and care plans clearly identified people's needs and the choices they had made about the care and support they received.
• All people in the service had lived there for a long time, but their needs had been regularly reviewed to ensure care plans were up to date. Information had been sought from the person, their relatives and other professionals involved in their care.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. There was a holistic approach towards ensuring person-centred care was delivered.
• The provider had an equality and diversity policy and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience:
• Training records showed staff had received training that was relevant to their role and enhanced their skills. A staff member said, "Training is good and we get loads." The registered manager told us that staff could also request additional external training, if it would mean there were positive outcomes for people.
• New staff had an induction programme, which ensured they received training in areas relevant to their roles. In addition, they worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member told us, "We are not rushed and are supported until we feel confident."
• Staff told us they felt supported in their roles by the registered manager and the provider.
• Staff had regular supervision which enabled the registered manager to monitor and support them in their role and to identify any training opportunities.

Supporting people to eat and drink enough to maintain a balanced diet:
• People were supported to maintain a healthy and balanced diet. Menus were planned to take into consideration the seasons. Where people had specific dietary needs, these were understood and met by staff.
• Staff encouraged people to make healthy food choices to help them maintain optimal health.
• People ate their meals at the large kitchen table but had the option to eat in their rooms or other communal areas if they chose to.
• Where people required specific adaptions to the way their food or drink was prepared and served, this was clearly identified in their care plans.

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

• The service was small and homely, and people could move around freely. There was a small communal room for people to use, that had sensory equipment including, soft lights that changed colour and a sound system that played soothing sounds. The room was used by people living at the service regularly and had been designed to meet their specific needs. For example, one person really enjoyed having their nails painted and hands massaged, so there was a special nail care table with all the items needed to provide this.
• People decorated and furnished their own rooms as they wished, in line with their own choices. For example, one person went out with staff support on the day of our visit, to purchase new furniture for their bedroom and another person enjoyed drawing and had many of their own pictures on their bedroom walls.
• The service had been adapted to meet the needs of the people living there and had recently had a new bathroom fitted and new flooring in people's rooms and the lounge. There was an accessible garden with patio doors that led from the lounge, with flat pathways, which was particularly important for one person who used a wheelchair.
• All people had access to the internet and those that wished to, were supported to use a video telephone system to keep in touch with family members.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
• Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.
• People received support from other healthcare professionals, including GP's, occupational therapists and speech and language therapists.
• The service used a GP advice line to seek initial advice and support for people, before deciding if an appointment at the surgery was required.
• Staff understood people's health needs well, which meant they could quickly recognise when support from external healthcare professionals was required.
• The registered manager told us they had developed a positive relationship with the local health clinic and had recently had a local pharmacist support the staff team with bowel management training in order to meet the needs of people living at the service more effectively.

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 MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
• Staff recognised seeking and respecting people's choices was vital to promote consent. Staff told us even though people could not express themselves verbally, they could through vocal sounds, behaviour and body language. Staff understood this and gave people ownership of their own decision making.

• When decisions needed to be made in a person's best interest, family members and advocacy services were involved as needed. Staff's knowledge about when to make decisions on people's behalf and to consider any restrictions, was gained through training and support from the registered manager.
• Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.

Good

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; respecting equality and diversity:
• Staff knew people well and how to support them in line with their wishes. Our observations of staff demonstrated that they were kind and respectful and listened to people.
• Information about people's life history was recorded, which staff used to build positive relationships. Care documentation included information about people's protected characteristics including expressing sexuality, religion and cultural needs. Staff promoted care that was tailored to the individual, taking into account their preferences. A staff member said, "I love it here, I know the people really well and love being able to help them live their lives."
• Staff were caring, compassionate and encouraged people to be participate in activities that they enjoyed. For example, one person enjoyed listening to loud music and staff supported this and joined in, singing along with the person, who clearly showed joy at this experience, laughing and smiling when their favourite songs played. Another person came to the office and using one word indicated to the registered manager that they wanted to go out. The registered manager communicated effectively to help ensure their wishes were met.
• People had 'aspirational outcomes' recorded in their care plans, that demonstrated staff had considered how people could be supported to do the things they enjoyed, and plan for future events. One person wanted to go on a caravan holiday and visit a specific seaside town and this was being planned with them.
• Throughout our visit, we saw staff had time to sit, talk and be with people. Staff told us they cared about the people that lived at the service and enjoyed being able to support them to live their lives. One staff member said, "There is a nice homely atmosphere here, I enjoy spending time with people and doing the things they want to do."

Supporting people to express their views and be involved in making decisions about their care:
• People living at the service had complex needs and required support from others to make some decisions about their care. However, our observations showed people displayed positive signs of well-being and staff involved people consistently in decisions. For example, one person was indicating through body language and vocalisations, that they wanted something. A staff member showed them items until they were able to identify what the person wanted. Once the staff member had achieved what the person wanted, they laughed and clapped their hands to indicate they were happy.
• Relatives said they were involved in care decisions and were always informed when changes had occurred. One relative said, "They keep me informed, I regularly get phone calls to tell me what [person's name] is doing."
• People met monthly with staff to review their goals and outcomes.

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

• The service had been developed and was in line with the values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion.
• People's privacy and dignity was respected. We observed staff knocking on doors before entering and that people's rooms were their own private spaces.
• People's families and friends were welcomed into the service and we saw one person being supported to spend time in private with their family.
• People were supported to be as independent as possible. People's care plans provided information for staff about what people could do for themselves and where additional support was required.
• The service had clear systems in place to ensure confidentiality, which staff were aware of and adhered to. Care plans and confidential information were stored securely, which only staff had access to.

Good

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's care plans were person centred and described their specific needs and wishes. Essential information was clear, and people's protected characteristics were recognised and respected. For example, one person's care plan said, 'I have no specific religious beliefs, but I was christened when I was born.'
• Things that were important to people was clearly recorded and staff were knowledgeable about people's preferences, explaining how they supported them in line with this information. For example, one staff member described to us in detail how one person loved to have their nails done and how another person had favourite television programmes, that they really enjoy watching.
• People living at the service had limited ability to communicate verbally. Staff worked patiently and communicated effectively with people. Staff said they knew how to engage people, such as recognising vocal sounds, watching eye movements, body movements and using pictures to help aid communication.
• People were provided with opportunities to participate in a range of activities both in the service and in the community. One person attended a local singing group, one person volunteered at a puppy training class and another person enjoyed going to a café, where the local people knew them. In addition, the service had formed links with local organisations so that people had opportunities to try new things. For example, people had been part of a cycling group where volunteers attached wheelchairs to bicycles and took people out for a ride and a sailing charity which offered opportunities to people to sail boats.
• People were also supported to celebrate birthdays and holidays with parties and events. The registered manager told us they were planning a summer barbeque, where families and friends would be invited in.
• Relatives told us they thought people had lots to do and were involved in deciding what they wanted. One relative said, "The staff really care about [person's name] and it shows as he is so happy. They help him to do lots of things that he wants to."

Improving care quality in response to complaints or concerns:
• The provider had a policy and arrangements in place to deal with complaints. These provided information on the action people or their representatives could take if they were not satisfied with the service being provided. The registered manager told us there had only been one formal complaint since the last inspection, which had been resolved immediately. Staff used their knowledge and observations of people to monitor if they were unsettled or unhappy about anything. This was recorded in their care plans and monitored for any themes so that any issues could be addressed promptly.
• A relative told us they could speak with staff or the management if they had concerns. Although they said they had no reason to complain. "They said, "I couldn't be happier with the service now."

End of life care and support:
• At the time of the inspection, nobody living at the service was receiving end of life care. However, people's care plans identified any end of life wishes they had. This gave details of people's preferences, including

considerations to cultural and religious preferences.
• The service had an end of life policy and the registered manager told us that they would continue to work closely with external healthcare professionals to provide people with the care they required at the end of their life.

Good

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 with openness; and how the provider understands and acts on their duty of candour responsibility:
• The service had systems that ensured people received person-centred care which met their needs and reflected their preferences. The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Staff had a good understanding of people's needs and showed a commitment to treat people in a person-centred way.
• Staff took pride in their work and they supported each other well to ensure people always received the support they needed. Staff communication in the service was good and they felt supported. A staff member said, "I find the managers very helpful, whenever I ask a question they always have time for me."
• Staff were confident about raising any concerns with the registered manager or service leader. A staff member said, "The manager and service leader have given me confidence to challenge poor practice, they are really clear."
• One relative we spoke with was keen to tell us of the quality of care provided and the positive impact the staff and registered manager had. They said, "Oh yes, it is so much better here now, the staff and manager now are fabulous."
• The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager and staff who were able to demonstrate that this was followed when required. Records showed that this had been used recently and action taken to prevent a recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• There was a clear management structure in place, consisting of the provider's representative, the registered manager and the service leader; each of whom had clear roles and responsibilities. The registered manager was supported by a service leader who was assisting in the management of the service on a daily basis. The service leader was planning to become the registered manager and by working at the service for some time in their current role, the impact of a change of management on people would be minimal.
• Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves to help ensure people's needs were met.
• Staff understood the provider's vision for the service. Management and all staff expressed an ethos for providing good quality care for people.
• Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People were very much supported to be part of their local community and we were told local cafes and shops knew people well as they were regular visitors. One person used a local hair salon, and another was a regular in a local public house.
• Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people. For example, the provider had recently entered into a partnership with the local football club, to promote accessible sports for people with a learning disability. Two people from the service had recently attended an activity session at the football club and we were told that there would be further events planned to provide on-going opportunities for people.
• People's feedback about their care, the service and what they wanted was sought through day to day support from staff and monthly reviews. People were listened to and actions were taken to follow those wishes.
• In addition, the provider sought feedback from people's families and representatives, external professionals and staff. Feedback was analysed, and any wishes or suggestions reviewed and considered by the management team.
• The provider had systems in place to recognise and reward staff and people who lived in their services for personal achievements. In addition, they had an 'employee of the month' award that recognised dedication and when a staff member had gone above and beyond.
• Staff were kept up to date through staff meetings, handovers between shifts and the provider had a private social media tool they could access for support and for updates on training or development.

Working in partnership with others:
• Staff had positive relationships with people and demonstrated an in-depth knowledge and understanding of their needs.
• Staff worked collaboratively with other agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.
• The registered manager told us that they had developed and improved working relationship with the local health clinic. The registered manager said, "People here have some specific health needs and it is important that we have a good relationship with the GP's and nurses and have developed trust." The local pharmacist had recently supported the staff team by delivering training that was specific to one person's health. In addition, the pharmacist and GP had been involved in the development of people's medicines administration guidelines.

Continuous learning and improving care:
• The provider had robust quality assurance processes to ensure monitoring of the service provided, was thorough and effective. The provider had an electronic system which the registered manager accessed to record their checks and monitoring of the service. The provider and registered manager reviewed this and arranged for any actions identified to be carried out promptly. For example, the lounge was scheduled to be re-decorated and to have new furniture, as it had been identified that items needed updating to reflect the needs of people living at the service.
• A business continuity plan was in place and staff understood risk and how to act in the event of an emergency.