

Resolve (Care Northern) Limited

Highview House

Inspection report







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14 December 2017

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 13 and 14 December 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. We also contacted family members and relevant health and social care professionals immediately following the inspection.

Highview House is a 'care home'. People in care homes receive accommodation and personal care as single package under contractual agreements. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Highview House accommodates up to eight people in one adapted building providing support for people with learning disabilities who have a forensic history. At the time of our inspection visit there were eight people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in September 2015 and rated the service as 'Outstanding' overall. At this inspection we found the service remained 'Outstanding' and met all the fundamental standards we inspected against.

The service has built on their previous success and sustained the outstanding model of support provided to people living in the home referred to as the 'Total Attachment' approach, in which professional 'parenting' is used throughout the service. The directors of the company, management team and staff continued to find ways to improve the service and remained driven by their passion to support people to have the highest quality life experiences whilst managing the risks people still may present.

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 remained Good.

Is the service effective?

Outstanding ☆

The service improved to Outstanding.

People's needs were well met by staff who had received excellent training. The management team brought in a specialist training consultant to review development opportunities which meant career progression with leading organisations such as the NHS Leadership Academy were available.

People had access to healthcare services when they needed them. Management and staff were proactive in referring to health care professionals and had an excellent working partnership with them.

People were supported to make decisions about their lives in a way which maximised their autonomy. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The environment had been adapted to meet the needs of people using it by developing a self contained flat for one person to develop their independence skills and ensuring the laundry was accessible for everyone using the service.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Outstanding ☆

The service remained Outstanding.

Is the service well-led?

Outstanding ☆

The service remained Outstanding.

Highview House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 13 and 14 December 2017 and was unannounced.

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is someone who has experience of using or supporting someone who used this type of service.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We used 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 contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their comments to support the planning of the inspection.

We spoke with a visiting psychologist during our inspection and received feedback from advocates, local colleges, and the Secure Outreach Transition teams from two local NHS Trusts.

During the inspection we spoke with seven people who used the service and telephoned two relatives. We also spoke with the registered manager, the provider, four support staff, and health and safety and human

resources leads. We looked at a range of records which included the care and medicines records for four people, recruitment and personnel records for care workers and other records relating to the management of the service.



Our findings

People at the service appeared comfortable and happy with the staff supporting them. Everyone we spoke with said they felt safe at Highview House. Comments included, "I feel safe here yes", and "Yes. I am alright here with people and staff."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if a manager wasn't available. Staff members we spoke with were clear on reporting any concerns and one staff member said, "We are encouraged to raise any worry or concern we may have." A healthcare professional who worked with the service told us, "Staff have a good understanding of their responsibilities to both recognise and raise concern, and to safely record incidents."

Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. As the home did not have fire exit signs in situ due to the focus on creating an ordinary homely environment, the service instead took additional fire training and drills to ensure people staff and visitors knew how to respond in an emergency. This showed the service supported staff to keep people and themselves safe.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments were personalised and were reviewed. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents and incidents from occurring.

We saw that recruitment processes were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of staff who had been recently recruited to the service. The service had a detailed recruitment process which included a personality profile completed online and followed by interview which meant potential applicants understood the nature of the service and type of support to be given and we found comprehensive records of the interview process in place.

The registered manager told us that staffing was provided flexibly by the team as it was dependent upon

activities that were planned for people. Staffing was rostered so that support was available at key times to enable people to access the community. Staff and the registered manager told us that they provided cover amongst themselves where possible or used the staff from the registered provider's nearby service who knew individuals so had no need to use agency staff. People we spoke with said, "Yes, there's plenty of staff", and "Yes. If they are short staffed they still get you out."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility.

Two people at the service were supported to manage their own medicines. One person told us they were pleased they were able to manage this for themselves. They said, "I am self-medicated on a morning and night and my other tablets come from the team leader which is fine."

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for 'as and when required' medicines.

All staff had been trained in infection control procedures and we saw all areas of the home were exceptionally clean and tidy. People also told us they enjoyed participating in keeping the home environment clean. One person said, "Oh yes. I like doing cleaning and getting the whole place tidied up."

We met with the service's Health and Safety lead who explained new processes they were implementing to manage risks on an electronic system. Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

We spoke with an external advocate for one person who told us, "I have observed [Name] being instructed clearly and then being shown how to do his ironing safely to avoid any burns. Staff continued to supervise him so as to ensure his safety and his understanding of this risk."

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.



Our findings

People who used the service received care and support from exceptionally well trained and well supported staff. People who used the service told us, "Yes. Like sometimes when I have pushed the boundaries, they like keep you right straight away," and "They are really helpful and look out for us, for our wellbeing."

Professionals we spoke with said, "They encourage learning and development of their team and service users and are proactive in ensuring this is done in a supportive and timely manner." And, "The team here are really responsive and don't panic if something happens."

The provider and the registered manager had introduced new roles and personnel to the organisation that we saw were encouraging staff development and coaching. We met with the new service support manager who was a highly experienced training professional. They told us, "I am looking to widen the learning opportunities for everyone at this service. I am exploring us accessing NHS resources so we can deliver training bespoke for us up to Level 6 and 7 leadership programmes." The service had also brought in a chef who was a college lecturer to further develop the nutritional support at the service by reviewing menus, but also being able to offer qualifications to people and staff at the service around food through the National Open College Network (NOCN). The service was also looking to explore possible retail opportunities for its produce people grew in the large garden at the provider's nearby service. We were told the chef would be working towards this goal with people.

The registered manager told us about the Accelerated Learning Programme the provider and service support manager had developed. The programme gave a structured career and learning path and the opportunity to contribute to service improvement in the provision of care for people with learning disabilities and autism. The programme will commence with the service's induction, completion of the Care Certificate, before going on to cover NVQ in health and social care up to Level 5 and management training within two years. The provider and registered manager would provide close personal mentorship to ensure that people progressed as expected through the job roles and to challenge people to achieve as highly as possible in each role. We spoke with a support worker who was the first employee to undertake this programme. They told us, "I had a brilliant induction that was a week and a half with [Name] one of the providers that gave me a real understanding about why we do things in a certain way. I am so interested to learn more here and I know I will be encouraged to explore that as much as possible."

The provider had developed exciting partnerships with Skills for Care and the NHS Leadership Academy

programme. As a result of this, a psychology graduate was starting in January 2018 as the service had been awarded one of 20 national places on a programme that fast-tracks graduates towards leadership roles within innovative health and social care settings.

People told us they received regular and meaningful supervision. Everyone had 12 supervision sessions a year and each staff member had an informal 10 minute catch-up with the team leader during every shift. One staff member said, "There is always opportunity to talk with someone about anything. We are encouraged to talk and ask questions about anything. It means you never go home worrying."

In depth and lengthy staff induction ensured that support workers were ready to support people in a safe and knowledgeable way. Induction included a 12 week buddy book that the service used with new staff to introduce them to the service and to develop relationships and knowledge about people using the service. One of the team leaders told us, "It really builds staff confidence, it does let people know that the risks are there for people at all times but it explains how our care plans ensure that these risks are well managed for people." A new support worker told us, "It was great. I was glued to the hip of experienced staff whilst completing my buddy book and I felt able to ask questions."

The provider had their own bespoke assessment tool called an intake form. The intake form addressed work, leisure and educational needs and activities and potential future requirements and opportunities in those areas. We spoke with a consultant healthcare professional who was visiting someone who had recently moved to the service within the last week. They told us, "I have supported three people to transfer here and the joint work the team has done with us has been excellent. We worked early on to identify core teams and to get the characteristics of staff right so transitions would work well for people. The service is always so ready and well prepared."

People were supported to lead healthy active lifestyles from supporting people to receive the right nutrition to monitoring people's health needs. Everyone we spoke with said they enjoyed the food and they had choices. We were told, "I listen very carefully when we do the menu on Sunday. You can change it if you don't like it," and "The meals are really good here; better than elsewhere."

The service had accessed training in oral health and this had led to everyone having a plan to ensure their oral health was reviewed, as many people had not received consistent dentistry in their adult lives. An independent advocate for one person told us, "[Name] requested having dentures fitted and the home ensured discussions, agreements and [Name's] understanding about this were completed. [Name] now smiles and says he is proud of how he now looks and of his new teeth." This showed how the service excelled at promoting people's health and well-being.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities. They had a DoLS authorisation matrix in place so they could monitor when DoLS were due, when they had been authorised and the date CQC had been notified of the authorisation.

Written consent was obtained from people for their care and support. We had feedback from a Relevant Person Representative which said, "The home ensures that where Best Interest decisions are needed, they are completed. When planning for [Name's] first ever holiday, this was discussed with the person and professionals and opinions sought about the place, duration and activities before final approval was given and the authorities made aware. This showed me the home were following safe practices and adhering to legal requirements."

The provider had reviewed the home's environmental design and function in line with people's development. They had made some huge changes to ensure the service going forward would ensure the needs of people and the staff team would encourage enhancement and growth. One person required 1:1 support throughout the day and night in order to ensure their safety and those that they lived with due to impulsive behaviour. This individual was very able in relation to daily living tasks but it was recognised unable to progress much further independently purely associated with the risks that may be presented. The service therefore decided to build an extension on the end of the house to enable them to have their own flat and their own space and surroundings without staff presence. This person told us, "I love this flat and my kitchen and lounge. The staff are starting to leave me alone more."

Another person within the house found accessing the utility room very difficult as it was upstairs, the service therefore rearranged some of the rooms and plumbing so that it could be brought down stairs to enable them to access it and maintain their independence.

It was recognised that for staff meetings and other such meetings the use the living rooms had to be used in order to fit all of the team in or visiting professionals. The registered manager said, "This wasn't fair as this was people's home." This impacted on people's access to these areas and so the house was rearranged further to accommodate a training room. This resource was used by everyone as it was fitted with a large screen TV and drinks facilities so it meant staff had a superb in-house training and meeting venue and people told us they could enjoy football matches on the big screen!

Other changes carried out with the building works included a kitchen re-design with state of the art induction hob, hot tap, and warming drawer. The registered manager told us, "Now the building work has finished people have been involved in creating a garden focused on sensory needs with water features, a swing and different textures, smells and colours. The plan is that in the spring further work in developing this garden will be undertaken and at the front of the house the drive will be block paved and the car park extended so cars can park safely as well as proving a smoother safer surface for people to walk on." This showed the service was constantly reviewing enhancing and upgrading the environment to ensure it enriched the lives of everyone living and working at Highview House.



Our findings

People told us staff were caring. They said, "Oh yes 100%. They are really like, having jokes, like they have a good sense of humour." And, "Yes because if you are upset and stuff, they will come and help you." One healthcare professional told us, "The clients are well cared for and treated with kindness dignity and respect, this is central to the service and individual choice and needs are encouraged by the provider."

The registered manager told us the home had offered people experiences that may have been missed due to difficulties in their childhood. This included playing rounders, paddling and ball games on the beach, Christmas stockings, big birthday parties with cakes and involving people in deciding what they would like to eat and who they would want to invite.

We were shown around the service by the registered manager who demonstrated a good knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. We were shown people's rooms (with their permission) which were all very different and reflected their individuality. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people.

We observed that staff asked people's consent and explained what they were doing throughout our visit. We asked staff how they would support someone's privacy and dignity. People gave us the following examples of how staff supported their privacy and dignity. "Yes, if I am on the phone they dial the number but then they leave the room," and "They knock on your door first and they will say can you come down for your meds please."

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines. Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language as they responded positively to staff who were supporting them. Everyone we spoke with said they felt listened to by the staff team

We observed staff engaging with people in meaningful conversation, adapting their approach to ensure that people with varying abilities to verbally communicate were always included. The service had sourced training from the National Autistic Society with regard to sensory awareness for people on the autism spectrum so they understood the negative impact excessive noise or other sensory stimuli may have on people's mood or behaviour. One social worker we spoke with said, "People I visit have communication

difficulties and can become fixated with other things going on during the day so staff are able to provide some support around that to help with my communication with them."

Staff were respectful of people's opinions and choices. People controlled their own lives and were supported to do so. People were actively encouraged and supported to maintain and build relationships with their friends and family. People who used the service were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We spoke with two advocates for people using the service. One said, "When I visit, staff are always waiting for me, welcoming, hospitable and open. Staff always ensures that [Name] and I meet in private, then it's agreed that he invites staff into our discussions. I note the staff talk to and treat [Name] with respect, they give him options and choices at a level and pace that he can understand. If he cannot, then staff will reframe, explain further so that it is clearer for him." Another advocate said, "My clients have been treated with dignity and respect, kindness and compassion. They have been treated warmly and like part of a family, even though the team are professional they are conscious that they are working in the home of residents, a lot of whom have spent a number of years in institutes, and that they should have a good quality of life and deserve to be cared for."



Our findings

We saw and were told that the service was highly responsive in terms of listening to people, valuing their feedback and involving them in all aspects of the service. People attended regular meetings called "Taking Part" meetings and we saw that suggestions and ideas were fed back to people so they could see their suggestions in action. People take the lead to chair the meetings to develop their skills in public speaking and communication. People told us, "Sometimes I bring stuff up. Activities are discussed at meetings. Meetings make things better, they do yes. You have to speak up to make things better in the house." Another person said, "I go to the meetings. I talk about health and safety and day routines and that."

Professionals we spoke with told us, "The service respond appropriately and quickly to changes in people's needs and ensure that everyone needed is made aware of the situation and resolutions. They are happy to discuss the best way to support people through the change by utilising and reviewing care plans and management practices to ensure the least impact on the person and their peers."

The service focused on ensuring people had transitions that were smooth and positive. One person had just transitioned to the service during the week of our inspection from hospital. We spoke with a visiting healthcare psychologist who told us, "The team from here worked creatively before discharge and it's gone swimmingly. We have worked collaboratively and they have been well prepared. We work through any issues constructively and our team have no concerns about Highview House."

A social care professional we spoke with said, "Person centred care plans are in place and are followed and people have a range of activities, on weekdays and evening, that they have agreed to and that meet their interests and hobbies. This leads to people feeling that they have a good and fulfilling life whilst at Highview House."

We saw people had been involved in the planning and review of their care. All staff had input into creating and updating people's care plans and it was considered a key way of getting to know people. One staff member we spoke with told us, "I spent a lot of time reading care plans. It's exactly what they want and how they want to be cared for. I make sure people understand their easy reads each month. I feel comfortable saying this is why I don't think this is safe for you and we would update it with the person's view."

People living at the home had varying levels of ability to verbally communicate and to understand written documents. The service ensured that all people had access to information that enabled them to understand their support needs and the health services available to them and this ensured people were not unduly

discriminated against. For example, people had an easy read version of their support plan electronically using a touch screen with symbols when they reviewed their plan with a staff member. One person told us, "I can write things down in my daily Mood Diary. If I am upset I can just write it down and give it to staff." We were told the next version of the provider's electronic care plan system would also include talking care plans to help ensure people's involvement further.

People continued to access a diverse range of activities at Highview House and in the community and we saw the whole staff team were passionate about creating person centred experiences for everyone who used the service. One person said, "I like it here because they do more activities here. I have been away on holiday to a holiday cottage." The philosophy encompassed supporting people to lead active and fulfilling lives in a holistic manner covering health and fitness, recreation, daily living skills and educational opportunities. One person told us, "Oh yeah I am busy all the time really apart from the weekends which is my time."

The service continued to work with local colleges to give people opportunities to gain qualifications. One of the college tutors told us, "The service is friendly, supportive and have the clients' best interests at heart." People told us about horseriding, coffee clubs, dog walking and a cake decorating course they had attended at college. Some people volunteered with staff support at a local day service for people with Alzheimers, which we were told had benefitted one person hugely as they had gained such positive feedback from the people attending the group.

A healthcare professional told us, "People have access to meaningful activities throughout the week and enjoy social activities both on an individual basis as well as in groups, which helps promote good relationships between everyone. The two people I work with have autism and their care is very much orientated around what works for them, with staff having a consistent approach."

An advocate we spoke with told us, "Over the period of time I visit the home, I have watched [Name] grow in confidence to now partake in what were, unfamiliar activities [gentle exercises, cooking] and now enjoy these. He is encouraged and supported to take part and praised by staff when he has completed activities. He attends and now contributes to the regular resident's participation meetings and the home listens to feedback from people and any suggestions made. Independent living skills are promoted and [Name] has now built up a range of skills that he is becoming more competent in, this is in sharp contrast to his previous hospital setting placement."

People were encouraged to pursue their interests and hobbies. People told us about the things they enjoyed doing and confirmed staff helped them to achieve these activities. One person told us, "I like drawing and colouring. Staff take me to Tesco's for pens and another person said, "I like watching the railways. A while ago I went to York by train first class. We went to Betty's for lunch and we went Christmas shopping."

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. There was easy read information in the home on how to make a complaint and there were regular house meetings where people talked about a variety of issues and activities within the service. People were always asked if they felt safe and if they had any concerns. We saw that where people had raised an issue, that it was noted for action and then fed back at the next meeting so people were kept informed. One person said, "Yes, if you want to talk or complain there is a leaflet in the file for Resolve Highview House. You can talk about what problems you have got in the Taking Part meetings. Like if stuff needs mending we could talk about that."



Our findings

The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety and security.

The 'whole team approach' and culture in the service had continued to develop and grow. The vision and the value of the service of positive risk enabling, helping the people to be effective, community members with sensitive support remained embedded in the home.

The provider continued to develop exciting partnerships with other organisations and had taken part in several good practice initiatives designed to further develop the service such as the Skills for Care and NHS Leadership Academy programme. The provider was successful in achieving one of 20 national places on a programme that fast-tracks graduates towards leadership roles within innovative health and social care settings. The service would provide practical experience of a strategic role and support the development of leadership capabilities and capacity for a high-calibre graduate. The candidate was due to start at the service in January 2018.

The registered manager told us about the accreditation process they were working with the National Autistic Society (NAS). Management and staff attended regular networking sessions with NAS and staff had attended specialist training including sensory, anxiety, behaviour and autism. Initial feedback from the NAS had included, "There is a strong focus on achieving a family feel as these individuals have often experienced very troubled relationships in the past as well as encouraging a feel of comradery and team work amongst the other people using the service."

Feedback from professionals we spoke with was also very positive about the registered manager. Comments included, "I am usually greeted by the manager of the home during my visits and she is available for further discussion and questioning. She is also contactable between visits and always responds to queries quickly. I have had no concerns in regards to her being open and approachable and have found the home to be welcoming." Another professional said, "They encourage learning and development of their team and service users and are proactive in ensuring this is done in a supportive and timely manner."

The provider had brought in a service development manager and they had developed a bespoke Accelerated Leadership Programme (ALP), a programme of training and development designed to deliver future leaders and managers in house. The programme is intended to offer a structured career and learning path and the opportunity to contribute to leading-edge thinking and service improvement. We met with the

first person to access the scheme who told us they couldn't wait to start their career development. They said, "I am so excited to have been given the opportunity here with such a supportive team."

The provider also had a number of schemes in place to drive improvement and reward staff that used their initiative and go the 'extra mile'. This included private healthcare for staff after six months employment and 'Perkbox' giving staff vouchers and discounts to gyms, high street shops and restaurants.

We saw the service had regular meetings with people who used the service to seek their views and ensure that the service operated in line with their best interests. As part of the "Taking Part" meetings, people talked about a variety of items such as health and safety and safeguarding as well as activities but we saw people also talked about what had gone well for them this week and held a 'round of appreciation' where they could share praise with each other and the staff team.

Staff spoke consistently about the service being an excellent place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "I love working here," and "I worship them [the providers] I feel so supported." Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.