Community Integrated Care

Highlands Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 1 November 2016. The provider was given 72 hours' notice of our visit because we needed to be sure staff and people using the service would be available to meet with us.

Highlands Road provides care and accommodation for up to three adults with a learning disability. At the time of our inspection the service was fully occupied. The bungalow provides three single bedrooms, one with en-suite facilities, a communal kitchen, bathroom, laundry, dining and lounge area and limited parking on the driveway. People also have access to a garden area.

The home had a registered manager in post. 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.

Staff had a good understanding of their role in safeguarding people. Incidents were being reported where appropriate and records seen confirmed this.

We found that policies and procedures were in place to guide staff in how to keep people safe in the event of emergencies, for example a fire or flood. Fire drills and fire alarm tests were carried out along with regular audits of emergency and contingency planning.

Medicines were stored safely and systems were in place to ensure medicine stock could be monitored and audited. People were given their medicines by staff who had received medicines training.

Risk assessments were carried out where necessary and care plans were devised to minimise known hazards, whilst encouraging people to be as independent as possible.

Staff training was well organised and on-going. Staff had completed training in accordance with the required needs of people living at the service.

Correct procedures were followed in line with the Mental Capacity Act (2005) and staff worked within the guidelines and peoples best interests when depriving people of their liberty.

Staff followed the advice of other healthcare professionals and we saw evidence of joint working to achieve the best outcomes for people living at the service.

People told us they were involved in writing menus and food shopping. They also told us they enjoyed the food and were given support to cook.

People had a choice about the activities they wished to do and some were engaged in paid employment.

Staff also supported people to find new interests and pursue activities they found meaningful. Information written in care plans reflected the needs and personalities of each individual.

People were given the opportunity to provide feedback on the care they received through their house meetings, an on line 'yammer' site owned by the provider and peer review sessions. We saw that were issues or suggestions were raised by people, these were responded to by the provider and staff.

Staff and people we spoke with told us that they had a positive relationship with the registered manager. Staff also told us they had regular supervision with the registered manager.

Some areas of the service were showing signs of wear and tear and the bathroom area would benefit from refurbishment.

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.

Staff understood how to follow procedures to keep people safe and had a good understanding of their responsibilities in safeguarding people.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards.

Systems were in place to record accidents and incidents and these were analysed to identify any common threads or patterns.

Emergency procedures were in place and staff understood how to respond to these.

Medicines were administered safely by staff who were competent to do so.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and knowledgeable about individual care needs.

People were supported to develop skills in cooking and daily living activities and were happy with the arrangements around food and dining.

Some areas of the service were showing signs of wear and tear and the bathroom area would benefit from refurbishment.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. No one at the service was deprived of their liberty and staff knew the procedures to be followed if necessary.

Other healthcare professionals visited people regularly and worked in partnership with staff to make sure the care provided was individualised and appropriate.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who knew them well.

People were included in decisions which involved them and they each contributed to the running of the home.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected each person's support needs, health conditions, interests and preferences.

People were supported to engage in activities that were meaningful to them.

People were supported to raise complaints.

Is the service well-led?

Good

The service was well led.

Staff told us that they had good support from the provider and the management team.

There was an open management culture in the service. Staff knew how to raise concerns, including whistle blowing.

Systems were in place to monitor the quality of care and to ensure that people received good care.

Highlands Road

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 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 1 November 2016. The provider was given 72 hours' notice of our visit because we needed to be sure staff and people using the service would be available to meet with us. The inspection team consisted of one social care inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We also asked the provider to complete and return a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This had been returned to us in December 2015, so we used the information to help us plan the inspection but also sought evidence of the quality of the service during the inspection visit.

As part of our inspection we spoke with two people who used the service, two members of staff, the registered manager and the quality and excellence partner for the provider. We observed how staff supported people and worked together. We also spent time reading through documentation and records relating to the care provided and the running of the service. This included one care plan, which had been rewritten using a newly introduced format of care planning, and two others which were in the old style to check on specific areas of care being given. We also reviewed the medicines records, records of accidents and incidents, two staff recruitment files, staff training and supervision and quality audits. We looked at a selection of policies and the minutes of staff and house meetings.

Good

Is the service safe?

Our findings

People told us that they felt safe at Highlands Road. One person told us, "I do feel safe, I can go out on my own but I also go out with staff when I get my one to one time."

Staff were able to recognise signs of abuse and told us that they would respond by informing their manager or contacting the local authority safeguarding team without hesitation. Staff had attended safeguarding training and had a good understanding of what it meant. All staff had also read the safeguarding policy. Where potential abuse had occurred, the Local Authority had been notified as necessary. People had access to information in an easy read format on how to contact outside agencies if they were concerned about their own safety and people told us they had been able to discuss this with staff. This assured us that people were protected against the risks of potential abuse.

There was a robust system in place where money was kept on people's behalf. Balances were checked by two members of staff every time money was used or deposited and there was a daily audit at each shift change. We observed this taking place during our inspection. This meant people were protected from potential financial abuse.

Staff promoted independence as much as possible and knew how to take 'safe' risks. Risk assessments in people's records were clearly written and included a variety of risks with guidance to staff on how to manage them. Records showed that risk assessments were reviewed regularly to take into account any changes in the person's needs or circumstances. Staff had a 'support with' rather than a 'do for' attitude which they knew was for the benefit of the person they were supporting.
There had been few accidents and incidents but staff were keen to learn from any incident to improve the service. Staff worked in partnership with other healthcare professionals as necessary to improve the service they provided.

Staff knew what to do in the event of a fire because they had been trained. Fire drills and fire alarm tests were carried out along with regular audits of emergency and contingency planning. There were also personal evacuation plans in place for everyone, which described the support they required should there be a fire. Staff had ready access to a "grab and go" bag which contained the evacuation plans, contact numbers and information they needed should they have to evacuate the building in a hurry. There was a business contingency plan in place which informed staff how to respond to other emergencies that could prevent the service from operating safely.

There were enough staff on duty at all times to meet people's assessed needs. The registered manager had a tool to calculate the staff hours available each week and deployed staff appropriately, taking into account the needs of people. This included variations to the number of staff on duty. For example, staffing levels were set depending on the activities during the day, if people were away staying with a family member or when one to one time was allocated. For example, if someone attended an evening event, additional staff would be on duty to support that activity and two staff would be on duty in the house for the remaining people. During the night, a member of staff slept in the service, and was available should anyone need

assistance or reassurance during the night. The bungalow allowed for staff to be able to hear should anyone need assistance and people using the service knew where to contact staff should they need them. People told us this worked for them and that they felt safe knowing there was a member of staff at all times. There were also on call arrangements from a senior member of staff should staff need advice out of hours.

A well organised recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

Safe medicines practice took place. We spoke with staff about the arrangements for medicines. One person managed their own medication with minimal support. Staff we spoke with confirmed they had received training on the administration and management of medicines and that only staff deemed as competent could carry out this task. Staff were also able to describe how individual's medicines were managed, what to look out for to ensure safety and how to respond to any errors or omissions they became aware of.

We looked at the arrangements for the storage of medicines. Medicines were stored safely in a locked cabinet in peoples' own bedrooms. Controlled drugs (medicines that require special management because of the risk they can be misused) would be stored in a separate locked cabinet. However, at the time of our visit there were no controlled drugs being used or stored. Fridge and room temperatures were being monitored daily to ensure medicines were stored within safe temperature ranges. At the time of our visit only one person was taking prescribed medicines. The medication administration record of the month of November 2016 was not made available to us at the time of the visit, as this was locked away and the person was out of the service at the time, however, we saw the previous months records and saw that these had been completed to show the person had received their medicines as prescribed.

We toured the premises during this visit. The service had a homely feel and was clean and fresh smelling. We saw there were systems in place to ensure the service was kept clean and staff supported individual people to keep their areas of the home clean and tidy and that there was a joint effort to clean communal areas. A maintenance contractor was used where necessary to carry out maintenance work and the staff reported issues promptly. We were shown servicing and maintenance certificates for electrical appliances, legionella testing and fire safety equipment.

Good

Is the service effective?

Our findings

People told us that staff were knowledgeable and did their jobs well. One person said, "The staff support me to be who I want to be. We have control of the house."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Where people were unable to make decisions, best interest meetings were organised. These meetings involve key people who know the person well and who can speak on their behalf, knowing what the person would prefer should they be able to express their wishes. At the time of our visit, people living at Highlands Road were able to make decisions about their everyday living and contribute to more complex decisions with support from an advocate as necessary.

We observed staff routinely seeking consent and offering people explanations before support was provided. This was done in a discrete and helpful way. Staff had received training in the MCA and those we spoke with had a clear understanding of what it meant and the impact it had on people living at the service. At the time of our visit there were no DoLS authorisations in place because they were not required.

Training records documented all training completed by staff and confirmed that staff had passed competency tests to ensure that they had learnt from each training session. We highlighted some training which needed to be refreshed. This included health and safety, food safety, emergency first aid and infection control for one person. It was noted that the member of staff had returned to work after a period of absence and therefore their training had lapsed. The registered manager dealt with this during our inspection and made sure staff were booked onto forthcoming courses to ensure they maintained their skills and abilities.

The registered manager used supervision as a way to identify training needs and to develop staff skills and knowledge. Supervision records were documented. These showed permanent longstanding staff had regular supervision meetings and were able to speak about their development. There had been a number of new starters in the last few months. Their supervision was more around their probationary period and on-going training, which was being covered in their induction programme.

At the time of our inspection the registered manager was also in the process of completing new annual appraisals for all staff. These allowed staff another opportunity to discuss career development, training

needs and any specialist areas of interest they wished to pursue.

People told us they were happy with the food provision and that they were able to make choices because they did their own food shopping and cooked for themselves with support from staff. We saw people using the kitchen during our visit and staff were on hand to offer support and guidance to people who were making their own meal. We noted some menu choices were repetitive. Although healthy eating was promoted, this did not always happen as people needed a period of adjustment when trying new flavours due to their individual complex needs. Staff explained to us how they were dealing with this and small steps were being introduced to improve the diets for people in accordance with their understanding and requirements.

All relevant health and social care professionals were involved with people's support. This included regular consultations with social workers, advocates and community psychiatric services. Care records included information about people's healthcare needs and these had been reviewed on a regular basis. For example, one person's records contained information about what a good day felt like and what a bad day was like from their perspective. The information then detailed what staff could do to change things. There was also a pictorial timetable showing what activities this person liked to do and when. The registered manager told us that they have good relationships with the local community health services, which was clearly demonstrated by the input they had in people's care.

The premises are rented and any improvements or building work needed to be completed by the landlord. Some areas of the service were showing signs of wear and tear and were in need of redecoration. We also noted that the communal bathroom area was in need of refurbishment to make it a more serviceable and attractive area for people to use. The registered manager confirmed that they had requested this work from the landlord and would reiterate this following our inspection. The area was usable but lacked any comfort or attractiveness.

Good

Is the service caring?

Our findings

People told us that the staff were friendly and had a sense of humour. One person told us staff were, "Very kind." One person told us staff reminded them to do things which would keep them healthy, including exercise and time away from the computer. People's bedrooms were personalised and decorated to reflect their individual tastes and hobbies.

Interactions between people and staff were appropriate, compassionate and reflected the personality of the person they were supporting. On the day of our visit people were assisted by staff to make a meal and drinks and attend activities away from the house. Staff engaged with people at their own pace and made sure they took time to listen to people and understood their requests for support. People appeared to be relaxed around the staff team and were overheard telling them about their plans for the day and what sort of assistance they needed.

Staff encouraged people to maintain their independence. Staff input was more reassurance than taking over the task being performed. We observed staff being attentive but also discreet when talking to people about their personal care needs and appearance.

People were supported to be as independent as possible. For example, one person had asked to look after their own medicines and self-medicate with minimal staff oversight. The registered manager had risk assessed this request. The person had been enabled to this, with some safeguards in place to make sure they remembered to complete the medicines administration record. This demonstrated that people were empowered by being accountable for their own personal health. We saw other examples of where people took care of their own financial arrangements, went out alone and attended work placements.

People played a key role in the running of the home, and told us they felt included when decisions were being made. On arrival at the home, one person who used the service answered the door, checked our identification and later showed us around the service. There had been a recent decision to provide the home's pet rabbit with an all-weather cover for their hutch. The decision had been discussed at the house meeting, along with other issues which affected the running of the service.

People's privacy and dignity was respected by staff and each other. We saw how people were given control over their lives and own personal space. For example, we saw staff and people who used the service knocking before entering people's rooms and asking permission to enter before doing so.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. One person told us, "My main interest is photography. I go to a lot of places to do it." This person took time to show us some of their photographs and explained how staff had helped them to select and purchase a new camera and encouraged them to improve. Another person was keen to attend a local sports centre. We saw a wide range of activities taking place. Everyone had an individualised activities timetable in their care plans and this included recreational and structured activities. Some people had paid employment and staff supported them where necessary to carry out their roles.

We looked at the arrangements in place to ensure that people received personalised care that had been appropriately assessed, planned and reviewed. Records showed information gathered during the pre-admission stage and life history work was included in the care plans we looked at.

The registered manager was in the process of transferring all three care plans onto a new recording system and so far only one had been completed. Information included individual needs and preferences and staff had consulted with other health care professionals to make sure the support being provided was appropriate and in the person's best interests. Life history work helped staff gain a real sense of the person and provide a foundation for their on-going care needs. Care plans had been reviewed on a monthly basis by care staff.

We looked at the arrangements in place to manage complaints. The service had a policy which staff followed and people had access to an easy read version which would help them should they wish to raise a complaint or had concerns. There had been one complaint in the last 12 months. This had been investigated and changes had been made following an internal investigation by the registered manager.

Staff had in depth knowledge and understanding of the people living at Highlands Road and had developed a good rapport, which included appropriate banter. Staff knew people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records.

People were encouraged to become involved in projects within the organisation with links to other services owned by the provider. This included peer reviewing of services, attendance at regional meetings and being part of "The Voice" group. This is an active group of people who bring live issues to the attention of senior managers in the organisation from the service user groups.

Each person had a member of staff who acted as their keyworker. This is where a named member of staff takes overall responsibility for working with individuals and coordinating their care. Care records contained information from meetings between people and their key worker with action points or outcomes. This included information about health and welfare and ideas for activities. This showed that staff took time to include people in decisions about their lifestyles and discussed new ideas to enhance their quality of life.

House meetings were held every few months. Agenda items were set by people who used the service. The most recent meeting had been held on 16 September 2016 and included issues relating to the fabric of the

building, arrangements around food, one to one time and staff and service user engagement. Minutes of house meetings were kept and we could see actions had been taken where necessary.

Good

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. They had registered with the CQC in October 2016, having worked at the service since April 2016.

We received good feedback about leadership in the home. Staff said they found the registered manager approachable and prepared to listen to them. Staff also told us they thought the service was well-led. People told us they liked living at Highlands Road and that they knew all the staff by name, including the registered manager. They told us staff worked well together and that they were confident that the home was well managed.

The registered manager valued the whistle blowing policy, describing this as an important document which encouraged staff to speak out if they were concerned about the service. They said they understood when this might be used but encouraged staff to be open and speak to them or a senior manager in the organisation if they were concerned about any aspect of the service. Staff told us they knew how to raise concerns and would not hesitate in using the whistle blowing policy if they thought they needed to.

The registered manager told us they monitored the quality of the service by completing quality audits, house and staff meetings and talking with people and their relatives. There were a number of audits in place, which included health and safety, accidents and incidents, financial arrangements and infection control. The audits were detailed and showed that actions resulting from the audits were acted upon in a timely manner. We also noted the new regional manager had started monthly visits to the service. The last one had been completed in June 2016. There had been a change over of regional managers during this time and therefore some visits had lapsed.

Staff told us they felt consulted in the running of the home but the people using the service were given priority in any decisions which affected them directly. One member of staff told us, "[The registered manager] is relatively new but has already shown they have the same attitude as us. We put the people here first in everything we do. I love what I do." There was an open management culture in the service.

The previous registered manager had sent out staff questionnaires in 2015. We noted responses were mostly positive. A couple of responses had highlighted at that time that they thought the manager at the service, being responsible for four other houses was too much. We discussed this with the newly registered manager during our visit. They confirmed that this arrangement was still in place and they thought the management arrangements would work. They told us they had confidence in the senior teams in each house and that staff knew the people they were supporting.

Despite the manager not being there every day staff had the competence to manage the service in her absence. For example, shift leaders completed a task sheet to ensure they had completed all delegated tasks for their shift.

In another survey in 2015 family members had noted that they were happy with the work staff were doing to

promote independence. They also thought this was done at an appropriate pace for the person being supported. Another person had commented, "Keep up the good work."

Staff meetings did not take place regularly, the last meeting was completed on 25 October 2016. Staff confirmed this was not a problem because they were a small team and information concerning care needs was shared at each handover. They added that this time could be used to communicate information about the running of the service and any changes in policies and procedures. Staff had access to a computer and were alerted when new information came through from the provider, for example new policies or procedures. Arrangements were in place to cover the forthcoming festive holiday period.

The manager was aware of notification requirements and we had received notifications about appropriate events that occurred at the service. Notifications are incidents or events that the registered provider has a legal requirement to tell us about.

Incidents and accidents were looked at in detail to check that appropriate action was taken at the time and if any lessons could be learnt. It was clear that the registered provider also analysed information. If there had been in an incident in any of their services, they shared the information with managers to help to improve the service.