

Community Integrated Care

Segensworth Road

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

This inspection took place on 15 November 2016 and was announced.

We last inspected the service on 3 July 2013 and found they were meeting all the regulations we inspected.

Segensworth Road provides care, support and accommodation for up to three people who have learning disabilities. At the time of the inspection there were two people living at the home.

The registered manager no longer worked at the service and was in the process of deregistering. A new manager was in post. He was in the process of applying to be registered with CQC. A registered manager is a person who has registered with the CQC 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. We were supported by the regional manager, manager and senior support worker throughout the inspection.

The person with whom we spoke told us they felt safe at the service. There was no ongoing safeguarding concerns. Medicines were administered safely.

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. There were sufficient staff deployed and we saw that staff carried out their duties in a calm unhurried manner.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place. Staff followed the principles of the Mental Capacity Act 2005. People's nutritional needs were met and they had access to a range of healthcare services.

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care and support.

The arrangements for social activities were inclusive and met people's individual needs. The service had their own 'house car' which was available to use at any time.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place and pictures had been added to make the words easier to understand. No complaints or concerns had been received.

Audits and checks were carried out to monitor all aspects of the service. An action plan was developed to highlight any areas which required improving. The provider used a traffic light scoring system to rate their services. Segensworth Road's overall grading was green which meant they were meeting the provider's assessed standards.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided.

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.

There were safeguarding procedures in place. Medicines were managed safely.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

We saw positive interactions between staff and both people who lived at the service.

Staff were motivated and committed and spoke with pride about the importance of ensuring both people's needs were held in the forefront of everything they did.

Staff promoted both people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Support plans were in place which detailed the individual care and support to be provided for both people.

Arrangements for social activities were inclusive and met people's individual needs.

There was a complaints procedure in place and pictures had been added to make the words easier to understand. No complaints or concerns had been received.

Is the service well-led?

Good ●

The service was well led.

Audits and checks were carried out to monitor all aspects of the service. An action plan was developed to highlight any areas which required improving.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the service. We observed that this positivity was reflected in the care and support which staff provided.

There had been no notifiable events or changes at the service of which the provider had needed to inform CQC.

Segensworth 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 15 November 2016 and was announced. The provider was given 48 hours' notice because the service supported people with a learning disability and they were often out in the local community. We wanted to be sure that staff would be available to facilitate the inspection and both people who lived at Segensworth Road would be prepared for an inspector coming into their home.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the provider, including any notifications we had received. We contacted the local authority safeguarding and commissioning teams, the learning disabilities team and Healthwatch prior to the inspection for any information they held about the home. They did not have any feedback about the service. Following our inspection we spoke with a member of staff from the local advocacy service.

One person was able to verbally communicate their opinions of the service. The other person used non-verbal communication methods to communicate including using eye contact, gestures and actions.

We spoke with the regional manager, manager, senior support worker and three support workers. Following our inspection we spoke with a relative by phone to obtain their views of the service.

We reviewed both people's support plans and medicines administration records. We also looked at two staff recruitment records, information relating to training and records relating to the management of the service such as audits and surveys.

Is the service safe?

Our findings

The person with whom we spoke told us, "I feel safe." There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. There were no ongoing safeguarding concerns.

We checked staffing levels at the service. There were two people living at the service at the time of the inspection. Two staff were on duty throughout the day. Staff told us, and our own observations confirmed that this meant that people received one to one care. At night there was one 'sleep in' member of staff who would wake up if assistance was required. We saw that both people were able to access the local community because there were sufficient staff to support them. Staff carried out their duties in a calm unhurried manner and had time to provide emotional support.

We spent time inspecting the premises. The provider rented the premises from a housing association who organised checks and tests such as electrical and gas safety tests to ensure the premises were safe. We read a copy of the electrical installations test which described the safety of the electrical installations as "ok." The regional manager told us that further work on the electrical installations had been booked and was due to be carried out soon. Fire safety checks had been regularly completed. We saw that all areas of the service were clean and well maintained.

Personal emergency evacuation plans were in place which detailed how people should be evacuated from the building in an emergency. There was a contingency plan in place which gave staff guidance about what actions they should take in an emergency to help ensure that people remained safe.

We checked the management of medicines and found that they were managed safely. Staff were knowledgeable about the medicines people were prescribed together with any side effects and contra indications. One person told us that she was going to have turkey with cranberry sauce for Christmas lunch. A staff member explained that unfortunately they could not have cranberry sauce because it interfered with one of the tablets they were taking. They explained that another "lovely" sauce would be found instead.

People's medicines were stored in a locked cabinet in their bedrooms. A staff member told us, "It's more personalised, we've moved away from the hospital type system." We examined both people's medicines administration records [MARs] and saw that these were completed accurately. One person did not want their MARs stored in their room. A staff member said, "That's her choice, we now keep them in the office." One person took a special medicine which helped prevent blood clots. We saw that this was managed safely. We examined the regional manager's latest audit report which stated, "Sampled both MARs for [names]. Completed appropriately with no gaps. Good records." We found that there was a safe and effective system in place for the receipt, storage, administration and disposal of medicines.

We examined staff recruitment. Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references including one reference from the applicant's previous employer and a Disclosure and Barring Service check [DBS]. The DBS carry out checks to help

employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services. One member of staff said, "I had to wait for my checks to come through. My DBS took 50 days."

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as accessing the local community. Staff were aware of the risks to relating to one person when we accompanied them on a shopping trip. One member of staff said, "Should we use the ramp, the stairs are very steep?" This meant that risks were minimised and action was taken to help keep people safe."

Is the service effective?

Our findings

Staff told us that there was sufficient training to enable them to meet people's needs. Comments included, "We have training days and online work books," "We are currently looking into doing [name of medical condition] training. We know about it, but there is always more you can learn" and "The training is good." Staff had completed one page profiles which included details of their interests. We read one staff member's profile which stated, "It is important to me to continuously learn new skills and expand my knowledge on just about any subject – every day is a school day." Staff were very knowledgeable about both people's needs and their medical conditions.

All staff went through a system of training that started with induction training. New staff completed the Care Certificate as recommended by Skills for Care, a government agency who provides induction and other training to health and social care staff. One new member of staff said, "I have done shadow shifts. I've got my medicines training to do, but I've been watching [staff] to see what they are doing." This member of staff had only completed a couple of shifts at the service but was already very knowledgeable about both people at the service. We spoke with the senior care worker about induction and she told us, "Rather than saying 'This is the mop and bucket,' I go through people's needs first, their likes and dislikes and what's important for them. I explained the little things [to new staff member] about [name of person]. They may seem little, but they are massive for [name of person]."

We read the regional manager's latest audit report which stated, "Evidence of in house induction for new starters, all new starters have completed or are undertaking Cavendish Care Certificate induction training." This meant there was a system in place to ensure that staff had achieved acceptable levels of competence to carry out their job role effectively and safely.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Staff had regular supervision sessions. The regional manager told us that the provider had recently changed the supervision and appraisal system to a new process called, "You Can". Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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 authorisation 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 manager had submitted DoLS applications for both people who lived at the service in line with legal requirements which had been approved.

We saw evidence of mental capacity assessments and best interests decisions in people's care files for

specific decisions such as the management of finances and medicines. We observed staff asked for people's consent before they carried out any care or support to ensure it was what the person wanted. This showed staff ensured people were in agreement before any care or support was delivered. We read the latest audit report which had been completed by the regional manager. This stated, "Mental capacity assessments in place for consent to care, medication and finances. DoLS have been applied for. Awaiting assessment from local authority."

We checked how people's dietary needs were met. Staff were knowledgeable about both people's likes and dislikes. People's weight was monitored and action was taken if any concerns were highlighted. One person had previously been referred to the dietitian and speech and language therapist because of issues relating to their dietary needs. We looked at the minutes from the latest staff meeting which was held in October 2016. Under the title, "Success stories for people we support, staff and service," was documented that one person had "gained weight after staff had been supporting them with fortified drinks."

We accompanied one of the people on a shopping trip. Following the shopping trip, the person was going to a day centre for the afternoon. A staff member asked the person, "Would you like a picnic, instead of going home for lunch? We can tell the day service you are going to have a picnic, won't that be exciting?" The person thought that this was a good idea and chose to have an egg sandwich. The staff member said, "We've also got one of your favourite yoghurts, should we take one of those too?" This meant that staff ensured that people's dietary needs were met flexibly and in line with their preferences.

We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example consultants, GP's, the chiropodist and dentist. One person said, "I feel better now, [name of staff member] called the ambulance and I went to hospital." Both people had their own health action plan. A health action plan is a personal plan which states what people need in need to stay healthy.

The premises met people's needs. People's bedrooms were personalised to meet their preferences. Both people had their own bathrooms. One person had a shower and additional hand rails had been fitted to support their independence. The other individual had a bath. The regional manager told us that they were sourcing a new bath for this person to enable them to bathe more easily.

Is the service caring?

Our findings

The person told us that staff were caring. They said, "I'm with my family here." A staff member sitting beside the person, welled up with tears and said, "Oh that's so lovely... these are happy tears."

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments from staff included, "I love them both" and "I love making a difference to people who live here, it could be just a little thing that I do, but it's so rewarding."

Staff had completed one page profiles which gave people an overview of their interests and values. We read one staff member's profile which stated, "I've been told I have got a kind heart and I will always do my best to help others." One person enjoyed looking through the staff profiles which included interesting photographs. The person said, "What's he [staff member] wearing a Father Christmas hat for – that's funny."

We saw positive interactions between staff and people. One person became upset because they could not find some of their music CDs. A staff member gently rubbed the back of her neck. The staff member explained to us that this action helped the individual to relax.

One person informed us that they loved Gilbert O'Sullivan [singer/songwriter]. They told staff that they would like to buy a Gilbert O'Sullivan calendar whilst they were out on a shopping trip. During the shopping trip, the individual wanted to go into each shop and check whether they had a Gilbert O'Sullivan calendar. The staff member was very patient and gently explained that some shops including a designer clothes shop and food shop would probably not sell calendars. However, the person still wanted to look and the staff member cheerfully said, "Come on then, we'll go and check." At the end of the shopping trip, the individual became upset because they had been unable to find the calendar they wanted. The staff member was very positive and said, "But we've got the Phil Collins CD that you've bought. I can't wait to hear that, we can sing along on the way home - ooohhhh it's so exciting." The person soon cheered up and enjoyed singing along to Phil Collins in the car.

People's independence was encouraged. One member of staff told us, "They will now brush their own hair, it's little steps, but important steps." Another member of staff said, "When they first moved in they always used to ask for a cup of tea, now they make their own drinks." We saw that staff promoted one person's independence when they were out on their shopping trip. A staff member said to the person, "Where is your purse, let's give the lady the notes. You can take the change and the receipt and put it back in your purse."

We found the care planning process centred on individuals and their views and preferences. One staff member said, "The paperwork is now much more person centred; more than it ever has been." We read that one person loved trains, Lego, television, music and looking through magazines. The person also enjoyed seeing a neighbour's cat that sometimes popped in. The other person enjoyed music, especially the music band Queen. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to respond to their needs and enhance their

enjoyment of life.

People's privacy and dignity was promoted. Staff explained that they did not wear uniforms. One member of staff said, "We don't want to draw attention to people whilst we are out. We are just wanting them [the public] to think – there are two friends out and about." We read one person's support plan which gave staff guidance about how to ensure the person's privacy when they used a public toilet in the local community. Support plans also contained information about people's preferences relating to the gender of staff who supported them. Female staff always supported one person with their personal care.

There were arrangements in place for people to access advocacy services. One person had previously used an advocate. An advocate is a person who supports the rights and decision making process for another person, should they need support to make their voices heard. We spoke with a member of staff from the local advocacy service who told us she had no concerns about the service and they were involved appropriately.

We spoke with one person who told us that they felt involved in their care and support and could choose how they wanted their care to be provided. This was confirmed by our own observations throughout the inspection.

Is the service responsive?

Our findings

The person with whom we spoke told us that staff were responsive to their needs. They told us, "I like living here." The relative said, "This place is brilliant compared to where they were."

Staff told us, and records confirmed that they had started to change their support planning documentation in line with the provider's new initiative called the "Golden Thread." The aim of this programme was to place people at the heart of organisational decision making and enable "true personalisation." The support plans now included goal and outcome setting and plans were tailored to support people to take control of their lives.

We read both people's care plans and noted that these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a support plan for every aspect of their lives. These gave staff specific information about how people's needs were to be met. One page profiles were also in place which gave staff an overview of people's needs. Information was set out under titles such as "How best to support me" and "What is important to me." We read that one person liked going out in the car. They also liked listening to music, especially Queen. People therefore had individual and specific care plans in place to ensure consistent care and support was provided.

Monthly reviews were carried out. One staff member said, "The monthly reviews are really personal, you can't just fill it out like that – it's not just a tick box, they contain detailed information, you have to look at everything." We looked at a selection of both people's monthly reviews which contained information about what had gone well and not so well. We read that one person had been to the Cinema; however, they had not enjoyed the experience because it had been too loud. The reviews also contained actions which should be taken to improve any aspects of people's care and support. We noted that staff planned to take photographs of different meals which would support one person to make healthy eating choices. This meant there was a system in place to review people's care to ensure that their support continued to meet people's needs and ensure that people had a good life.

Staff were very knowledgeable about both people and knew when they felt secure or were becoming anxious. Staff were aware of triggers which could cause a negative effect on people's behaviour. We read one person's support plan which stated "Let me look around the shops, do not rush me." One person became anxious whilst they were out in the local community. The staff member said, "What do we do [name of person]? We breathe, we breathe it all out – that's good, we breathe." The person soon relaxed and continued to enjoy what they were doing. We read this individual's support plan which stated, "Always be positive, I reflect off this." We observed that staff followed this advice throughout our inspection. We heard staff encouraging the person by saying, "Yippee, isn't this great?" and "This is so exciting isn't it?" This meant that certain situations were avoided and triggers minimised to help ensure people's wellbeing.

Staff told us and records confirmed that an individual's behavioural incidents had decreased. One member of staff told us, "I think it's down to the consistency of staff – we are all consistent and it is in her support plan."

There was a key worker system in place. The appointment of key workers meant that both people had a designated member of staff who helped ensure that their needs were met in a personalised manner. One member of staff said, "[Name of staff member] is [name of person's] key worker and she has a long list of shows that she is going to take [name] to. At the end of last month, they saw a Queen Tribute band – they love Queen."

The arrangements for social activities were inclusive and met people's individual needs. We went on a shopping trip with one person. The person chose to sit in the front of the car as the staff member's "navigator." The staff member said to the individual, "I've forgotten how to get to Tesco's, can you remember?" The person pointed out Tesco's in the distance, "Well done co-pilot" the staff member said. In the afternoon, one person treated us to a marvellous Phil Collins musical event with singing and dancing to songs such as "In the air tonight" and "You can't hurry love."

The service had their own 'house car' which was available to use at any time. One person loved going out in the car and staff supported them to go out at various times of the day, including the evening. Staff rotas were organised to ensure that there was always one member of staff on duty who could drive. We read the regional manager's latest audit which stated, "Great records of personalised activities, people clearly have choice about where they would like to go and things they enjoy doing. Great photos taken to evidence trips out and enjoyment."

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place which had pictures added to make the words easier to understand. No complaints had been received. We asked one person if anything could be made better at the service or whether she was unhappy about anything and they said, "No, nothing."

Is the service well-led?

Our findings

The registered manager no longer worked at the service and was in the process of deregistering. A new manager was in post. He was in the process of applying to become registered with CQC. The regional manager told us that the registered manager still worked for the provider and was involved in the service. She said, "Any action plans also go to him [registered manager] and he is involved in [name of new manager's induction]."

The new manager oversaw another two small services. He explained that he visited Segensworth Road at least twice a week and was always available by phone or email. He said, "[Name of senior support worker] is fantastic and a really good senior. When I come here, I always talk to staff and people and that's the important thing." Staff told us that they felt well supported and there was a good management structure in place which included the regional manager, service leader and senior support worker.

Staff told us the service had been through a period of change. Most of the staff had worked at Segensworth Road for less than a year. There had also been several managers at the service within the past 12 months. Staff told us the service was now settled and they were able to provide consistent care and support. They said they enjoyed working at the home and told us, "I love working here," "We all get on" and "I enjoy coming to work, I never used to [in previous job]." We observed that this positivity was reflected in the care and support which staff provided.

All areas of the service were audited and checked. A Service Quality Assessment Tool (SQAT) had been completed. This covered 13 key areas including support planning, nutrition, finance, communication, medication management, safeguarding, quality assurance and complaints. An action plan had been developed to highlight any areas that required improving. We read that staff were in the process of changing their support planning documentation in line with the provider's new personalisation programme. The provider used a traffic light scoring system to rate their services. Segensworth Road's overall grading was green which meant they were meeting the provider's assessed standards.

The regional manager carried out "Regulation 17 Governance Visits." We read her latest visit report which had been undertaken on 1 November 2016. This looked at all areas of the service relating to people, staff and the management of the service. We noted that a new bath was being sourced for one person.

An electronic system was used to record accidents and incidents. The manager and regional manager oversaw each digital accident record. The regional manager said, "If staff put anything on the tracker, I will get an incident notification on my iPhone and I will always call if I need more information. Staff are very diligent at putting things on the tracker." We read that one person had missed a dose of their olive oil ear drops. An investigation had been commenced to find out how this had occurred and what action could be taken to prevent any reoccurrence. All accidents and incidents were analysed to monitor for any trends or themes. None had been identified. This meant there was an open approach taken to reporting all accidents and incidents to ensure there was a culture of learning from mistakes.

People and staff were involved in the running of the service. Staff meetings were carried out which covered issues such as success stories for staff, people and the service, safeguarding, health and safety, medicines management and quality assurance. An action plan was attached to the minutes which detailed any areas which needed to be addressed, together with a target date for completion. We read that staff were going to find out whether Gilbert O'Sullivan had a fan club which one person could join. Monthly reviews were carried out with people so their feedback could be sought. The opinions of people's friends and family were also sought through surveys. We read a completed questionnaire which stated that the relative was happy with the care and support their family member received at the service. This meant there was a system in place to ensure that people, their representatives and staff were involved with the service to help drive continuous improvement. There had been no notifiable events or changes at the service of which the provider had needed to inform CQC. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.