

Highlea Care Limited

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Inspection report

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16 October 2018

23 October 2018

24 October 2018

25 October 2018

30 October 2018

31 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16, 23, 24, 25, 30 and 31 October 2018. The provider was given 48 hours' notice because the location provides a supported living service for adults who are often out during the day, so we needed to be sure someone would be in.

This service provides care and support to people living in 12 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People who use the service have learning disabilities, autism spectrum disorders or physical disabilities. People who use the service are supported with personal care, medicines, cooking, shopping, activities and other day to day tasks. At the time of our inspection 71 people were using the service. The service provides support to people living in County Durham.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This service was previously registered at a different address. We last inspected this service in February 2016 when we gave the service an overall rating of good. During this inspection we found the service had deteriorated and have awarded an overall rating of requires improvement. This is the first time the service has been rated requires improvement.

The service had a registered manager. The registered manager joined the service as a service manager in May 2018 and took up the post of registered manager in July 2018. 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.

During this inspection we found breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relate to good governance and staffing. This was because 'when required' medicines (such as pain relief) and topical medicines (such as creams or ointments) were not always managed effectively as records were incomplete. Support plans did not always contain enough information about people's specific needs and were not always up to date. Records relating to people's finances and procedures for handling people's finances were not robust. Staff had not completed up to date training to enable them to perform their job role effectively.

Although we found several areas for improvement during this inspection, the provider's quality assurance

system had recently identified most areas for improvement within the service. The provider had not always acted on areas for improvement in a timely manner. The registered manager, who had only been in post since July 2018, was keen to address all of the areas for improvement found during this inspection, which were already in progress.

Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people. Staff said they felt confident the operations manager would deal with safeguarding concerns appropriately.

Accidents and incidents were recorded and dealt with appropriately,

Personal emergency evacuation plans (PEEPs) were in place which contained details about people's individual needs, should they need to be evacuated from the building in an emergency. These had been completed with people's involvement.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

People spoke positively about staff. Staff supported people to be independent and to do the things they enjoyed. People were at ease in the presence of staff.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet and to have enough to eat and drink. People were involved in decisions about menus and shopping.

Staff treated people with dignity and respect and promoted people's independence wherever possible.

People told us they knew how to complain, although everyone we spoke with was happy with the care and support provided.

The registered manager was clear that the aim of the service was the wellbeing of the people they supported, and they were keen to address all of the areas for improvement found during this inspection, most of which were already in progress. The registered manager and provider's representative spoke to us openly during the inspection and were receptive to working collaboratively with other professionals to make the necessary improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The guidance for staff on 'when required' medicines was not always clear. Record keeping in relation to topical medicines was not robust.

Thorough background checks had been carried out before staff began their employment.

Staff understood their responsibilities in relation to reporting safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff training in key areas such as safeguarding and moving and handling was not up to date.

Recent supervision records were detailed and meaningful.

People were supported to have enough to eat and drink in line with their needs and preferences.

Requires Improvement ●

Is the service caring?

The service was caring.

People said staff were kind and caring.

Staff supported people to do the things they enjoyed and encouraged independence with daily living.

Staff had a good understanding of the importance of treating people with dignity and respect.

Good ●

Is the service responsive?

The service was not always responsive.

People's individual support plans were not person-centred and

Requires Improvement ●

not always reviewed when needed.

Care records were not always person-centred or contain up to date information.

People we spoke with knew how to complain.

Is the service well-led?

The service was not always well-led.

The provider had not always acted in a timely manner to address shortfalls, for example with gaps in staff training.

The issues we identified during this inspection had mostly been identified through quality assurance checks and were already in the process of being addressed.

Staff spoke positively about the changes the registered manager had made.

Requires Improvement 

Highlea Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The provider was given 24 hours' notice because the location provides a supported living service for adults who are often out during the day, so we needed to be sure that someone would be in. Inspection site visit activity started on 16 October 2018 and ended on 31 October 2018. It included visits to five locations where people were supported. We visited the office location on 16 and 31 October 2018 to see the registered manager and office staff and to review care records and policies and procedures. The registered manager joined the service as a service manager in May 2018 and took up the post of registered manager in July 2018. The inspection was carried out by three adult social care inspectors.

The inspection was prompted, in part, by concerns reported to CQC anonymously. Professionals involved in the service such as commissioners and the police had also reported concerns to CQC. These concerns related to staffing numbers, staff training and whether the service could meet people's specific needs.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority commissioners, safeguarding and 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 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.

During the inspection we visited five locations and spoke with 12 people who lived there. We spoke with the registered manager, provider's representative (area manager), service manager, two team leaders and eight support workers.

We viewed a range of records about people's care and how the service was managed, which included seven people's care and medicines records, eight staff recruitment records, training records and quality monitoring records.

Is the service safe?

Our findings

Medicines were not always managed safely. Some people took medicines 'when required', such as painkillers. Detailed guidelines for staff to follow which explained when a person may require these medicines were not always in place. For example, what signs or symptoms a person may display if they were in pain and not always able to communicate their needs. Staff described when they would administer 'when required' medicines, so the risk of people not receiving such medicines when they needed them was reduced.

Records relating to topical medicines were incomplete. Body maps to guide staff about how people's prescribed creams and ointments should be applied were sometimes in use, but this was not consistent. Staff told us where people's creams needed to be applied and how often, but incomplete records meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions.

People who used the service were not always protected from the risk of abuse and avoidable harm. Records relating to people's finances were not detailed enough and accurate, and not always signed at each handover.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with the registered manager about when required and topical medicines they said they would rectify these issues immediately. We saw work was being carried out to address these issues during our inspection.

When we spoke with the registered manager about financial records we saw that the registered manager had already identified this through quality assurance checks, and a new process was being implemented to rectify this.

Staff understood the need to report other concerns to the management team immediately. They told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed other safeguarding concerns were recorded and dealt with appropriately and in a timely manner.

Risks to people's health and safety had been assessed but these did not always contain enough detail about how staff could minimise the risks identified. Risk assessments were sometimes confusing and referred to other individual support plans without capturing the necessary detail on the risk assessment itself. While most risk assessments had been reviewed regularly we found these lacked meaningful detail, so could not be sure risks had been reviewed thoroughly.

When we spoke with the registered manager about this they said this had already been identified as an area

for improvement and new risk procedures were being implemented. Records we viewed confirmed this and risk records we viewed on the new format were much clearer for staff to use.

Medicines that are liable to misuse, called controlled drugs were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly. The temperature of treatment rooms and the clinical fridges were within recommended limits for safe storage, although we noticed gaps in the daily temperature records.

Some people who used the service had been assessed as needing high levels of staff support to keep them safe, whilst others needed minimal support. Rotas were based on people's assessed care hours and comprised 'core hours' when people shared support and dedicated one to one support, so people could access the community for example. Staff were on-site 24 hours a day, seven days a week in all of the locations.

One person needed two staff to support them with personal care, but only one staff member was on duty during the night. When we asked the registered manager about this they said this person had not previously been assessed as needing this level of support during the night. The registered manager told us, and records confirmed, they had already identified this was a concern and they had questioned the appropriateness of placing this person at this particular location. We saw the registered manager had already arranged an urgent best interest meeting to review this person's care and support needs.

Some staff told us that previously the rota had been an issue as some staff had not been flexible in covering shifts to meet the needs of people who used the service. Staff we spoke with all said this had improved over the last few months, since the current registered manager had come into post. One person told us how delighted they were that staff had offered to work late so they could support them to attend a late night showing of a horror film at the cinema. A staff member said, "There have been huge improvements since [area manager] and [registered manager] took over this year. We now have a rota that's based around people's needs, not what staff want to work, which is how it should have always been."

People told us they felt safe and comfortable. One person told us, "This is my home, I am safe and looked after". Another person said, "I feel safe here because of the staff."

A thorough recruitment and selection process was in place. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people.

Accidents and incidents were recorded and dealt with appropriately. Action following an incident or accident was evident, for example medical support was sought in a timely way. Records showed a regular analysis of accidents and incidents was carried out, The registered manager had recently introduced a debrief process following accidents and incidents. This meant staff could reflect on what had happened and discuss whether lessons could be learned in future.

Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency. These had recently been completed by the service manager on a new format. We found these had been completed to an excellent standard as they contained photographs of people in refuge areas with any equipment the person might need in an emergency. This meant people had been involved in compiling their own PEEPs and staff had used this opportunity to talk with people about fire safety.

People were protected from the risk of infection. There was personal protection equipment available to staff such as gloves and aprons. Most staff had completed up to date infection and prevention control training.

Is the service effective?

Our findings

Staff training in key areas was not up to date. For example, records showed 18% of staff had completed practical moving and handling training, 53% of staff had completed basic life support and 67% of staff had completed safeguarding training. This meant staff had not completed up to date training to enable them to perform their job role effectively.

Some people who used the service had specific needs such as autism, schizophrenia and psychosis. Staff working with people who had such needs had not always completed dedicated training in these areas. Some staff said they felt more training was necessary to enable them to meet people's individual needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A staff member said, "Training before May this year was hit and miss. Training used to be only for mandatory courses rather than service specific depending on people's needs. I've always been able to ask for any training I needed, but before the new management team came in this wasn't always followed up. We've got some work to do to catch up on training, but I know [registered manager] is working on that."

When we asked the registered manager about staff training they said, "We've had some issues sourcing the training we needed as this is arranged centrally by the provider." We found this system of arranging training to be ineffective. Since the inspection we received evidence that a substantial amount of training had been arranged for the coming months to address the shortfalls we identified. We saw classroom-based training had been arranged in response to the feedback from some staff that they found this more beneficial. The provider advised us that staff had been identified to complete 'train the trainer' courses in various key areas to avoid such a backlog with staff training in the future. This meant trained staff could facilitate training for other staff so training shortfalls could be addressed in a timelier way.

One person had begun to use the service recently. We saw how the registered manager had arranged for staff involved in this person's care to attend a bespoke training session, which involved input from the person themselves. We considered this person-centred approach to staff training to be effective.

Staff had received supervisions in the last few months, but these had not always happened frequently before this. The purpose of supervision was to promote best practice and offer staff support. Supervision records were detailed, relevant and referred to the fundamental standards of care which was good practice. Staff told us they felt supported and valued by the management team. A staff member said, "I feel really supported now and my efforts are recognised which wasn't always the case before."

People were not always supported to maintain good health. Although the service had close links with healthcare professionals such as GPs and community nurses, people's care records did not always contain evidence of consultation with professionals and recommendations for staff to follow. For example, staff told us one person's weight was monitored by the community nurse, but we could not find evidence of this in

their records. The team leader told us they would follow this up with the community nurse.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised by the Court of Protection. 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 registered manager told us enquiries had been made with local authorities to deprive some people of their liberty at some locations, as these people had been assessed as not safe to go out alone. As a result, and where appropriate, applications were being made to the Court of Protection in line with legal requirements in supported living settings, for some people to be lawfully deprived of their liberty

During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. Staff understood the need to support people to make their own decisions and the role of best interest decision-making, although care records did not always contain capacity assessments and best interest decisions.

When we spoke to the registered manager about this, they said this had already been identified and they were arranging reviews of people's needs in this area; records confirmed this.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a menu planner which was based on people's preferences and health needs. People were involved in decisions about menus. They were encouraged to help with the weekly shopping and to prepare meals with support from staff where appropriate. We saw how staff supported one person to plan for a Halloween party they were hosting which was important to them. One person told us, "The food is lovely. I help where I can. There is always lots of choice." Another person said, "We can always have something different."

People had hospital passports, but these were not always kept up to date. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. This meant we could not be sure other health professionals had information about individual care needs to ensure the right care or treatment was provided.

Is the service caring?

Our findings

People who used the service told us they were happy living there and that staff were kind and caring. One person told us, "The staff here are nice, they are my friends. I like living here as I can do what I want when I want, including going to the pub. I've got nothing to worry about now." Another person said, "I like the staff, especially [name of staff member] as they're one of the best. Staff are kind to me; they're fantastic. I would give the staff 10 out of 10. I really appreciate what they do, it means a lot."

On the days of our visits staff communicated with people in an appropriate manner according to their understanding and ability. Staff spoke to people in a kind and supportive way. This meant staff knew how to support people in the way they needed. People spoke positively about the relationships they had with staff. People were comfortable with staff which meant there was a relaxed, homely atmosphere at the locations we visited.

Staff had a good understanding of what was important to people who used the service and talked about people who used the service with affection and respect. Staff knew about people's social backgrounds, their family and friends and how they liked to spend their time. A staff member told us, "I love working here. The people we support are great. We try to give them the best quality of life possible."

We saw people who used the service were treated with respect. Staff told us how they made sure people's privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, and not going in people's rooms if they were out.

People's independence was encouraged as they made choices about what to wear, what to eat and what activities to participate in. People took an active part in day to day tasks, where capabilities allowed, and were supported to do cleaning and other household tasks such as the laundry and meal preparation. We saw how one person was supported to make their own healthcare appointments. A staff member said, "We are making these changes together aren't we?" to which the person replied by nodding and smiling.

Staff had a good understanding of protecting and respecting people's human rights. Staff described the importance of people's individuality. There was a sensitive and caring approach which was underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Each person who used the service had been given information about the service in an accessible format. This was available in an easy read format with pictures and contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate. Several people used advocacy services to help them make decisions.

Is the service responsive?

Our findings

Each person who used the service had a support plan in place to address their needs in all aspects of their lives such as personal care, physical health and social needs. Support plans were not always person-centred, that is reflective of people's individual needs and preferences. For example, staff told us how they supported people to communicate but this was not always captured in people's support plans for new staff to refer to. This meant staff did not always have access to key information about how to support people in the right way. Support plans sometimes lacked information about people's social backgrounds and family histories. It is important staff have access to this information so they can get to know people as individuals and understand people's needs and wishes.

Support plans had not always been reviewed regularly. We found gaps in some people's support plans where reviews had not happened as scheduled. Where support plans had been reviewed there was no meaningful information recorded. For example, we saw several support plan reviews which stated 'no changes' for 12 months or more when people's needs had changed, such as their mobility had deteriorated. This meant support plans did not always reflect people's current needs.

Records we viewed contained a 'disability distress assessment tool.' These contained summaries of signs and behaviours when a person was content or distressed, but these had not always been reviewed regularly and updated accordingly.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was not a robust process for reviewing support plans prior to May 2018. Records confirmed the registered manager had already identified support plans needed to be updated and work was already underway to address this. A new format for support plans had been devised entitled, 'Living my life my way,' which had been chosen by people who used the service.

Staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. For example, we saw how staff supported one person to plan a Halloween party by making a list of what food they wished to buy.

Whereas the previous format for support plans had been long, complex and not easy for staff to use, the new format for support plans was clear, person-centred and easy for staff to follow. Support plans we viewed, which had been written in the new format, were specific to the needs and preferences of individuals. The registered manager told us that all support plans were being rewritten in the new format. People had been asked how they would like to decorate their support plans and we saw how people had selected pictures of things important to them to stick on the front cover. This meant people were more involved in their care planning.

People's bedrooms were personalised with pictures, posters and items important to them. They were

encouraged to pursue their hobbies and interests. For example, one person liked horse riding, and another liked going to the cinema. A person told us, "I can do what I want exactly when I want. I go out on my own but need a bit of help with cooking." Activities were mainly arranged on an individual basis although people socialised with each other where appropriate. People told us how the provider had arranged a prom night which people had got dressed up for; people told us they had really enjoyed this.

One person told us how they were involved in interview panels for potential staff. They said, "This helps me build my confidence up. I feel important doing this and it makes me feel good." This person proudly showed us the notebook they used at interview panels which contained questions they wished to ask potential staff members. This meant people were involved in how the service was run.

The service was not supporting anyone at the end of their life. However, the registered manager understood their responsibility to undertake end of life planning with people to record their preferences and wishes, where people felt able to discuss this.

The provider had a complaints procedure in place and people we spoke with told us they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff if they felt something was wrong. One person told us, "I've never had any problems here but if I did I would just speak to the staff. I know they would sort it straight away." We reviewed complaints records and saw that complaints received by the service had been dealt with effectively and promptly.

Is the service well-led?

Our findings

Although we found several areas for improvement during this inspection, the provider's quality assurance system, which had been introduced by the registered manager in recent months, had mostly been effective in identifying areas for improvement within the service. For example, checks over the past few months had identified the areas we found during this inspection, such as support plans not always being person-centred and up to date, risk assessments being unclear and records relating to people's capacity and best interests being incomplete. There was not a robust quality monitoring system in place before May 2018.

Whilst it was clear the registered manager was effective at generating improvements within the service, these improvements were still in progress at the time of our inspection. The provider had not always acted in a timely manner to address shortfalls, for example with gaps in staff training. We need to ensure these improvements are made and can be sustained over a period of time before this key question can be rated good.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The areas for improvement we identified largely dated back to before the current registered manager had taken up post. The registered manager joined the service as a service manager in May 2018 and took up the post as the registered manager in July 2018. The registered manager said, "We've got some excellent staff. The changes have been difficult for some staff but we're going in the right direction. We know we've got a lot to do and I'm confident we can do it."

When we spoke to the registered manager about quality monitoring they showed us their audit plan and risk register to address areas for improvement within the service. They told us that a higher number of quality checks would be carried out until the necessary improvements had been made. We saw a comprehensive action plan was already in progress with timescales for completion and the staff members responsible.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification' in order for us to monitor the service. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

Staff spoke positively about the registered manager and how much things had improved over the past few months. A staff member told us, "I've never been as excited to come to work as I am now due to the improvements that have been made in recent months. Both [area manager] and [registered manager] are approachable, supportive and professional." Another staff member commented, "The changes have been positive as staff are now more person-centred. The direction we're going in is the right one, which is great. The staff team we've got now are all for the people we support. Before staff morale was at an all-time low but now things are much better." A third staff member said, "We see [registered manager] and [service manager] all the time now. The previous bosses we hardly saw. We get much more support now which is

great."

Staff meetings were held regularly where all aspects of the service were discussed, for example people's support plans, rotas, safeguarding and health and safety. Staff told us they felt able to raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later. A staff member said, "Staff now feel listened to. Team meetings are more professional now than before."

There was a positive culture and ethos at the service which was driven by the management team. They were clear that the aim of the service was the wellbeing of the people they supported and they were keen to address all of the areas for improvement found during this inspection, most of which were already in progress. The registered manager and provider's representative spoke to us openly during the inspection and were receptive to working collaboratively with other professionals to make the necessary improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to adequately assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider failed to maintain an accurate and complete record of the care and treatment provided to service users and of decisions taken in relation to care and treatment.</p> <p>Regulation 17 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff received appropriate training to perform their job role effectively.</p> <p>Regulation 18 (2) (a)</p>