The Regard Partnership Limited

Highdowns Residential Home

Inspection report

Highdowns Residential Home
Highdowns, Blackrock
Camborne
Cornwall
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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Highdowns Residential Home on 7 January 2017, the inspection was unannounced. The service was last inspected in January 2016, at which time we found one breach of regulations in respect of the cleanliness and infection control processes at the service. At this inspection we found action had been taken to address the concerns and the service was now meeting the requirements of the legislation.

Highdowns provides care and accommodation for up to 14 people who have autistic spectrum disorders. At the time of the inspection 13 people were living at the service. Highdowns is part of the Regard group. The service is made up of five separate buildings, three of which are single occupancy.

The service is required to have a registered manager and there was one in post at the time of the inspection. 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.

There were sufficient staff on duty at all times to meet people's individual needs. Staffing levels identified as necessary for the service were consistently met in all of the five houses. Recruitment practices helped ensure staff working in the service were fit and appropriate to work in the care sector.

Staff received training when they first started work at Highdowns in a wide range of areas including supporting people whose behaviour could challenge staff and others. Training specific to people's health needs had been regularly refreshed.

People were protected from the risk of abuse including financial abuse. The service kept people's personal monies for them and records of all expenditures. Staff received training in safeguarding adults and were confident about reporting procedures.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Records showed applications for DoLS were being made appropriately and some people had DoLS authorisations in place. For people recorded as not having capacity to agree to staff supporting them with their medication, formal mental capacity assessments had not been conducted. This applied to two people who lived at Highdowns. This issue had also been highlighted during a recent internal quality assurance audit.

Staff were positive about their jobs and spoke highly about people they supported. People were relaxed with staff and approached them for reassurance and support when they needed to. Staff responded quickly and with humour and empathy. They demonstrated an understanding of people's needs including their preferences, likes and dislikes and communication styles.

There were clear lines of responsibility in place. The service was managed on a day to day basis by a registered manager supported by a deputy manager and a team of support staff. The registered manager had oversight of the service and staff told us she was approachable and had a good understanding of the service. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

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 sufficient numbers of staff on duty at all times.

There were systems in place for the management of people's medicines.

Care plans contained guidance for staff on how to minimise any identified risks for people.

Is the service effective?

Good

The service was effective. Training specific to people's health needs was regularly updated.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff were kind and considerate in their interactions with people.

People's privacy and dignity were respected.

Staff knew and understood people's preferred communication styles.

Is the service responsive?

Good

The service was responsive. Daily logs were consistently completed and were sufficiently detailed.

Care plans were informative, and regularly reviewed.

There was a satisfactory complaints policy in place.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Statutory notifications were not submitted in a timely way in line with legislation

There was a clearly defined management structure in place which was understood by the staff team.

Staff were well supported and enthusiastic about their roles.

Highdowns Residential Home

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 7 February 2017 and was unannounced. The inspection was carried out by two inspectors.

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 also reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

Not everyone was able to verbally express their views of living at the service. We observed people as they went about their daily routines and saw them interacting with staff. We spoke with the regional operations manager, the registered manager, a deputy manager, and five care workers.

Following the inspection visit we contacted two relatives and four external healthcare professionals to hear their views of the service.

We looked at detailed care records for three individuals, staff training records, staff rotas, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

Some people living at Highdowns had limited verbal communication. We spent time talking with people and observed the support provided to them. The positive interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. People approached staff for assistance and reassurance throughout the day. People who did speak with us said they felt safe and liked the staff who supported them.

During the last inspection in January 2016 we found standards of cleanliness and infection control procedures were not robust. At this inspection we found the service had rectified this issue with regard to cleanliness and procedures in the kitchen. Cleaning schedules were being consistently followed and daily checks were carried out by staff to ensure standards remained appropriate.

Prior to the inspection we had received information of concern regarding sufficient staffing being available to meet people's needs. We reviewed staffing rotas for fourteen days preceding the inspection. We found the staffing levels identified as necessary for the service were consistently met. Staff told us there were normally enough staff to cover shifts at Highdowns. Comments included; "The manager ensures we have enough staff available at Highdowns. If I want to and it is available I can take up a shift at a supported living service, but that's my choice and it doesn't impact on staffing here because it's not time I'd be at Highdowns anyway." We spoke with an external professional who was familiar with the service about their view of the general level of staffing available and they told us, "I have visited four to five times over the last 12 to 18 months; the place has, each time, seemed adequately staffed." The manager told us they did not require the use of agency staff at Highdowns. We were satisfied there were sufficient numbers of staff available to meet the needs of people who lived at the service.

People's medicines were stored securely in locked cabinets. However, we noted these cabinets were mostly located in people's bathrooms. This did not ensure medicines were kept safely as extreme temperatures or excessive moisture can cause deterioration of medicines. This issue had been identified by Regards internal quality monitoring audit. Following the inspection the registered manager confirmed that all medication cabinets had been removed from bathrooms and were now situated in bedrooms with temperature monitoring systems in place.

We found medicine administration records (MAR) were accurate with the exception of one hand written entry that was not double signed. This is important when transcribing new medicines onto an existing MAR as it helps reduce the possibility of errors being made. The registered manager provided assurance that a regular audit of MARs are completed and this was not a regular occurrence.

Certain medicines are subject to stricter controls regarding storage and record keeping by law. There were facilities available to store these if necessary. The amount of medicines held in stock tallied with the amount recorded on (MARs). Not all creams had been dated on opening. This meant staff might not be aware when the medicines could become ineffective or at risk of contamination. Following the inspection the registered manager confirmed that all creams not dated on opening had been returned to the pharmacy and new

creams with appropriate dates had been received.

Information was available for staff about people who required, as needed (PRN) medicines. The information set out under what circumstances this medicine should be administered and the protocols to be followed including getting approval from an on-call manager. These safeguards helped ensure staff took a consistent approach when deciding whether to administer PRN.
Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example, Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

The service held money for people to enable them to make purchases for personal items and to pay for appointments such as the hairdresser. We looked at the records and checked the monies held for people. We found the amount of money held tallied with the amount recorded. Receipts for purchases were obtained and stored alongside the records.
Staff had received training to help them identify possible signs of abuse and knew what action they should take. Flyers and posters in offices displayed details of the local authority safeguarding teams and the action to take when abuse was suspected.

Care plans contained detailed information to guide staff about actions to take to help minimise any identified risks to people. The information was contained within the relevant section of the plan. Some people could behave in a way which might result in them hurting themselves or others. Care plans and risk assessments identified what the risks were and the likely triggers. However we found there was a lack of clarity in written records about where specific information around managing challenging behaviour could be found, with two documents referring back to each other for specific information. This was discussed with the registered manager on the day of inspection and we subsequently received an updated behavioural action plan that clarified this.

Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order.
People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated in an emergency.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. For example, one person's health needs were particularly complex and required extensive input from other healthcare agencies. From our discussions with management, a review of records and discussions with external professionals we established the service worked diligently in the best interests of the person. One professional told us, "The staff team appear to understand people's needs and are committed to delivering a good service to individuals with complex needs. I have found them genuinely caring and it was clear staff held the service user in good regard. I noted positive interactions between service users and staff" and "Staff have been knowledgeable about residents situations; for example they have a good knowledge of people's meds without having to refer to records, though these are generally well kept and made readily available."

New staff were required to undertake an induction process consisting of a mix of training, shadowing and observing more experienced staff. The induction process had been updated to include the Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. We met with an employee who was just completing their induction and Care Certificate. They told us the induction had been a useful process and colleagues had been supportive and available for any advice at all times.

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One staff member commented, "I feel comfortable doing all aspects of my job, which I don't think I would if it weren't for the level of support and training I receive." An external professional familiar with the service told us, "Levels of training appear adequate."

Staff received regular supervision from the registered manager or deputy manager. Staff told us they felt well supported and were able to seek additional help and advice from the registered manager or deputy manager whenever necessary. The registered manager received support and supervision from the organisation's regional operations manager.

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.

Everyone living at Highdowns was either subject to a DoLS authorisation or an application had been made to have an authorisation put in place. Where DoLS authorisations were in place any attached conditions were being adhered to.

Mental capacity assessments had been carried out appropriately and the best interest process followed when considering people's ability to consent to their care plan. We saw that for people recorded as not having capacity to agree to staff supporting them with their medication, formal mental capacity assessments had not been conducted. This applied to two people who lived at Highdowns. This issue had also been highlighted during a recent internal quality assurance audit.

It is recommended the service follow the guidance of the Mental Capacity Act (2005).

People's liberty to move around independently and without being monitored was restricted in order to keep them safe. For example, one person was continually monitored throughout the day and also at night by staff. This had been arranged in discussion with health professionals and following the best interest process. The decision was regularly reviewed to check it was still necessary and remained the least restrictive option. An application for a DoLS authorisation had been approved regarding this restrictive practice.

Care plans recorded individual preferences and dislikes in respect of food and drink. People ate varied and healthy diets. People were supported to be involved in menu planning for the week and photographs and pictures of meals were available to support people to make choices about what they ate. We saw people in and out of the kitchen, happily preparing meals and drinks.

People had access to external health professionals as the need arose. The staff we spoke with were aware of the signs and symptoms of people's specific medical conditions and the action to take to help ensure their well-being. Staff told us systems were in place to make sure people's healthcare needs were met and we saw from people's care records that a range of health professionals were involved. This had included GP's, psychiatrists, community nurses, chiropodists and dentists and consultants. This showed people who used the service received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

People were treated kindly and respectfully by the staff team. We observed people smiling and engaging with staff. People told us they were happy living at the service and it was evident they had positive and friendly relationships with staff who supported them. One person told us, "I like it here. Staff have been very kind and are helping me a lot to arrange things I want to do. It is a good place to live."

People clearly considered Highdowns as their home and displayed a sense of ownership and belonging in their surroundings. Staff introduced us to people when we arrived and made sure people who wanted to talk to us were able to do so. During the day we saw people relaxing in the lounge, chatting with each other and staff. During the morning one person was in the kitchen cleaning out a cutlery drawer and busying themselves with household chores totally independently. Another person discussed the repositioning of their medicines cupboard with staff and asked someone go to his room to help decide where the cupboard should be positioned.

Relatives told us they were happy with the service provided. Comments included; "[Person] is very well cared for. We are very happy with Highdowns". External healthcare professionals told us they thought staff were caring. Comments included; "In my experience they are a compassionate and competent staff group and I have never had any reason to doubt it is a safe and caring service" and " The staff really do seem to genuinely care about the people they support."

Staff commented, "I love working here; the best thing is helping people to live happy lives" and "I've worked in care for many years and for me this is the best place I have worked. It is very person-centred, they cater for everyone's needs and treat people as individuals

We found staff had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example chatting to them about activities or their plans for the day. Care plans contained detailed information about the tastes and preferences of people who used the service and staff told us they had opportunity to read these records before starting work with the person. This gave staff a rounded picture of the person, their life and personal history. One member of staff commented; "I love working with everyone here but I also respect that it is the choice of each individual about who they prefer to work with. You get a real sense of this when you come to understand people and we respect people's choice. For example, I don't usually work with [person's name] because it's clear that when I have tried to they become anxious. So it is ok to accept that for whatever reason people make their own choices and that's ok."

Care plans also included details of people's personal histories and backgrounds. This meant staff were able to gain an understanding of past events which may have contributed to who people were today.
Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they ensured doors were closed whilst supporting people with personal care and enabled them to complete their own support where possible to maintain dignity.

Staff had access to information about people's preferred communication styles. For example, some people had easy access to symbols, pictures and photographs in their rooms to help them make day to day choices. Staff told us they always offered different options and worked hard at ensuring people made their own active choices. Some people used objects of reference to make day to day choices; for example staff offered people boxes of cereal to choose from when preparing breakfast.

Staff recognised the importance of family relationships and supported people to maintain these. Families were kept up to date with any developments either by telephone or through regular email contact. One person liked to Skype their relative and had their own personal broadband installed at the service.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests. The service had a number of pets including a cat, a house rabbit and two budgies. People told us how much they enjoyed having pets.

People were involved in decisions about their care and the running of the service. Easy read questionnaires had been developed to gather people's views and establish their satisfaction with how they were supported. Easy read information uses limited text supplemented with pictures and symbols. It can be a starting point for facilitating meaningful communication with people who have limited reading skills. Photographic records of how people spent their time and any new activities were kept. This meant the records were meaningful to people as well as staff.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. There were sections including various aspects of people's care including behavioural needs, beliefs and values and daily living and finances. The care plans were regularly reviewed and information was reliable and up to date. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. The descriptions included information about what people were able to do for themselves and how much support they needed.

People and their families were involved in the development of support plans and review meetings were held regularly. An external healthcare professional commented; "In my experience, when I have been involved in reviews of care, staff and management have been cooperative and willing to be challenged about their care provision and open to suggestions" and "In reviews I have been involved with, all the service users and their families have been positive about the placement at Highdowns and the staff who work there."

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being.

People were supported to take part in a range of activities which reflected their personal interests. For example, one person was keen to work in the local community as a volunteer. This had been arranged and the person told us how much they enjoyed their work at a local garden centre where they had met many friends. Staff told us the person enjoyed this and the work gave them a sense of pride and involvement in their local community.

During the inspection people were in and out of the service taking part in planned appointments and leisure activities. For example, shopping, medical appointments and walks out. Highdowns was a 10 to 15 minute walk from the nearby village with a local pub and facilities such as shops, restaurants and a chemist. We saw people from outside the service, such as external professionals, regularly came into the buildings. The village had good public transport links and people often caught a local train or bus to visit other areas of the

county. For example, one person caught public transport to their job. The registered manager told us people were well known in the community as they often used local amenities. This demonstrated staff and management supported people to be involved in their local community

We saw people were able to occupy themselves within the service. One person enjoyed puzzles and there was a selection to choose from. People had their own televisions and music collections in their rooms. There was plenty of space in shared areas of the building so people could spend time on their own or with others as they chose.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. People we spoke with who used the service told us they were aware of how they could make a complaint should they need to do so. People told us they could speak to the staff about any issues and all said the registered manager was approachable should they have any concerns. Relatives told us they would be confident to raise any concerns they had with the registered manager or deputy manager but had not had needed to. The complaints leaflet was on display so people had free access to it at any time. This leaflet was presented in pictorial and written format and explained what the complainant needed to do, and what process would be followed, if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

Services that provide health and social care to people are required by law to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action has been taken. The registered manager was aware that they had to inform CQC of significant events affecting the safe and proper running of the service in a timely way, but had failed to do so regarding a broken boiler at the service. We found a boiler whch provider the hot water supply to two people's accommodation and the heating to one person's accomodation had been broken for a period of seven days before the inspection. Temporary heating was available and arrangements to ensure people had access to hot water were in place. In addition, one person affected by this was not resident at Highdowns for six of the seven days the boiler was broken.

The registered manager had appropriately made notifications regarding other areas of the running of the service. Following the inspection the registered manager contacted us to let us know the boiler had been repaired.

Staff were positive about the registered manager and deputy manager. They told us they were well supported and able to talk to a member of the management team if they needed advice or had any concerns. One member of staff told us the registered manager's 'door is always open. You only need ask for support and it's available."

Quarterly audits based on the Care Quality Commissions key lines of enquiry (KLOE) were carried out by the provider. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. The registered manager had responsibility for producing a monthly report. The last audit completed in February 2017 had identified the majority of the issues raised in this report.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff and people communicated freely with managers throughout the inspection. Regular staff meetings were held and these gave staff an opportunity to put forward any ideas or suggestions about how the service was organised.

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by one deputy manager who had a clear set of responsibilities. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual .

Professionals we spoke with said Highdowns was well led and commented, "In my experience, management ensure professional review recommendations are acted on and specialist referrals are made to support people appropriately." This meant the leadership of the service took responsibility for ensuring best practice protocols arising from professional input were consistently followed.

Staff told us they enjoyed their work and liked supporting people to have good lives. Comments included; "I

have worked here for a number of years and I have had opportunities to leave and go and work elsewhere; I think it says a lot about Highdowns as a service that I have stayed. It's a good place and tries its best to provide adecent quality of life for people with often really complex needs" and "I am as happy at Highdowns, it is a good job" and "I'm here for the people I help support. People tend to have been here for quite a long time and you get attached to them. It's like a big family really."

People were asked about the service they received using pictorial surveys and simple questions. These were usually carried out by staff who knew the person well. We saw the results of surveys done in November 2016 and saw the results were positive with people indicating they were happy with the service.