Community Integrated Care

# Hightown Road

## Inspection report

75 Hightown Road
Ringwood
Hampshire
BH24 1NH

Tel: 01425461269
Website: www.c-i-c.co.uk

Date of inspection visit:
11 March 2016
18 March 2016

Date of publication:
09 June 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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 unannounced inspection took place on 11 and 18 March 2016. Hightown Road is a small care home that provides accommodation and support for up to four people. At the time of the inspection there were three people living at the home.

Hightown Road had a registered manager. 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.

The house had a homely and friendly feel. Staff and people looked relaxed and staff supported people in an unhurried, friendly and reassuring way. A member of staff told us, "I think the people who live here are happy, it's like a family".

Staff had an empowering approach and recognised the rights of people living at the home. One staff member told us, "This is their house, I feel privileged to be able to support them with all aspects of their lives".

We found some shortfalls in the safe management of medicines. Staff had addressed these by the second day of the inspection. People were safeguarded and any accidents or incidents were analysed to minimise the chances of an accident happening again. There were some risks to people that had not been fully mitigated and we drew these to the manager's attention during the inspection.

People were not fully protected because there were infection control and building maintenance issues that had not been assessed to reduce the risks to people. You can see what action we told the provider to take at the back of this report.

Staff told us they felt supported and could gain informal advice or guidance whenever they needed to. However, there were some training issues that affected people's safety within the home environment. You can see what action we told the provider to take at the back of this report.

People were supported to make decisions and their rights were protected when they lacked mental capacity to make a specific decision. People were supported to maintain their physical well-being and saw healthcare practitioners as and when they needed to.

Our observations showed people were treated with kindness and compassion in their day-to-day care. Staff knew the people they are caring for and supporting, including their preferences and personal histories. This meant they were better able to form good relationships and support people in the way they wanted or needed to be supported.

People had support plans that reflected their personal history, individual preferences and interests. Staff had read people's support plans and used the information to make sure they helped the individual in the way they wanted or needed to be supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not fully safe.

Staff had not received the training they required to support people safely and infection and environmental risks had not been fully assessed or mitigated to reduce the risk of harm to people.

People were supported by staff who understood how to protect vulnerable adults and knew what action to take in the event of a concern.

Robust recruitment procedures made sure that staff employed by the service were suitable.

### Is the service effective?

**Good**

The service was effective.

Staff promoted choice and acted on the decisions people made. Where people lacked mental capacity to make a specific decision staff acted in their best interests in accordance with the Mental Capacity Act 2005.

Staff felt supported and received appropriate supervision. There was a plan in place to make sure staff received an annual appraisal.

### Is the service caring?

**Good**

The service was caring.

Relatives told us staff were caring and treated their family member respectfully. Our observations showed that staff were kind and worked in partnership with people to make sure their needs were met in the way they wanted them to be.

The organisation made sure that staff understood how to include and empower people.

The home was relaxed and friendly with a homely feel to the environment.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans supported staff to understand how best to support or help the individual.

People's needs were responded to promptly to maintain their health and wellbeing.

There was an effective complaints system in place.

## Is the service well-led?

Good

The home was well-led.

Staff learned from how people responded to their support, to make sure they provided a high quality of service.

Staff felt supported by the manager.

There were quality assurance systems in place; however, this needed attention to make sure the service knew people received a safe, effective, caring and responsive service.

# Hightown 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 11 and 18 March and was unannounced. Two inspectors visited the service on the first day of the inspection and one inspector visited the home on the second day of the inspection.

Because people had complex needs we were not able to talk to them to gain their viewpoint of the service they received. Instead, we spoke with families, health and social care professionals and used observations to assess the quality of service people received. We sampled specific care records for all of the people who lived at the home. We also looked at records relating to the management of the service including staffing rotas, staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

We spoke with the manager and two other members of the staff team. We also talked with one healthcare professional and two family members.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of, and requested information from the local authority.

Requires Improvement

# Is the service safe?

## Our findings

Relatives we spoke with felt that their family member was cared for and supported safely.

However, we found there were unsafe arrangements in place to keep the service clean and hygienic and to ensure that people were protected from acquired infections. For example in the upstairs bathroom we found cracked tiles, gaps in the laminate flooring and holes in the walls, all of which meant the bathroom could not be cleaned effectively. We also found cracked tiles and stained sinks in people's bedrooms. The laundry room had two mops that were not stored properly. There was no soap, paper towels or a foot pedal operated bin in the laundry room. Staff told us they left the laundry to wash their hands in the kitchen when they needed to. There was no evidence of an infection control audit. This all posed a risk to safe infection control.

Risks posed to people from the environment were not fully mitigated. For instance on the first day of the inspection we found two uncapped razors and latex gloves in the upstairs bathroom. Staff told us the person who accessed the bathroom liked to put things in their mouth. This was evidenced by our observations during the inspection where we saw the person had acquired a wash flannel which they had in their mouth. On the second day of the inspection the manager told us these items had been removed, however we found one uncapped razor and latex gloves in the upstairs bathroom. The manager told us this had been an oversight by a staff member. They told us the person did not access the bathroom independently. They confirmed they would ensure all staff were aware of, and mitigated these risks by storing the items in a secure place. On the first day of the inspection we saw the first floor office door was kept open and the room contained a paper shredder that was switched on. We saw one person regularly entered the office. We drew this to the attention of staff. On the second day of the inspection we noted the shredder was switched off and had been moved to mitigate the risks to people.

Staff completed a variety of regular checks of the health and safety of the building; however some of the checks were not effective as they had not identified a number of risk areas. We found one window on the first floor that was not restricted in accordance with health and safety legislation. This window could be accessed by a person who lived at the home. The lounge had a disconnected gas fire that was not attached to the wall. This meant there was a risk that someone could be harmed because the premises were not safe. On the second day of the inspection we found these issues had been addressed. Some people's bedrooms and all of the communal areas looked tired with worn décor. In addition one person's bedroom had a hole in the wall. Staff told us there was a plan to decorate the home in place.

There were significant gaps in staff training that affected the safety of people living at the home. For example, all staff prepared meals and snacks for people but only two of the six staff employed by the organisation had received adequate training. Records showed that there had been issues with kitchen cleanliness that could have been prevented with effective training. In addition, we found significant infection control and health and safety issues. The training matrix showed that only two of the six members of staff had received training in these areas. The staff member responsible for health and safety audits had not received any training in this area to support them to understand and mitigate environmental hazards. In

addition staff had not been supported to undertake fire training. The manager wrote to us after the inspection and confirmed they had arranged this training to be completed in April 2015.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not received the training they required to support people safely and infection and environmental risks had not been fully assessed or mitigated to reduce the risk of harm to people.

People were kept safe by staff who recognised signs of potential abuse and knew what to do when safeguarding concerns were raised. There was guidance about who to contact if staff were concerned or worried about someone. Staff were aware of signs of abuse, One staff member told us they were, "Very vigilant" about safeguarding people from abuse. The service had systems in place to make sure people's personal money was safeguarded.

Risks to people were assessed to ensure they could safely do things like accessing the community and activities at home. For example we looked at one person's manual handling risk assessment. This supported staff to understand different activities such as mobility, using the bath, getting out of bed and accessing the community. The assessment provided guidance around the type of equipment needed and how staff needed to support the person to ensure their safety whilst promoting their independence.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. This was overseen by the organisation's quality department. We saw one incident where a person had fallen outdoors. This had been investigated and plans put in place to minimise the likelihood of it happening again.

There were plans in place for responding to any emergencies or untoward events. For example staff had easily accessible information on out of hours support, emergency guidance and a business continuity plan. People had personal evacuation plans to support staff and other agencies in the event of an emergency. There were pictorial and written fire evacuation procedures displayed in communal areas.

Staffing rotas we reviewed reflected the staff on duty at the time of the inspection and what staff had told us. There were enough staff on duty to meet people's needs.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People's medicines were managed so that they received them safely. Medicines were given to people and disposed of safely. People's medicines were stored in their bedrooms in locked cabinets. However, this required attention to make sure people's property was securely stored. On the second day of the inspection, we saw that staff had addressed this issue. Staff had guidance which included a photograph of the individual, any allergies they had and instructions for administering the medicines as prescribed. People also had PRN (as needed) pain relief plans that provided staff with guidance on how a person might present when they were in pain and what action to take. These related to different types of pain and different medicine usages. Staff completed medication administration records (MAR) which we reviewed for each individual. These were usually printed records of the person's prescribed medicines and were fully completed. However, where a MAR chart was handwritten, these had not been counter signed. This meant there was a risk that in these circumstances people may not receive their medicines as prescribed and was an area of improvement for the home. We checked people's medicines. One medicine did not have a label attached to it. We also noted one person's liquid pain medicine had not been stored safely in the lockable

cabinet. We drew this to the attention of staff. They told us this was an oversight and stored the medicine away securely immediately. Staff had received training in the safe administration of medicines and their competency was periodically checked. Staff audited people's medicines weekly; however, the audits had not picked up the issues we identified. We brought the issues we had found on the first day of the inspection to the attention of staff. On the second day of the inspection a staff member told us about the action they had taken which showed peoples medicines were managed safely.

Good

# Is the service effective?

## Our findings

Our observations showed that staff confidently supported people and understood their needs. Relatives we spoke with confirmed this with one family member telling us, "Things are done properly and well".

Staff received effective supervision and told us they felt supported. Supervision included reflecting on 'what we have tried' and 'what we have learned'. Staff also told us they could receive informal support or guidance at any time. The manager had an appraisal plan in place to ensure staff were supported to reflect of their strengths and areas for development. Team meetings, which were held monthly, discussed people's care needs and other areas of practice that ensured staff understood how to carry out their role and knew what their responsibilities were.

Consent to care and treatment was sought in line with legislation and guidance. 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. People who lived at the home were supported to make everyday choices. For example, our discussions with staff, observations and people's records showed people were supported to choose what they wanted to eat or drink, what time they wanted to get up and go to bed, what they wanted to wear and how they wanted to spend their time. People's records showed how they would communicate their decisions, such as through facial expression, body language or physical gestures. They described how a person might present, and what this might mean they wanted or needed to happen. People's capacity to make a specific decision was assessed about each individual decision. For example, there were assessments of people's capacity to make a decision about wearing a seatbelt in the car, and people's capacity to manage their own medicines.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had made the appropriate applications and had a system in place to alert them when they needed to review whether a further application was required.

People were supported to have enough to eat and drink and had a balanced diet that promoted healthy eating. Staff told us about how they chose menus based on what they knew people enjoyed, whilst also giving people opportunities to try different types of meals. There were pictures of meals in the kitchen area. One person had specialist eating and drinking needs. We saw the speech and therapy guidance was displayed in their bedroom to support staff knowledge. Staff told about how they ensured the person's meals were prepared in accordance with the guidance. We saw staff supporting the person to eat a meal and they were being supported in line with what staff had told us. Other people had specialist cutlery and plate guards to promote their independence and enjoyment of the mealtime experience.

People were supported to see healthcare professionals such as their GP, dentist, optician, chiropodist and physiotherapist to make sure their day-to-day health needs were met. A healthcare professional confirmed this saying, "They call us appropriately and have a good handle on the needs of their clients". Staff told us they had been concerned about one person because they had been unwell and had lost weight. Records showed the action they had taken and how this person was supported and monitored to make sure they stayed as well as possible. A member of staff told us about an occasion where they had called for emergency medical assistance. They had recognised the signs that meant the person could have been acutely unwell and sought immediate medical assistance.

Good

# Is the service caring?

## Our findings

Our observations showed people were treated with kindness and compassion in their day-to-day care. Staff knew the people they are caring for and supporting, including their preferences and personal histories. This meant they were better able to form good relationships and support people in the way they wanted or needed to be supported. Our discussions with staff showed they were concerned about people's wellbeing, and observations showed they responded to people's request for support quickly. A member of staff told us, "I am here for them". The manager also commented on the staff team saying, "They are an incredibly caring and compassionate team, they work very hard".

Relatives we spoke with also commented on the caring nature of the staff team. For example, one family member told us "They have a thoughtful, caring attitude". A healthcare professional also commented, "Staff are very tuned into the resident".

Staff were aware of people's religious needs and acted upon them. For example they supported one person to attend church.

Support plans helped staff to understand how they could make sure the person they were supporting felt as though they mattered and that what was important to them, was also important to their staff team. For example, one person's records showed their preferred name, which was different to their given name. It told staff about the individual's favourite things, and about the person's 'best ever day'. This record contained valuable information about the person enjoying a lie in, which staff also told us about. People also had monthly memory records. These explored what activities a person had participated in throughout the month, and supported people to reflect on things that made them feel happy.

Staff told us about how people were involved in making decisions and how staff acted on their wishes. For example, one person liked a specific drink and opened the fridge to tell staff that they wanted this. We saw that another person took a staff members hand and took them to their bedroom. The staff member explained that this meant the person wanted their television switched on.

The organisation made sure that staff understood how to include and empower people. For example, staff and residents had individual 'all about me' pen picture profiles. These provided information about what was important to the individual staff member or person and explained how best to support them. For one resident this involved the importance of people talking with them, and for a staff member it involved helping them with modern technology. This meant that staff and people were seen as a team together who helped and supported one another. A member of staff confirmed this, saying, "You have to respect the people you work with and treat them as equals".

People were given the information and explanations they needed to help them understand how staff were supporting them. For example, one person required some personal care support to ensure their dignity was upheld. The staff member communicated respectfully and at a pace that the individual could understand. The way they communicated with the person reflected the communications guidance we saw in the

person's support plan. This meant the individual was supported to understand and be involved in their care, and that the staff member understood how to communicate with people in a way that respected their dignity and human rights. A relative confirmed this saying, "There is a good rapport between [the person] and the staff".

People had the privacy they needed and staff had taken a thoughtful approach to this to make sure people's dignity was upheld. For example, staff told us about a privacy window in one person's bedroom on the ground floor. This meant that there was an unobstructed view for the individual but that people outside could not see into the person's bedroom. Staff described to us other ways they protected people's privacy and dignity such as closing curtains and bedroom doors when people were receiving personal care support.

Good

# Is the service responsive?

## Our findings

Staff responded to people's needs promptly. People readily approached staff to ask for help or to spend time with them. Relatives told us staff responded appropriately to their family member's needs.

People were involved in planning their care because staff made efforts to learn about the person, their likes and dislikes and used their knowledge to inform the care planning process. Staff learned about the person by talking with family members and professionals, and by observing how the person responded to different things. This was reflected in people's care delivery. For example, one person had sensory needs and we could see that their bedroom reflected this; we observed the person was supported throughout the inspection in line with what their plans said would make them feel ok and ensure their sensory needs were met.

People had support plans that reflected their personal history, individual preferences and interests. For example, one person liked trains. We saw their bedroom was highly personalised to reflect their interest. We visited their bedroom and saw the television was showing a programme on trains. Their support plans reflected their interests and staff told us they were regularly supported to go on train journeys. A staff member told us, "We all know their personalities". On the first day of the inspection this person went out to a local attraction where there was a train. Another person's plan said that they had 1-1 support time to visit the local shops. When we arrived at the home on the first day of the inspection the person was out with their support worker shopping. This showed that people were supported to follow their interests and take part in social activities that they enjoyed, and that people were supported in accordance with their plans.

There were arrangements in place to ensure people's needs were regularly reviewed and changes were made promptly. For example, staff had noticed one person was becoming tired because they had a full and active week. They reviewed the individual's needs with other agencies such as their social worker and day service. This resulted in a reduction to the person's daytime activities. Staff told us this meant the individual was less tired and enjoyed their time at home more. Staff were planning person centred reassessments for people at the time of the inspection and had started working with families to find out more about the individuals life story. The manager commented that they wanted to learn, "More about people's history because that shapes their future".

The manager told us about how they matched the skills and interests of staff with people to make sure people enjoyed their activities as much as possible. For example one person liked transport. They were often supported by a staff member who shared this interest and could talk about it with the person. We spoke with this staff member and they told us they had just been on a trip on a ferry that the individual had enjoyed. Another person liked swimming and they were supported to go swimming every week with a staff member who also liked swimming.

Staff knew people well. For example, one person's plan said how much they enjoyed a cup of tea. When we arrived on the first day of the inspection staff were supporting the person to have a cup of tea and we saw further examples of this throughout the inspection. Another person needed specialist equipment to make

sure they were safe in bed. During the inspection the person went to bed and we saw the equipment was being used in accordance with what staff had told us. This meant people's plans were used to make sure that they received care that was centred on them as an individual.

Staff had daily informal handovers. They told us this was effective because they were a small staff team. They said communication between the staff was good, for example one staff member told us the staff, "All work really well together". They said this meant they were aware of what support a person needed at any given time and ensured they could work in a responsive way.

There was pictorial and written information that supported people, relatives and visitors to understand how to raise a concern or make a complaint. This was clearly available in communal areas. Relatives told us that if they raised a concern this was listened to, and acted upon. There was a complaints policy that provided guidance for staff on how to respond to a complaint. We talked to the manager who showed us one complaint that had been investigated by the service and we could see this was managed in accordance with their policy. Complaints were overseen by the provider's quality department to make sure concerns were acted upon appropriately. The manager also told us that learning from complaints was shared with staff through team meetings. When we spoke with staff they were aware of the complaint that had been made.

Good

# Is the service well-led?

## Our findings

Relatives told us the service was well led. One commented, "We are happy and comfortable with the way things are going now". A healthcare professional also told us, "I would have no concerns about the quality of service they provide".

Staff worked with people to understand what they were communicating through their behaviour and other non-verbal cues. They used this knowledge to make sure that people's care and support was person centred and changed their ways of working in response to what people wanted or needed.

The manager explained how they ensured they sought the views of people's family members. For example through regular telephone calls to talk about any changes to the individuals support. One relative told us that, "Sometimes, communication is not as good as it can be". There was no evidence that family members views had been sought more formally, for example through the use of a quality assurance questionnaire, however manager told us this was being planned for the near future.

The manager told us about how the staff team had developed their skills and knowledge to better support people who lived at the home. They said, "They are a brilliant team" and, "We strive for constant improvement". There was an emphasis on an open and transparent culture within the home. This was supported by the positive rapport between the staff team and the accessibility and openness of the manager. Records showed that staff understood the organisational vision and values and staff had reflected on these in terms of the different things they tried with people and what being a support worker meant for them. The organisation also had a whistle blowing hotline that staff told us they were aware of. A staff member told us about the whistle blowing telephone contacts, and records showed whistle blowing was discussed at team meetings.

There was a registered manager in post. Staff told us this had resulted in more effective leadership and commented that they felt the service was now well led. Staff told us they felt supported by the manager and that they could request support or guidance at any time. A member of staff commented on the skills of the manager saying, "She's top notch and knows the job inside out".

There was a service improvement plan that had measured the quality of service people were receiving against the regulations. Actions were identified and the plan had been updated when actions had been completed. This showed staff reviewed the quality of service people received and make improvements where these were required. Information from investigations and incidents was shared with staff, for example at team meetings. This ensured that staff understood what was expected of them and learning was used to improve the quality and safety of the service people received.

On the first day of the inspection some people's records were not securely stored. This was because we found records relating to people's care that were accessible in a box in the open first floor office. A member of staff told us they had been removed from storage to transport them to the organisations head office. Later on the first day of the inspection we saw these records had been removed.

Staff undertook a variety of audits to check the service people received was of a good quality. These included medicines and environmental audits. However, these audits were not effective because they had not identified the issues we found. In addition, staff had not carried out an infection control audit that would have identified the issues found during the inspection. This was an area for improvement.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Staff had not received the training they required to support people safely. Infection and environmental risks had not been fully assessed or mitigated to reduce the risk of harm to people. |